Crosscrown Limited

Clifton Court Nursing Home

Inspection report

Lilbourne Road
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Rugby
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Tel: 01788577032

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Ratings

Overall rating for this service	Inspected but not rated
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Clifton Court Nursing Home is a care home providing accommodation with personal and nursing care for up to 41 people. There are 40 bedrooms across two floors. One of these bedrooms can be shared. The service provides support to older people, some of whom are living with dementia, a sensory impairment and/or a physical disability. At the time of our inspection there were 37 people living at the home.

People's experience of using this service and what we found
A new electronic care management system had been implemented which improved the accuracy and efficiency of data recording and monitoring. Records showed staff were recording sufficient information about accidents and incidents. These were reviewed to check for accuracy and action taken to improve quality of life.

Changes in people's physical and emotional health were identified quickly and closely monitored. Timely referrals were made to specialised external healthcare professionals where necessary.

Records were updated regularly and staff could easily access important information about people.

The registered manager understood their safeguarding and regulatory responsibilities. Appropriate referrals had been made to the local authority, and us, CQC where necessary.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 10 December 2019)

Why we inspected
This inspection was prompted by a Regulation 28 The Coroners (Investigations) Regulations 2013 report which was issued to prevent further deaths after a person living at Clifton Court Nursing Home died.

We undertook this inspection to check the provider had taken sufficient action to prevent further deaths from occurring. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Clifton Court Nursing Home

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check whether the provider had met the requirements of the Regulation 28 The Coroners (Investigations) Regulations 2013 report which was issued by the coroner following the death of a person who lived at Clifton Court Nursing Home.

Inspection team
One inspector completed this inspection.

Service and service type
Clifton Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clifton Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service one hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with the registered manager and reviewed a variety of records relating to the management of the home. This included specific parts of people's care plans, incident records and quality assurance records.

Inspected but not rated

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

This was a targeted inspection to check whether the provider had met the requirements of the Regulation 28 The Coroners (Investigations) Regulations 2013 report which was issued by the coroner following the death of a person who lived at Clifton Court Nursing Home. The coroner's report stated, 'the care plans did not record incidents where a person using the service had acted aggressively to staff members. There was a failure to raise a safeguarding alert with the local authority and staff did not appear to be aware of the contents of the care plan.'
We will assess the whole key question at the next comprehensive inspection of the service.

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

- The provider told us they had taken a number of actions prior to receipt of the coroner's report. An organisational restructure had taken place and a new senior operations team had been implemented, guided by an external independent consultant, to oversee the governance of the home. As part of this restructure, a new registered manager, with clinical expertise, had been recruited to drive and embed improvements.
- The new registered manager understood their safeguarding and regulatory responsibilities. Referrals had been made to the local authority, and CQC where necessary.
- The provider had made significant changes to the staff team since our last inspection. The new registered manager told us, "There has been a real focus on getting the right staff in post." The number of staff on shift had also been increased above the provider's assessed minimum staffing levels to ensure staff had more time to spend with people during the day and night.
- A new electronic care management system had been implemented which improved the accuracy and efficiency of data recording and monitoring. This enabled staff to record important information quickly. Electronic records showed staff were recording information about accidents and incidents which enabled the new registered manager to monitor and review any patterns and trends to improve quality of life.
- The new registered manager told us, "Where incidents occur, we will have already completed physical screening to check for signs of infection. Then we look at the possible holistic triggers. I directly observe the care people receive to see if I can spot the trigger and we ask their relatives. We work in partnership with them to try and make things better for the person."
- The electronic care management system meant staff could check people's care plans for important information easily on a handheld device. These were previously kept in paper form in the office which made accessing records difficult. The new registered manager told us, "This has really enabled staff to have a better understanding of people's needs as they have instant access to the care plan."
- A weekly multi-disciplinary meeting was held with a GP and nurse to discuss any changes in people's

physical and emotional health. Where any treatment changes were made, people were closely monitored for signs of improvement or deterioration. Timely referrals were made to specialised external healthcare professionals where necessary.

● Internal communication about people's needs had improved. The new registered manager told us all staff now attended a 'handover' meeting at the beginning of their shift to hear important information about people. Fortnightly staff meetings had also been introduced which gave staff the opportunity to raise any concerns they had about a person's welfare.

● The provider had reviewed their admissions policy. The new registered manager told us, "We are very selective of who we accept. We may go back and see the person a few times before we accept them to ensure we can meet their individual needs and to ensure the care home is the correct environment for the individual." They went on to explain, "If a person's needs change while living here, we respond."

● The provider offered staff additional training on 'Understanding challenging behaviour and dementia' to support people's emotional needs. The new registered manager told us, "It is important for staff to remember every person here has a story and they are a unique person. You have to see beyond the behaviour."