D Cooper and Mrs E B Sullivan

Clifton Court

Inspection report

8-10 Clifton Road
Hastings
East Sussex
TN35 5AJ
Tel: 01424 428708

Date of inspection visit: 21 October 2014
Date of publication: 11/02/2015

Ratings

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

Overall summary

Clifton Court provided accommodation for up to 15 people with mental health problems such as depression and schizophrenia. There were 14 people living at the home on the day of our inspection. The age group of the people currently living at the home ranged from 21 years to 65 years old.

This inspection took place on the 21 October 2014 and was an unannounced. There was a registered manager at Clifton Court. '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 and associated Regulations about how the service is run.'

People told us they felt safe living at the home. All staff had received safeguarding adults at risk training and staff were able to tell us what they would do if they had any concerns.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had

Summary of findings

received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also had access to an organisational policy which related to the MCA 2005 and DoLS.

The service provided a safe environment for people, giving them freedom to make everyday choices, such as accessing the community for classes, shopping and meeting friends and family. Care plans contained individual risk assessments in order to help keep people safe. People commented they felt safe and respected, and there were no obvious safety risks.

People told us there were always enough staff to support them in their life choices, such as trips out and hospital appointments. As well as supporting them in the home. People told us, "I have never had a problem with getting help or support when I need it, "and "Could not wish to live anywhere better." Staff told us they felt there were enough staff on duty each day to provide safe care. One staff member said, "We are well staffed and there are always staff available if we need extra staff." Another staff member said, "We have enough staff, if someone has an appointment or wants to go out we arrange extra staff beforehand so we don't let people down." On the day of the inspection there were enough staff available to provide support and keep people safe.

Staff were encouraged to progress professionally and attend training appropriate for their role. Staff training included management of mental health disorders, managing risk, medication competencies and training, and physical health disorders such as diabetes. Staff received annual appraisals and had regular group and individual supervision sessions with their manager. Staff told us they felt supported to deliver safe and effective care.

People were cared for by kind and caring staff. Staff demonstrated they knew people well. We were told "They are kind, so very kind." Another said, "Just wonderful, everything I could want is here." Everyone we spoke with told us they felt staff treated them with respect and dignity and that they could have privacy whenever they needed it.

People told us that they were involved in reviewing the support and treatment they received. They told us, "Asks me about how I feel and if I am happy with the care." The staff we spoke with said, "We always ask people for their input, thoughts and agreement." The service clearly involved people in designing their own care.

Care plans showed us people had access to other health care professionals as and when required. This included diabetic nurse, chiropodists and opticians. The care plans confirmed that staff followed guidance from health professionals and people told us they were supported in hospital visits and managing their health and welfare needs.

There was detailed information regarding people's personal preferences for life choices and how staff supported them to achieve them. We were told, "As long as I don't put myself in a risky position, I am supported to live my life in the way I want."

People were given information on how to make a complaint on admission to the home. We also saw the complaint procedure displayed on notice boards in the dining area. The manager told us that there had been no complaints received in the last 12 months. The home operated an open door policy which meant people knew they could talk to staff at any time about problems or concerns.

There was a central code of 'care' which staff had contributed ideas to. This included to maintaining people's self-respect and dignity, treat people how they'd like to be treated themselves, show compassion and treat people all in the same way.

People told us the registered manager was approachable and supportive. One person told us, "If I had any concerns I would go straight to the manager." Another told us, "I go to the office or speak to the care staff." Staff said, "We have an open culture which allows us to discuss anything and everything."

Staff carried out regular audits of the service which included a monthly provider's visit. The monthly providers visit was part of the quality assurance system used by the service. People received care and treatment in an appropriate and safe way.

The service held an accident and incident log which recorded details of the incident, together with the outcome and action taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Clifton court was safe. People felt safe and knew who to speak to if they had concerns. People were cared for in a homely environment with emergency equipment and procedures for safe evacuation.

Staff knew how to recognise and respond to abuse. All staff had received recent safeguarding training which included training in the MCA and deprivation of liberty safeguards (DoLS).

Risk assessments recorded the current measures required to keep people safe and reduce the risk of harm.

There were enough experienced and suitably qualified staff on duty to meet people's individual needs.

Is the service effective?

Good

Clifton Court was effective. Staff had a good understanding of peoples care and support needs. Verbal and written communication systems were well established with information on people's needs, preferences and risks to their care.

Staff had an understanding of the protocols in relation to DoLs. We discussed scenarios with staff who were assured and confident in their replies.

People received appropriate support from healthcare professionals when required. Staff reviewed people's physical and mental health assessments regularly and f responded appropriately and quickly to seek expert health professionals advice. People received a nutritious and well balanced diet that they enjoyed.

Staff had received training and supervision and were encouraged and supported to progress professionally.

Is the service caring?

Good

Clifton Court was caring. People and their relatives were positive about the care provided by staff. People felt that staff showed concern for their wellbeing in a caring and meaningful way and respond to their needs.

People were encouraged to maintain and develop their independence and were able to make decisions about their day to day lives. Staff knew people well and were thoughtful, kind and attentive.

People told us their privacy and dignity was respected.

Is the service responsive?

Good

Clifton Court was responsive to people's individual needs. Care plans were personalised and reflected people's individual preferences and specific needs.

Summary of findings

People's individual care and support needs were regularly assessed and monitored to ensure that any changes were accurately reflected in the care and treatment they received.

The views of people, their relatives and other visitors were welcomed and informed changes and improvements to service provision. .

Is the service well-led?

Good

Clifton Court was well-led. There was a registered manager in place who ensured that there was an open and transparent culture in the home for people and staff.

There was a central code of 'care' which staff had contributed ideas to. This included maintaining people's self-respect and dignity, treating people how they'd like to be treated themselves, showing compassion and treating people all in the same way.

The provider had systems in place to monitor the quality of the service and facilities and identify and manage incidents effectively. The service held regular residents meeting in which people could attend if they wished to. Satisfaction surveys were sent out regularly, analysed and shared with people along with actions the home would take.

Clifton Court

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 checked 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 inspection took place on 21 October 2014 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with ten people who used the service and one visitor, six care staff, the registered manager and the registered provider. We observed the care and support given by staff in the communal areas and looked around the home, which included people showing us their bedrooms, the dining area, lounge and garden. Everyone we spoke with were able to share their experiences verbally with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This included notifications of events that have affected the service, safeguarding investigations and deaths.

The inspection team consisted of an inspector and an expert by experience (Ex by Ex). An Ex by Ex is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed five care plans and risk assessments, and the quality assurance audits pertaining to cleaning, medication, environmental and people's care, health and welfare document, such as medication administration records. We also looked at the service's policies together with general information available for people such as safeguarding, infection control and medication administration policies.

Before the inspection we contacted the commissioners of the service and three healthcare professionals, two district nurses and one GP from the local General Practitioners (GP) surgery. We also had feedback from the community psychiatric nurse and a dietician who had visited the home. We used the information shared to assist our inspection.

At the last inspection in December 2013, we had not identified any concerns with the service.

Good

Is the service safe?

Our findings

Everyone told us they felt safe at Clifton Court. We were told, “Very safe, there’s always someone looking after us,” “I’m very content and happy here because I know they will look out for me,” and “I feel safe because I am safe.” We were also told, “It’s the best place I have lived, because I feel safe and it is therapeutic for my illness,” “I have lived here for about 15 years and this is my home, staff are kind to me and this makes me feel safe,” are lovely, have never or will never hurt me,” “I am happy here and have never felt that I would be harmed by the staff” and ”The staff are very good and help and support you and not like some places I have been in before coming here was bad,” and ”This home is safe and comfortable.”

The security of the home had been designed to promote safety for people whilst also continuing to encourage and support independence. The home operated an open door policy. People had a key for the front door if they wanted and had been assessed by staff as safe to use the key. People were able to come and go as they wanted. Most people used the side door rather than the front door. The staff said, “We try to encourage them to tell us they are going out, rather than finding they had gone, but that doesn’t always happen, we try not to be obviously monitoring people’s comings and goings as this can be restrictive for them and be classed as restraint.” The staff demonstrated a clear understanding of the DoLS guidelines and had put them into practice.

Staff had received training in safeguarding adults at risk. It was clear that staff understood their responsibilities to keep people safe from abuse. They had a good understanding of the types of abuse and who they would report any suspicions or concerns to. The safeguarding adult policy was easily available to staff. The policy supported staff to follow the protocols set by the local authority who lead on all safeguarding concerns. Staff told us that they would immediately inform the manager and call the local authority safeguarding team. Another staff member said, “I would not hesitate to raise a safeguarding if I felt someone was at risk.”

Each person had their own individual behaviours and staff supported them to be themselves. Staff knew people very well and were aware of triggers to certain behaviour that put them or others at risk. They used diversional tactics to de-escalate small irritations before they became serious. One person had a disorder that disliked untidiness and would tidy up before people had finished their meal or drink. This irritated others but staff discretely directed them to another activity whilst others finished their meal or drink.

The provider was able to help protect people from harm as they had systems in place to identify risk. Each person’s care plan had a number of risk assessments completed. The assessments detailed what the activity was and the associated risk. For example, assessments related to mobility, depression, accessing the community, nutrition and individual specific health needs, such as incontinence. Guidance was specific to each person and was linked to their individual coping capability. Risk assessments were up to date and reviewed regularly which meant staff worked to the most up to date information about a person. In one person’s care file there was clear guidance for staff to follow as how to support them appropriately when their mood changed just before their regular antipsychotic medication. This included relapse indicators with directives and strategies that ensured one to one time with staff. Another person’s mobility had changed and the staff had updated the risk assessments to reflect the risk of the steps in the lounge area. Staff had made changes to the environmental risk assessment to promote this person’s safety.

Staff told us they received regular fire training. There was fire fighting equipment placed around the home that had been recently checked and

Good

Is the service safe?

ready for use. The fire emergency evacuation procedure was displayed throughout the home. The emergency plan had comprehensive policies relating to adverse events such as fire, utility failure, accidents and the outbreak of disease. The plan included the contact numbers of local services including doctor surgeries, home managers out of hours contact details, emergency services and utility providers. There was a clear process for managing any deterioration in mental state of the people with emergency guidelines to follow, such as contact details of the community mental health team. Staff were able to tell us who they would contact in the event of an emergency. The service had a business continuity policy in place. This made sure that the service had a plan in place to deal with foreseeable emergencies. This reduced the risk of people's care being adversely affected in the event of an emergency such as flooding or a fire.

Accident books were reviewed by the management on a monthly basis. Procedures were therefore in place for dealing with emergencies that may arise whilst providing care. People told us that they knew what to do if a fire was identified, and said, "Staff have explained what we have to do if the fire bell goes off, we get involved in the practice runs."

People told us, "There are staff on duty during the day and at night and they are always willing to help if you need their assistance," "I feel very safe and happy here, don't want to live anywhere else," and "Always someone to talk to, or help me." There was a call bell facility available in the home and everyone was able to use it appropriately. We were told, "If I need help I just ring and they come," "I have used it at night and staff came quickly." Our inspection found that there were enough staff to provide the care and support people required safely. We asked how the provider managed its staffing levels to make sure people were kept safe. The registered manager explained how they assessed people's dependency on a daily basis and if a person was distressed, agitated or had an outing or hospital appointment; additional staff would be brought in to meet their needs. We talked to both staff and the people about staffing levels. Staff felt that the staffing levels were sufficient at all times to deliver a good standard of care. One staff member said, "We know who and needs more supervision and we prioritise." Another staff member said, "We would request more staff if we felt it was unsafe."

People were cared for by staff who had been recruited through safe procedures. Each member of staff had undergone a criminal records check before starting work. We looked at staff recruitment files and saw that the provider had a robust and thorough recruitment process

We looked at accidents and incidents records and audits. There was accurate recording of incidents between people and these had been referred to social services and CQC in a timely manner. The audit and monitoring processes in place showed that the management team had fully investigated all accidents and incidents and where appropriate had introduced an action plan or developed strategies to prevent a reoccurrence.

The provider had appropriate arrangements in place for the safe management of medicines. This included records of medicines received, disposed of, and administered. We noted that the nurses who administered the medicines carried out the necessary checks before giving the medication and ensured that the person took the medication before signing the medication administration record (MAR) chart. We looked at people's MAR charts and found that that the recording was accurate and clear. Staff were able to support people to administer their own insulin supported by the district nurse and GP surgery. The staff we spoke with told us people were currently taking their medication as prescribed. Skin creams were recorded by care staff on a separate recording sheet. Records showed people were given their

Good

Is the service safe?

medicines as prescribed. Medicine administration audits were conducted on a monthly basis and any anomalies recorded were followed by senior staff, such as staff signatures.

People were cared for by staff who had been recruited through safe procedures. Each member of staff had undergone a criminal records check before starting work. We looked at staff recruitment files and saw that the provider had a robust and thorough recruitment process.

Clifton Court was a clean, well-maintained and homely environment which allowed people to move around freely without risk of harm. Records and certificates demonstrated that the home was subject to regular safety checks and maintenance. This included environmental risk assessments. People had been supported to make their room their own. We were invited by three people to see their room. One person had paintings on their wall which were their own work, another had photos of family and friends proudly displayed. The rooms were well furnished and decorated.

Good

Is the service effective?

Our findings

People told us, “They look after us well, we know that they will help us and the doctor comes to see us regularly.” “My care plan is reviewed a lot,” “There is no restrictions if I wish to go shopping and that freedom makes me feel that staff respects my wishes and I suppose that is being safe,” “Care plans are good, however after ten years living here the staff are aware of my likes and dislikes,” “The plan details my mental problems and I feel secure knowing that they have this written material about me, that new staff are aware of what I am like and I know I can make changes to the plan,” and ”I have a care plan and I think I might of signed it, but I do speak to the staff about my wishes.” People said that they had their plans reviewed during the course of the year.

People had an initial needs assessment when they moved into the home. The care plans contained clear instructions as to the care needs of the individual. They included information relating to individuals mental health, medication, communication, nutrition, and welfare needs. There were specific care and risk management plans in each individual's care records. Care plans were accurate and showed us people were involved in the initial assessment and on-going reviews. Reviews were done monthly or more often if a significant change to health or behaviour occurred. For example an infection that affected their medication effectiveness. A copy of the monthly review was sent to the persons care co-ordinator (social services). One relative told us that they were regularly consulted on the care provided, they were included in the review process and were always kept informed about any changes as they occurred. They said, “If anything changes or there is an accident they immediately let us know.”

Where appropriate, specialist advice and support had been sought in relation to meeting people’s physical and mental health needs. Advice from speech and language therapists, dieticians, and community mental health nurses had been recorded in people’s care plans. For example advice from a dietician about sugar free meals and drink for those that had diabetes. Staff said they valued input from external health specialists and enjoyed learning from them. One staff member said, “We can share learning from the specialists among the team, it then improves the care we give.”

People were involved in making their own decisions about the food that they ate. There was a well-balanced and nutritious range of food offered. There was a menu displayed in the dining area that showed the wide range offered. We asked people if we could join them at lunch time to share their experience and we were invited to join them. The dining room was on the ground floor and everyone came to lunch and dined on four tables that had been set by one person as part of their ‘household chores’ day. The cutlery and crockery were of a good standard, and condiments and napkins were available. There were meal choices and water and fruit juices were on offer. People said, “The meals are very good,” “Tasty,” “Hot when served,” “The portion sizes are good and you can ask for more or have an alternative meal if you wish. “

The meal time was unrushed; staff interacted in a friendly manner and were aware of people’s needs. The atmosphere in the dining room during the meal was relaxed, quiet but friendly and people chatted together if they wanted. Most people ate their meal, tidied up and then continued with their own plans for the rest of the day. Some people had specific dietary requirements either related to their health needs such as diabetes or their preference and were detailed in their care plans. These were followed by the staff who had lists of people’s dietary needs, allergies and preferences. Staff prepared the meals, some people choose to be involved in the preparation and cooking but this is seen as people’s choice and was part of their goals and achievements within their individual care plan. People’s weights were undertaken and recorded if consented to by the individual. Staff also monitored people’s intake and noted and recorded appetite loss and increase as some antipsychotic medication can affect people’s weight. This was reflected in peoples care plans and monitored against their medication and discussed with the mental health team and GP.

During the meal service a staff member supported a person who was becoming agitated. They had noticed that the person showed signs that they were anxious and approached them quietly and asked if they would like to move to a different area where it was quieter until the meal service was finished. The person smiled at the staff member and declined their offer, but was reassured that staff were there. The staff member knew how to identify that the person required support and how to provide this in a way that was respectful and effective in promoting their wellbeing.

Good

Is the service effective?

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager and staff. The responses to our questions told us they were knowledgeable about how to ensure that the rights of people who lived at Clifton Court. Staff had received training in MCA and updates and new guidance had been cascaded to all staff. We looked at care records which showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing an individual's ability to make a particular decision. Observations of care throughout the day identified that staff respected people's right to privacy and choice. People were seen to be supported with their choices within their risk assessment framework. This had enabled people to make everyday choices important to them and to meet their identified needs. One person told us, "They know my problems, and look after me by ensuring I take my medicine." Another said, "I have agreed to certain restrictions but that was my choice because I need those in my life to be well." This person was very clear about their illness and treatment plan. Staff told us that they had completed training to make sure they had the skills and knowledge to provide the support people needed. Staff said, "We do lots of training, we've just done some more training in caring for people who have challenging behaviour and we also". Staff records demonstrated that training had recently been given on topics such as infection control, mental health and dementia awareness, health and safety and prevention of falls. This gave them the skills they needed to be able to support the people that lived here.

Staff had access to regular one to one meetings with their line manager; records showed us that staff supervision was undertaken regularly. Staff told us, "Supervisions are helpful because it gives us an opportunity to discuss anything that worries us and ask for training," and "It's always good to be able to discuss our career path, NVQs and other training."

Good

Is the service caring?

Our findings

People told us staff were good carers. Comments included, “I am encouraged by staff to keep my bedroom clean and they do this in a very pleasant way,” “I assist with dusting the lounge area, which I enjoy doing and keeps me occupied”. We were also told, “There is a chores rota and everyone has to do their bits,” “I am treated as an adult and not childlike, “ “My day is spent the way I wish, apart from the chores I get a daily newspaper, have a bet and watch my favourite television shows between meals and sleep of course.” People wore clothes of their choice which were clean and tidy. Clothes shopping trips were enjoyed by some, “I love buying new clothes.” One person told of their hair appointments and how it felt nice to be pampered.

People told us they were treated with dignity and respect. We were told, “My room is my private space and staff respect this,” “If I am in my bedroom they always knock on the door and I do give them permission to enter, it’s like respecting your privacy, ““I am called by my Christian name, because I have given them permission to do so," and “My religious needs are respected by staff and I attend church services.”

Staff told us that everyone in the home was treated as an individual and that some had specific routines and behavioural traits they followed. “We don’t judge or try to change them, We remind or prompt people with personal hygiene and attending appointments, but never force them, We ensure they are safe, content and well.” Throughout our inspection we observed that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We observed that staff took time to speak with people as they supported them. We observed positive interactions and saw these supported people’s wellbeing. One member of staff was seen staff laughing and joking with one person and we observed how this enhanced the person’s mood. We also saw that staff gave appropriate and timely reassurance to a person who became anxious during the midday meal. This helped the person to become less anxious and to be able to finish their meal.

People’s dignity was promoted, one staff member noted a person had forgotten to button their top and gently offered to help them. People were supported in ensuring their clothes were washed regularly and worn clothing replaced. No preferences were recorded at this time. Staff told us of the strategies and key points of how they ensured people were treated with respect and dignity. For example, prompting them with personal care, and ensuring that people respected other people's privacy.

People told us they felt listened to and supported by staff and that they felt cared for. One person told us, “They care when I’m feeling sad, I think of them as my extended family, I am lucky to live here.” Another said, “Nothing is too much trouble, we suggest something that would makes us happier and they do their upmost to make sure we get it, couldn’t be in a better place. They really care.”

Staff positively interacted with people and offered support in a kind and compassionate manner. One staff member approached a person who was a little upset, quietly offering sympathetic support and assistance. We observed that people felt comfortable approaching staff and there was a feel of genuine respect and understanding between the staff and people. One staff member said that “It’s a pleasure to work here, there is a real family feel.”

The manager told us that the people had been involved in developing their care plan. People had signed their care plan and the reviews. One person declined to be involved or contribute and this had been recorded and reviewed at each meeting. The care plans were person specific, and all care plans started with a life history. This document gave details of families, jobs, hobbies and life experiences. We read this document with one person who said, “This will tell you about my life and family, it’s special to me.” A relative we spoke with confirmed they were very much involved in their family members care. Care plans were up to date and that they were reviewed regularly. People told us they had a ‘key’ worker. This was a staff member who took responsibility for undertaking reviews and one to one time with that person and ensured that the support provided was consistent. One person said, “My key worker is brilliant, always listens and makes sure all is going well for me.”

Visitors to the home told us, “We feel welcomed by the staff and the homely atmosphere.” Staff always come and tells us how my relative has been, really caring staff.” We were told that there were no restrictions to visiting and so they could fit it in with work and other family commitments. One community mental health nurse said, “Whenever I have visited, I have found that the staff are genuinely involved in peoples care and I have always seen positive care and support. The staff are very kind and patient with people.”

Good

Is the service responsive?

Our findings

People we spoke with told us, "I take my own insulin and staff support and remind me to have my sugar levels checked at the GP surgery," "I attend an art class once every week and staff encourage me to attend, because they know it is my favourite hobby," and "I do go to an activity outside the home and staff are good in arranging for me to go" These comments supported that staff were responsive to specific needs and individual goals set to maintain independence and community involvement.

People told us that staff were always responsive to their individual needs on a daily basis. We were told staff were aware of their needs, responded well to requests for assistance, helped them be independent, engaged and were welcoming to family members and people felt able and confident to raise issues about their care or matters concerning the home.

Everyone told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and would know how to make a complaint. One person said, "Yes, to the manager or my key worker." The relative that we spoke with told us, "You can say anything to anyone of the staff, it feels comfortable. If I had any problems I would go straight to the manager."

Staff told us they would advise people to contact the manager for any complaints if they felt they could not resolve it there and then. We looked at the complaint log and saw that complaints were evaluated by the management team and where necessary an action plan put in place. As there had only been no formal complaints made, we looked at the processes in place that ensured that complaints were taken seriously, responded to appropriately and investigated. The complaint procedure was clear and written in plain English. It had time scales for the complainant to be responded to and told the complainant who to approach if they were not satisfied with the provider's response and actions. The complaint procedure had been reviewed regularly and was accessible to everyone who lived and visited Clifton Court.

Questionnaires about the service delivery were sent to people twice a year to give them a chance to share their views. One person told us, "I can tell the staff my views anytime, don't need a questionnaire. Another said, "I love it here." The questionnaires were audited and suggestions from people were taken forward and discussed at house meetings. One example was having a film night, which people told us was good fun.

People's care plans were reviewed monthly, or if there had been a change the care plan would be reviewed earlier to reflect this. Care plans had accurate information about the support each person required. We talked to people about their reviews. We were told, "It's good to sit down and discuss my treatment, my medication has been changed because I react differently sometimes, I can get depressed very easily." The needs assessments had been used to develop detailed care plans which had information for staff about how to support the individual to meet their needs. People and their families had been included in developing the care plans. The care plans included information about the person's life, likes and dislikes. This meant the staff had information about the whole person, not just their care needs.

People were supported to maintain relationships with friends and relatives and on the day of our inspection we met one person who had just returned from meeting a friend. We learnt from another person that staff helped them to email and write to their family on a regular basis, this had improved family involvement.

Staff showed they were knowledgeable about the people in the home and the things that were important to them in their lives. Whilst talking with staff we learnt about people's lives, their goals and aspirations, which people confirmed during our inspection. Such as "I want to keep in touch with my family, its everything to me." People's care records included a "life history" which gave the staff information about their life before they came to live in the home. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families or where they used to live. People told us that staff ensured they could access art classes, go out to events in the old town fishing village or to the local shops. They felt that the home fulfilled their wishes, "I like to just be normal, nothing special, the staff are great, we have special night take away meals," and "The staff listen, they know what we like, I like to watch a good film, they know that and my magazines."

Good

Is the service well-led?

Our findings

People knew the manager by name and said she was, “Great” and “Wonderful, caring and approachable.” Staff told us, “The manager is supportive and knowledgeable.” Another staff member said, “Really good team, everyone works together, I respect the manager because she is fair, approachable and available.” The management team included a deputy who covered when the manager was not available.

There was a staffing structure which gave clear lines of accountability and responsibility. There was always a senior care assistant on duty who took a lead role in ensuring people’s individual needs were met. They also ensured other care staff knew what their role for each shift was. Staff felt supported in their work and enjoyed working at the home. One staff member said, “I love my job, the residents are lovely and the other staff are team workers, we all help each other and support each other.” Another staff member said, “I enjoy working here, it’s got standards of care to adhere to and we give quality care, the manager is approachable and knows everyone in the home, a really good manager.”

The home had a clear philosophy of care built on the values of quality, dignity, respect, accountability and commitment. Staff were proud to work at Clifton Court and felt that their philosophy was delivered in a person centred way. There was a central code of ‘care’ which staff had contributed ideas to. This included maintaining people's self-respect and dignity, treating people how they’d like to be treated themselves, showing compassion and treating people all in the same way. The manager told us they used Skills for Care common induction standards (CIS) to develop the skills, knowledge and values of their care staff. CIS are the standards people working in adult social care need to meet before they can safely work unsupervised. This was a clear set of vision and values which were promoted by all staff.

Staff, people and visiting health professionals told us there was on open culture at the home with clear lines of communication. One health professional said, “They are open to advice and willing to learn and work with us.” Staff meetings were held regularly. Staff told us these were opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. Minutes for the previous two staff meetings verified this. Minutes were kept and shared with staff that had not been able to attend.

The manager had a quality assurance system in place which included monthly checks on medication administration records, care plans, laundry, and environmental checks on cleanliness, safety and maintenance and security arrangements. We saw that if a shortfall had been identified, an action was put in place with a time scale. For example the shower room had a step which was now a problem for one person so this was being changed to a wet room. Each month the provider visited as part of their quality assurance system. This visit included speaking with people, staff and reviewing information provided to them by the manager in relation to health and safety checks, care plan audits and room checks. Where actions were required, a plan was put in place. This showed us the provider had systems in place to regularly review the safety and quality of the service provided. It also showed that any actions identified were acted on.

Residents meetings were held regularly which were chaired by the manager. People attended only if they wanted to. Satisfaction surveys were sent out at various times throughout the year. All feedback was evaluated and responded to. People’s comments were taken forward and actioned. The results of surveys were displayed on notice boards along with the provider’s actions. The manager also showed us the results of the most recent satisfaction survey. This told us that people were happy with the care that was provided, that included food and how they were supported. Compliments were kept and shared with staff by the manager.

Incident and accidents were recorded and were analysed for any emerging trends, themes or patterns. This showed us that the home had systems in place to identify and manage incidents effectively. CQC had received notifications following incidents and safeguarding referrals.