Ryde House Homes Ltd

Clifton Cottage

Inspection report

1 High Street
Ryde
Isle Of Wight
PO33 2PN

Tel: 01983566316
Website: www.rydehouse.com

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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

Summary of findings

Overall summary

About the service:
Clifton Cottage is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Clifton Cottage is registered to provide accommodation and personal care for up to seven people and predominantly supports people living with a learning disability, autism and dementia. At the time of the inspection there were seven people living at the service.

Best practice guidelines recommend supporting people living with a learning disability in settings that accommodate less than six people. Clifton Cottage supports up to seven people, therefore the service model was not fully aligned to the principles set out in Registering the Right Support. However, the outcomes for people using the service reflected the principles and values of Registering the Right Support including; choice, promotion of independence and inclusion. People's support was focused on them having as many opportunities as possible, to have new experiences and to maintain their skills and independence.

People's experience of using this service:
• People were happy living at Clifton Cottage. There was an established staff team that knew people well. One person told us, "They [staff] always help me if they need if I need it, they are really kind."
• Quality assurance processes were robust and risks to people and the environment were managed safely. The service was clean and infection control audits ensured that cleaning tasks were maintained and any issues were identified quickly.
• Staff recognised people's individual needs and supported them to make choices in line with legislation.
• Care plans were detailed and person centred. People were involved in deciding how they wished to be supported and in reviewing their care plans when needed. Information was available in a format they could understand.
• Staff were kind, patient and responsive to people's needs. People were treated with dignity and staff respected their privacy.
• Staff were well trained and received regular supervision to help develop their skills and support them in their role.

Rating at last inspection:
The service was rated as Good at the last full comprehensive inspection, the report for which was published on 2 June 2016.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

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 Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Clifton Cottage

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was conducted by one inspector.

Service and service type:
Clifton Cottage is a care home registered to accommodate up to seven people who need support with personal care. 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 did not give notice of our inspection.

What we did:
Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

- Five people using the service.
- Four people's care records.
- The registered manager

• The deputy manager
• Three members of care staff
• Records of accidents, incidents and complaints
• Audits and quality assurance reports

Following the inspection, we gathered information from:

• Three relatives of people using the service
• One external healthcare professional

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• People told us they felt safe. One person said, "Oh yes I feel very safe here, you can tell them [staff] anything and it gets sorted."
• There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.
• There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. One staff member told us, "I would report any concerns to the manager straightaway, or if I needed to, I would go to the safeguarding team or CQC no problem."

Assessing risk, safety monitoring and management:
• Risks to people were recorded in their care plans and staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.
• People were supported to take positive risks that enabled them to experience life to the full. For example, one person liked to go out into the local community each day. The staff had worked with them to assess potential risks and to agree how the person wanted to be supported. The person had a mobile phone and could contact staff for support should they need it.
• Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
• Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
• Health and safety audits identified when work was required and the provider ensured that work was completed in a timely way.
• Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment:
• There were sufficient staff deployed to meet people's needs and keep them safe. Staffing levels were based on the needs of the people living at the service. One staff member told us, "It is great as you are not rushed."
• Recruitment procedures were robust to help ensure only suitable staff were employed.

• Using medicines safely:
• People received their medicines safely and the staff carried out daily audits to ensure all medicines had been administered correctly.
• There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
• Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection:

• Staff completed daily cleaning tasks to maintain cleanliness throughout the service. People were supported by staff to do their laundry and be involved in cleaning their own rooms where possible.
• There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use.

Learning lessons when things go wrong:
• Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
• Staff were informed of any accidents and incidents and these were discussed and analysed during handovers between shifts and at staff meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People living at the service had lived there for a long time. Comprehensive assessments had been completed and care plans clearly identified people's needs and the choices they had made about the care and support they received.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:
• Staff received an induction into their role, which included the provider's mandatory training. They worked alongside more experienced staff until they felt confident and were competent to work directly with people. One staff member told us, "You have time to get to know people well before you work with them."
• Staff received training that enabled them to meet the needs of people living at the service. A family member told us, "The staff seem to know what they are doing and have good training."
• Training was reviewed to meet the changing needs of people living at the service. For example, staff had received training in dementia and end of life care.
• A healthcare professional told us, "I have not had any concerns about the skills of the staff or the support that they offer to residents."
• Staff had regular supervision which enabled the registered manager and provider to monitor and support them in their role and to identify any training opportunities. One staff member told us, "I get regular supervision but if I feel I need another supervision, I can request it any time."

Supporting people to eat and drink enough to maintain a balanced diet:
• People could access food and drink when they wanted to and were supported by staff who had received food and hygiene training. The service used a four-weekly menu and the content of this was discussed each month at resident's meetings. One person told us, "We can add things to the menu that we like and take things off there we don't. We do this at each meeting." Another person said, "The food is great here, I really like it."
• People were encouraged to maintain a healthy, balanced diet, based on their individual needs. For example, some people required a low fat and low sugar diet due to diagnosed health needs. They were supported to understand this and to make appropriate food choices where possible.
• Where people had changing health needs, their food and fluid intake was monitored. One person had been assessed as having problems with their memory and this was affecting their fluid intake. Close monitoring was in place and we saw staff regularly checking what the person had drunk and making a record of this.

Adapting service, design, decoration to meet people's needs:

• The service was an older building that required regular maintenance. However, it had been adapted to meet the needs of the people living there. For example, there was a large accessible bathroom so that people who needed support with moving about could be supported by staff. In addition, toilet seats in the service were all blue. This was so that people with dementia or visual disturbances could easily see them, in line with best practice.
• Assistive technology was used. People had call bell alarms and vibrating and flashing light sensors linked to the fire alarm, for those who had hearing needs. In addition, technology supported people to maintain independence, such as mobile phones, handheld computers and electronic door keys for people to independently gain access to the service.
• People's rooms were personalised and reflected their personal interests and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
• Staff told us they supported people to keep healthy and to access healthcare when needed to ensure they were all working together in the best interests of the people. One staff member told us, "You have to keep up to date with everything as things change and there are always new and better ways we can work with people."
• Records showed that the management sought timely support from external health and social care professionals, when needed for people. For example, one person had recently been showing signs of being unwell. We saw that their temperature was monitored and a GP visit was requested promptly, resulting in medicines for a chest infection being prescribed.
• People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

Ensuring consent to care and treatment in line with law and guidance:
• 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.
• Staff were knowledgeable about how to protect people's human rights. Staff described how they sought verbal consent from people before providing care and support. A staff member told us, "I always give people a choice and ask them what they want to do." A family member told us, [My relative] has lost some capacity recently, but they still give him a lot of choice, they can still decide what they want for lots of things."
• Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• People told us they liked living at Clifton Cottage and we saw they were supported by staff who knew them well and treated them with kindness and compassion. One person told us, "Yes it's good here, I like it." And another said, "Staff are all nice, some of them are funny."
• People's relatives told us people were cared for. Their comments included: "They know [person's name] so well, as well as I do", "I couldn't ask for better staff" and "I am always welcomed."
• A healthcare professional told us, "Carers are genuinely caring and know the residents well."
• Information about people's life history was recorded, which staff used to get to know people and to build positive relationships. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. For example, we saw that where people had religious beliefs, they were supported to maintain their faith. One person was an active member of their local church and staff supported the person to attend and to socialise with other congregation members. Other people had been supported to attend a local 'Pride' event, which celebrated difference.
• The registered manager told us that the staff support people to have fulfilled lives including relationships with others. One person was supported to maintain a relationship with a person who lived at another service owned by the provider. The registered manager said, "They visit the home and [person's name] is, supported to visit them where they live. We engage with their families to support them to be together."

Supporting people to express their views and be involved in making decisions about their care:
• Staff told us they enjoyed working at the service and wanted to help the people to be involved in their lives. A staff member said, "I like to promote self-help if possible and really care to make sure people get choices." Another staff member told us, "I find everyone here is caring, we always give people a choice and ask them what they want to do."
• We observed people going out to various activities in the community during our visit and several people went to a local bowling alley. However, some people chose to stay behind and this decision was respected by staff.
• Records showed people were involved in meetings to discuss their views and make decisions about the care provided. These were recorded using symbols and pictures, which meant that they were accessible to all people living at the service.

Respecting and promoting people's privacy, dignity and independence:
• The service had been developed and was in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People were supported by staff to be fully involved in their own lives and to access the community

when they wished to.
• People had keyworkers who were key members of staff that were allocated to provide additional support to one person. Their role included supporting the person to maintain contact with family members and friends and to access activities that that's the individual person may enjoy. One person told us, "[staff member] is my keyworker, they help me if I want money, sometimes we go shopping, I like clothes shopping."
• Staff supported people to be involved in everyday life activities. For example, we saw staff supporting one person to complete their personal laundry and another person to make drinks.
• Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms.
• Care records were held securely in the service and confidential information was respected.
• The service celebrated 'dignity day' each year. This is a nationally recognised day which was developed to inspire health and social care staff to place dignity and compassion at the heart of care services. People living at the service were given a certificate of achievement and were involved in choosing how they wanted to celebrate. We were told this year they were having a tea party at another of the provider's services, and people from Clifton Cottage would attend. One person told us, "We have a party for dignity day and we get certificates, it's really lovely." The person then showed us the certificates they had received for the past two years and said they were very proud of them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People were supported to live their lives in accordance with their own choices. Care plans were detailed, person centred and people and their families, where relevant, were involved in regular reviews of their care and support. One family member told us, "[My relative] has got a review soon which I always come for, he has that every year."
• People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. A family member told us, "They know [person's name] so well, as well as I do."
• People had access to a range of activities including, bowling, swimming, meals out and a weekly disco. One person told us, "I go to a group on Monday Tuesday and Wednesday at [provider's day resource service]. I make jewellery, do my nails, and belong to a walking group, I'm very busy." "We usually go out for coffee or in the summer to the beach, I really enjoy it."
• The service identified people's information and communication needs by assessing them. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way that they could understand. People's communication needs were identified, recorded and highlighted in care plans. We saw evidence that the identified information and communication needs were met for individuals. For example, where people had been assessed as having communication needs records of their care needs, reviews and resident's meetings were recorded using pictures and symbols.

Improving care quality in response to complaints or concerns:
• The provider had a complaints policy and procedure in place. This was displayed in an easy read and picture format so that it was accessible to people.
• The provider had not received any recent complaints but people told us if they had a concern they could speak to staff. One person said, "If I'm unhappy I would talk to staff they would help me." Family members also confirmed they were comfortable to speak to the staff or manager about any concerns. A family member said, "I don't really have any concerns but when I have, they have always dealt with things very swiftly."
• People were asked about their views in group and individual meetings and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have. For example, one staff member said, "They're all individuals here, we support them in the way that is right for each person, if they are not happy we do something about it."

End of life care and support:
• At the time of the inspection no one who was living at Clifton Cottage was receiving end of life care. However, the registered manager told us that some staff had attended end of life care training at the local

hospice service and that the provider had arranged for on-line end of life training to be available to staff.
• People's end of life care wishes had been captured within their person-centred care plans. For example, one person had specified the local church where they wished their service to be held.
• In addition, the registered manager told us about work they had been doing with the local hospice. This work enabled people in the service to get to know end of life care nurses prior to them becoming unwell. This way, when they required end of life care, people would have some familiarity with the nurses who would come into the service to provide additional support.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• People and their families told us that the service was well run. One person told us, "I like the manager, she's all right." Comments from family members included; "The manager is lovely, she's very informative" and "The manager is so on the ball she informs me straight away if there are any problems."
• Family members told us they felt welcome when they visited. One said, "It's like home from home, it's very relaxed there."
• The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The registered manager was clear about their roles and responsibilities. They were also registered as a manager of another of the provider's services, which was located close by. They described to us how they split their time between the two homes. Staff could contact them at any time. In addition, there was a deputy manager in place who had some management responsibilities and supported the effective management of the service.
• Out of hours arrangements were displayed on the office wall. One staff member said, "We have the manager's phone number if we need to get hold of them at any time, we can always do that."
• Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, human rights, equality and diversity, complaints and whistleblowing.
• The provider had robust quality assurance procedures, which included; daily infection control audits, medicine audits, care records audits and analysing complaints, accidents and incidents. Furthermore, safeguarding concerns were reviewed for trends, to ensure that there were not repeated failings within the care and support being delivered.
• The provider carried out unannounced internal audits every year and health and safety audits every three months. Areas looked at included, infection control, safeguarding, health and safety, the environment and emergency evacuation plans. This demonstrated a robust system and we saw records that showed when issues were identified, action plans were made with timescales for work to be completed.
• In addition, managers employed in the provider's other services, completed monthly audits of each other's homes to ensure the provider had consistency across their services.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics:
• Staff told us that they felt involved in the service and that the management were supportive. One said, "The managers are really approachable and supportive. It's the little things that managers do that really make the difference, like asking if you are alright, it really means a lot."
• The provider had an 'employee of the month' scheme in place, which demonstrated that staff were valued. Staff also had access to a company counsellor and were supported to access this if required. A dedicated employee intranet website was available to staff to provide them with important information about changes to the organisation and advice around where to get support. This also provided staff with useful information and guidance to promote staff wellbeing and safety.
• People's individual life choices and preferences were met. The registered manager and deputy were clear how they met people's human rights. For example, supporting people to attend religious services and supporting relationships.

Continuous learning and improving care:
• The registered manager kept up to date with the latest guidance and best practice by monitoring updates from organisations such as the National Institute of Care Excellence (NICE), the Health and Safety Executive (HSE), Dignity in Care, Alzheimer's Society, and, Public Health England. In addition, a representative for the provider attended a local care home forum. Information gathered, along with good practice identified in the provider's other services, was shared with the registered manager at the provider's regular management meetings.
• Quality assurance questionnaires were sent to people, their families, staff and professionals annually. Feedback gathered was analysed by a computer based system, which helped the registered manager and provider to address where improvements were needed.
• In addition, feedback was gathered using informal chats and regular meetings. Staff were also encouraged to regularly feedback via a staff online portal about the service delivery, and share ideas and suggestions on how the service could be improved.

Working in partnership with others:
• The registered manager told us that they worked with a local authority commissioning team and NHS medicines team to consider best practice and monitor the effectiveness of the service.
• Staff supported people to attend local community events and to access activities and support from external agencies. For example, one person had been supported to join a local wellbeing group and other people were supported to use leisure facilities to improve their health.
• The service had links with other resources and organisations in the community to support people's preferences and meet their needs.
• The registered manager and staff team had positive links with local agencies and people were supported by a regular GP who knew them well.