

Mrs Marie Rosemai Askurn

Canford Cliffs Rest Home

Inspection report

2 Bessborough Road
Canford Cliffs
Poole
Dorset
BH13 7JS

Tel: 01202700272

Date of inspection visit:
29 November 2016
30 November 2016

Date of publication:
28 December 2016

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

This unannounced comprehensive inspection took place on 29 and 30 November 2016. At the last inspection completed in December 2013 we found the provider had met the regulations we reviewed.

Canford Cliffs Rest Home provides accommodation, care and support for up to 14 older people. At the time of the inspection there were 12 people living at the home. Canford Cliffs Rest Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they enjoyed living at the home, they told us they felt safe living at the home and found the staff to be kind and caring. Staff knew how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed including areas of risk, and reviewed to ensure peoples' safety. Support was offered in accordance with people's wishes and their privacy was protected. Staff knew people well, understood their physical and personal care needs and treated them with dignity and respect. Wherever possible people and their relatives were involved in assessing and planning the care and support they received.

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Recruitment and selection procedures ensured staff were recruited safely. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty.

There was a system in place for people to raise concerns and complaints. People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

People told us they felt the service was well led, with an open and honest, supportive management structure in place.

There were systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from harm or abuse because staff had been trained in safeguarding and knew how to recognise and respond to abuse correctly.

Recruitment procedures were effective and ensured people were supported by staff who were suitable to work with adults.

Medicines were managed safely, stored securely and records completed accurately.

Is the service effective?

Good ●

The service was effective. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify training needs. Staff felt well supported by their management team.

People's consent was sought and where people lacked capacity to make a decision staff followed the principles of the Mental Capacity Act 2005.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy, calm, relaxed atmosphere.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led.

Staff felt well supported by the management team, felt comfortable to raise concerns if needed and were confident they would be listened to.

Observations and feedback from people and staff showed us the service had a supportive, open culture.

The provider had a system of audits and processes in place to monitor the quality of the service provided.

Canford Cliffs Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 29 and 30 November 2016 and was unannounced. On the first day of the inspection two CQC inspectors visited the service, on the second day one CQC inspector completed the inspection.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We contacted healthcare professionals and asked them for their views on the service. We also asked the local authority who commission the service for their views on the care and service given by the home. We reviewed the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

During the two day inspection we met all of the people living there and spoke with the majority of them. We also spoke with the manager, three members of care staff, the cook and one visiting relative. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported, reviewed specific care records for people and looked at five people's care, treatment and support records in depth. We reviewed all of the medication administration records and medicine systems. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records and staff meeting minutes.

Is the service safe?

Our findings

People told us they felt safe living at Canford Cliffs Rest Home. Staff were able to tell us what constituted abuse and could identify some different types of abuse. Staff knew what to do if they needed to report any form of abuse. The provider had clear information on display for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. People had their health needs assessed for areas of risk such as falls, moving and handling, nutrition, safe swallow and pressure area care.

There was a system in place to monitor and review any accidents or incidents that took place. Incident records included information about the action taken and the outcome for the person. The manager reviewed the incidents and accidents on a quarterly basis, this ensured any trends could be identified and preventative action to be taken for people. For example, one person was identified as having a large amount of falls, the person was referred to a specialist health service and equipment put in place to alert staff to when began mobilising which enabled staff to guide and support them to maintain their safety. People had been assessed and plans made for emergency evacuation from the building, these records were detailed and up to date.

There were enough staff employed to meet people's needs. The manager showed us the staff rotas for the preceding two week period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were enough staff on each shift to manage the needs of people and told us the management team were always available for help and advice if needed. People told us there were enough staff on each shift to ensure they were given their care and support safely.

Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they were left to care for them independently. Recruitment practices were safe and relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Canford Cliffs Rest Home.

For one member of staff we saw there were some gaps of employment in their previous work history. We discussed this with the manager who told us they had risk assessed the situation and ensured all work references and DBS checks had been completed before the person began working independently. This ensured the person was recruited safely. They told us they would ensure these details and assessment would be placed on the persons file for future reference.

The provider had a system in place to ensure the premises were maintained safely. We saw up to date certificates and records that showed regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems, gas safety and hoisting equipment. The manager showed us records and current certificates that confirmed a full water system check including legionella testing was

regularly completed. Legionella is a water borne bacteria that can be harmful to people's health.

During our tour of the premises we saw three wardrobes had come unattached from the wall. This meant the wardrobes could pose a health and safety risk if they were to topple over on people when their doors were opened. We raised this concern with the manager who told us they would ensure the wardrobes were secured as soon as possible.

Medicines were stored correctly and managed effectively. People had their allergies noted and guidance on the use of 'PRN' as required medicines was recorded. The provider had a system in place to recognise when people needed regular pain medicine.

Records showed all staff who had responsibility for administering medication had received medication training to ensure they could administer medicines safely. The provider used a unit dosage system with medicines being supplied by the pharmacist. Staff told us they found this system safe and easy to use.

Medicine Administration Records (MAR) were correctly completed, with no gaps in recording. There was a photograph at the front of each person's records to assist staff in correctly identifying people, and a clear, detailed summary for each person that outlined what medicines were to be administered to them, what conditions the medicine treated and how the medicine worked. An independent pharmacy had recently completed an audit of the medicine management system and found it to be compliant.

The provider used a system of body maps to ensure people's prescribed creams would be applied correctly. The body map clearly guided staff on how much, how often and where to apply the prescribed creams.

Cleaning schedules which were detailed and covered all areas in the home. Throughout our inspection we saw the premises were well maintained, clean and free from odours. People and relatives commented the home was, "Always spotless".

Is the service effective?

Our findings

There was a clear programme of training in place, Staff commented positively about the training they had received and told us they were very well supported.

Staff told us they received regular independent training which they felt was useful and provided them with the relevant skills for them to do their job. Records showed staff received training in all the core subjects such as; safeguarding adults, basic first aid, infection control, moving and handling and health and safety. We spoke to staff about the training they had received and they all stated they found it effective and useful. One member of staff said "It's been really helpful, as things are always changing, it's good to know we are doing it right".

Records showed staff received annual appraisals and regular supervision meetings. The manager told us, as a small team they spoke to staff on a daily basis and any concerns or queries were dealt with each day. Staff confirmed they felt comfortable to approach any member of staff or the management team for advice and guidance if they needed it. Staff said they felt listened to and were happy to put forward any ideas or suggestions they had to the management team.

Staff had a good knowledge of how people preferred to be cared for and showed clear understanding of how people living with dementia needed supporting. Generally where people lacked mental capacity to make a specific decision, staff followed the principles of The Mental Capacity Act 2005.

The Mental Capacity Act 2005 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 be as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw one record where a relative had given consent for a procedure when they did not have the relevant Power of Attorney. We discussed this with the manager who stated they would ensure an up to date best interests decision would be completed for the person as soon 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). The manager had made appropriate applications to the local authority where they felt people may be deprived of their liberty.

People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example a 'soft' diet or fortified meals with added cream and cheese. Snacks, biscuits and fruit were available during the day and staff encouraged people to drink regularly to reduce the risk of dehydration.

The cook knew people living at the home very well. They demonstrated a good understanding of people's

individual dietary needs, their likes and dislikes and spent time each day visiting each person to check what choices they would like for their meals. People told us they really enjoyed the food. One person said, "The food here is very nice, very tasty just how I like it".

The kitchen had been assessed by the local environmental authority and had been awarded a 4 out of 5 star rating. The cook told us kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and its equipment.

We observed a lunchtime meal. The majority of people were able to eat their meals independently and enjoyed their meals sat in the dining room with others. People were offered a visual choice of meals and provided with a choice of fruit juices and/or a hot drink. Those people who needed assistance were supported by staff at their own pace and in a kind and sensitive manner. Staff encouraged people to eat their meals, supporting them to eat as independently as possible. Staff spoke knowledgeably about people, what food they enjoyed and how they ensured they were assisted safely to eat in order to maintain their safety and dignity. Staff had time to give support to people in a patient and unrushed manner, which created a relaxed and calm mealtime period. We observed staff worked well as a team during the lunchtime period, indicating to each other when a person needed particular support.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, district nurses, occupational therapists, chiropodists and GP's. Records showed if people had deteriorating health needs their GP and health professionals were contacted quickly and guidance and advice acted on.

The premises were decorated to give a very homely, family atmosphere. Relatives told us their family member felt comfortable and happy living at Canford Cliffs Rest Home, they said, "It's like a home from home, we're very happy".

Is the service caring?

Our findings

We asked people how they found the staff at Canford Cliffs Rest Home, people answered, "They are all lovely, very nice" and "Wonderful, friendly and kind".

Staff interacted with people in a kind and compassionate way. Staff made sure people were positioned so they were comfortable, had their magazines and newspapers within reach and had a choice of hot or cold drinks and snacks. Staff were attentive to people's needs and were able to spend time with people checking people were comfortable and had everything they needed. Staff knew people well and spent time talking to them about subjects that meant a lot to them such as their previous hobbies and family members.

People were able to choose how to spend their day. People told us, "I like to eat in my room, I like to watch my tele". We observed this person's wishes were respected. People told us they chose what clothes they wanted to wear and staff supported them by assisting them to dress themselves. When asked if staff respected people's privacy everyone stated they did.

Staff told us they felt confident people received good individual care. They gave good examples of kind, compassionate care and how people were treated as individuals with care and support tailored to people's specific needs and preferences.

If people had received health treatment and had received a letter from a health professional or hospital, the manager took time to ensure that they understood these, explaining the finding with them. This meant people and their relatives were given clear explanations they could understand that supported them to understand the process and provided re-assurance.

We observed good interactions between staff and people during our inspection visit. Staff interacted with people in a caring, friendly and compassionate way. It was clear staff knew the people well and spoke fondly of them. Staff were able to describe what people enjoyed, what made them happy and what they preferred to do with their time. People responded well to staff and actively sought them out to talk to. Staff supported people patiently and kindly and did not appear rushed. If people became anxious or agitated, staff responded promptly to assist and support them in a calm and natural way.

People were treated with consideration and respect by staff. Staff supported people patiently and gently, constantly offering re-assurance throughout the process. Staff told us they always made sure people had their dignity respected when they were being assisted to move from their bed or around the home. Staff told us they made sure people's clothing was respectfully arranged to ensure their privacy was maintained.

People's care records were kept secure in a lockable cabinet and no personal information was on display. Records showed people and their relatives were involved in decisions about their care. Care plans were reviewed each month and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

Is the service responsive?

Our findings

During our inspection we observed people did not have to wait for lengthy periods for staff to help and support them. Where people did not have the capacity to use their call bells, records showed staff checked on them regularly through the night and day to ensure they were safe and comfortable.

People had their needs assessed before they moved into Canford Cliffs Rest Home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Assessments covered areas including; medicines, weight, manual handling requirements and skin integrity. The assessments showed, wherever possible people's relatives had been included and involved where appropriate and were signed by all parties present to show their understanding of the processes.

This information was then used to complete a detailed care plan which gave staff clear information and guidance on how to deliver appropriate care. The provider used recognised risk assessments tools to assess the risk to skin integrity, mobility and nutrition. Care plans were completed in a person centred way and provided staff with information regarding the person's personal history, choices and preferences.

Care plans were person centred and promoted people's independence, examples of written guidance included, 'Ensure meal times are relaxed, allow plenty of time, reassure but make sure they [person] has enough to eat' and 'Encourage [person] to participate in self care, try to do thing with them rather than for them' and 'support and guide anywhere they want to go, re-assure and make them feel safe, give clear explanations and allow plenty of time and rest in between tasks'. Care plans were reviewed on a monthly basis or more frequently if people's care needs changed.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place and set at the correct pressure setting. Where people required mobility aids these were left positioned so people could reach them easily. Where people required hoisting to transfer them from their bed into their chair there were clear instructions in their bedroom for staff on how to safely hoist people and how to use people's slings correctly.

Daily records were completed for people and included details of how people had spent their day, how often they had been re-positioned, what activities they had taken part in and their emotional wellbeing.

People's weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to health professionals such as the dietician or the speech and language therapy team when required. Staff spoke knowledgeably about people's health assessments and knew how to ensure people who had difficulty swallowing, received the correct support with their eating and drinking. There were body maps in place to record any bruising or injuries sustained by a person.

Throughout our visit, we saw people actively engaging with all the staff. Staff often sat in communal areas with people and chatted about things that were important with them. Staff spent time with people reading magazines and helping them with jigsaw puzzles. There was soft classical music playing in the background

to communal areas and people could watch television in their bedrooms or in the main lounge if they wished. People's relatives were made welcome at any time, we spoke with one relative who said, "I come in any time of the day, I'm always made to feel very welcome". The manager told us activities were offered each day and gave examples of gentle keep fit arm chair exercises, reminiscence sessions, musical sessions, colouring and board games.

People knew how to make a complaint if they needed to and a poster stating how to complain was on display in the home. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. The home had received two complaints since the last inspection and records showed these had been investigated and all parties to the complaint informed of the outcome.

Is the service well-led?

Our findings

People and staff expressed confidence in the home's management. One member of staff said, "I can always ask for help at any time, we are well supported". Relatives told us they felt the home was well managed and told us the management team were always available to talk with them if they had any queries. Staff stated they had confidence in the management team and felt the home was well led.

Staff described the culture of the home as, "Friendly, open and homely". They said they felt comfortable raising any issues and told us the management team listened to them and made them feel valued. Staff and relatives told us communication in the home was good, with all staff working closely as a team for the benefit of the people living there. Staff told us they found everyone who worked at the service to be approachable and supportive which ensured people were given caring, kind, person centred care.

The manager showed us the quality assurance questionnaires that had been returned by people and their relatives during 2015. The questionnaires had been sent to all relatives, friends and people living at Canford Cliffs Rest Home. The questionnaires covered a range of topics including; are you made to feel welcome and at ease, can staff answer your questions, are you allowed space and a place to talk with your relative and do you feel staff look after your relative/ friend. There had been a return rate of 73% for these questionnaires and we reviewed the returned questionnaires. These had been completed in a positive manner and included the following comments; 'Your team and staff are excellent in every way', 'It's a treat to be here', 'Staff are more than helpful and very friendly' and 'You and your staff should be commended for your great work'. We saw the manager had completed an analysis on the returned questionnaires and told us if they received any negative comments these would be addressed and actioned with people and their relatives.

There was a programme of regular audits in place to monitor the quality of the care provided to ensure people's care needs were met. These audits included, medicine management, care plan reviews, incident and accidents, infection control and falls audits.

Staff told us they had regular meetings which were conducted in an open and honest way. The manager told us as a small home with a small, consistent staff team day to day issues were discussed with staff each day at the handover meetings. We saw agenda's for staff meetings that had taken place during the previous year. Staff told us they found the meetings helpful, and confirmed that most communication was delivered each day so they were kept updated with changes to people who lived in the home.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) as required by law, regarding significant events such as; serious injuries and deaths.