

Mr & Mrs R Awotar

# Cliff Court Care Home

## Inspection report

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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

Cliff Court care home is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 18 people. Cliff Court care home specialises in looking after people living with dementia. Cliff Court care home is a large detached property split over two floors.

### People's experience of using the service and what we found

People were protected from risk of harm and abuse and staff knew what action to take if they had any concerns. Cliff Court care home was clean, tidy and free from unpleasant odours. There were enough staff working at Cliff Court care home and staff had been recruited safely. Staff understood risk and the need to update care plans and risk assessments with any changes to a person's support needs. People were supported to take their medicines.

Staff received training relevant to the people they cared for. They were supported with ongoing supervision by the registered manager. People's health and wellbeing needs were met and they were supported to access health and social care professionals. People's dietary needs were assessed and people were offered a range of healthy, freshly prepared food each day. Staff sought consent from people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. A professional told us, "People have varying degrees of dementia, but everyone is treated fairly, they are never rushed. It's a very caring home."

People were treated with respect, compassion and kindness. Staff understood people's care and support needs and knew what was important to them. People were supported to make their own decisions each day. People's privacy, dignity and independence were supported.

People's support was person centred, staff knew people well. A variety of activities were offered each day and people were given the choice to take part or not. A complaints policy and process were in place and people and relatives were confident in raising issues. Complaints were thoroughly investigated.

The registered manager knew people well. She said, "It's their home. I want them to be happy." Systems were in place to audit processes to ensure an effective oversight of the service. Cliff Court care home had links with the local community.

### Rating at last inspection

Good. (Report published 29 November 2016)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Cliff Court Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Cliff Court care home 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.

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

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought information from the local authority who have contact with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke to five people that used the service and three relatives about their experience and the care provided. We spoke with five members of staff including the registered manager who was also the provider,

senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including six people's care plans and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. We looked at a variety of records that related to the management of the service including accidents and incidents, complaints and compliments and audit processes. We looked at training records and supervision records.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We spoke with three professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong.

- Fire checks had been completed and the service were due a full fire inspection a few weeks after our inspection. Regular internal safety checks and fire drills took place.
- We saw servicing documents for fire and gas and equipment, for example stair lifts and hoists. Any faults were promptly reported. There had been a fault with part of the fire alarm system noted and this had been repaired the same day.
- There were no personal emergency evacuation plans (PEEPs) in place. This was discussed with the registered manager during the inspection and steps were taken to put these in place. A few days after the inspection we saw copies of PEEPs that were now in place. General emergency evacuation plans (GEEPS), were in place and staff, through regular drills, were aware of steps to take in an emergency.
- Accident and incident forms were completed and had details of the circumstances and what had been done in each case. This included informing relatives, calling medical professional if necessary and providing first aid.
- The registered manager told us that lessons learned from accidents and incidents were recorded in care plans and passed on to staff through daily meetings.
- People and relatives told us they felt safe living at Cliff Court care home. A person said, "They look after us well. It's alright, it's like home." A relative told us, "She's safe here, she's been here over four years now and we've never had any concerns."
- Care plans contained risk assessments which informed staff how to minimise risks to people and what action to take if required. Each assessment clearly showed area of concern, action necessary and action taken. For example, people had low risk assessments. These measure people's skin integrity and assess the risk of developing pressure wounds. This was further supported using specialist equipment such as pressure mattresses and staff interventions, for example, regular turning when required.
- Staff understood risk and the need to keep other staff members up to date. A member of staff told us, "We update care plans regularly and we always talk at the daily handovers to pass on information."

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. People were protected from the risk of harm and abuse. Staff knew about the whistleblowing policy and what steps to take if they believed someone was at risk of harm or abuse.
- Staff received safeguarding training; they described different scenarios and said if they had any concerns they would report them to a senior member of staff or the registered manager. They also knew how to report concerns to outside agencies. A member of staff said, "I would inform my line manager or senior carer or maybe CQC."

- The registered manager understood safeguarding. She described different types of incidents that would amount to safeguarding and told us the steps she would take and who to inform if needed.

#### Staffing and recruitment

- Staff were recruited safely. Appropriate checks had been completed prior to staff working at the service. This included Disclosure and Barring Services (DBS) checks. These checks ensure prospective staff did not have a criminal record or were barred from working with children or adults. Previous employment records and references were also found.
- Cliff Court care home relied on agency staff to cover sickness and annual leave. Only agency staff with experience of working with people living with dementia were employed by the service.
- During the inspection we saw staff respond to people promptly. There were enough staff on duty. During the morning, staff were busy carrying out essential personal care but during the afternoon they were able to spend more time with people and help them with activities.

#### Using medicines safely

- There were systems in place to make sure medicines were ordered and stored correctly. Any medicines that had to be returned were done in a safe way following their own protocols. Peoples medicine administration records (MAR), which are used to record what medicines are given and when, were completed correctly.
- Staff who gave medicines had received appropriate training and had regular checks by the registered manager or senior member of staff.
- We observed staff preparing and giving medicines. People's individual medicines were measured out and the medicine trolley was locked whenever left unattended. MAR charts were completed after each person had been given their medicines.
- Staff explained to people that it was time for their medicine. They explained what each tablet was for and they offered people the choice of taking it themselves or being given the medicine by the staff member. The process was not rushed and staff were kind, holding people's hands to reassure them. People were given plenty of time and support with taking their medicine.
- A separate protocol for 'as required' (PRN) medicines was in place. These medicines include painkilling tablets which were given only if needed or prescribed by the GP.
- Regular audits of medicines were carried out by the registered manager. There were no medicines errors recorded and the registered manager told us that they had never had an error occur. Regular reviews of medicines took place with people's GP's to ensure that medicines taken were still required.

#### Preventing and controlling infection

- Cliff Court care home was clean, tidy and free from unpleasant odours. A professional told us, "It's always clean and tidy. It's never smelly." We saw people's rooms which were also clean and tidy and free from any trip or other hazard. There were several toilets and wash rooms available on each floor.
- Staff were seen to wear gloves and aprons and training records showed that all staff had completed hygiene and infection control training.
- The laundry area was small, but an efficient system was seen with each person's clothing being placed in a labelled basket when clean.
- Testing was done to prevent legionella disease. Regular checks were completed on water temperatures and taps and toilets not in regular use.



# Is the service effective?

## Our findings

### 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Before moving into Cliff Court care home, the registered manager completed a care and support assessment of people's needs to ensure they could be met. This assessment was used to help develop the person's care plan.
- Some people were assessed in their own homes and others were seen in hospital. The registered manager told they provided respite care to people. These are short term placements caring for people until they are well enough to return to their own homes.
- Care and support was given in line with current legislation and guidance and involved professional support.

Staff support: induction, training, skills and experience

- Staff induction was comprehensive and included policies, procedures and use of equipment. Following initial induction new staff were able to shadow more experienced staff before working alone. A member of staff said, "Induction lasted a few weeks and then I shadowed for another two weeks." Another member of staff told us, "I worked day shifts for about four weeks before moving to night work." Staff told us that the induction was good preparation for working at the service.
- Agency staff were given an induction when employed at Cliff Court care home for the first time. A member of agency staff told us, "They showed me around the building, introduced me to all of the residents and explained about each person's needs."
- Agency staff completed a shortened version of induction which included explaining the care and support needs of people.
- Staff received ongoing training and support. All staff had received training in dementia care. A member of staff told us, "There is some external training and some provided by the manager. We are kept up to date." Staff had a good understanding about different types of dementia
- We were shown a training matrix which showed that all staff were up to date with training requirements. The training included moving and handling, mental capacity and safeguarding. Medicines training had been completed by senior staff.
- The registered manager carried out observations of day to day practice on staff. A staff member told us, "I have spot checks every two months. But she (registered manager) is always around to ask if I need to raise an issue." Spot checks are unannounced visits to staff to observe them in the workplace.
- Staff told us they had regular supervision meetings and this was seen on their personnel files. Supervision was recorded as taking place every two months but because the service is small, staff had daily

opportunities to speak with the registered manager if they needed to.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that the food was good and they had enough to eat and drink throughout the day. A person said, "I have no complaints, the choice of food is very good." Another person said, "It's a good meal." A professional told us, "The food always looks good."
- People were supported to eat a healthy diet. A range of freshly prepared food and drink was available. We were shown a four-week menu of different food provided. The weeks menu was shown in written and pictorial form in the dining room. Each day there was a choice of three main courses. Peoples nutritional needs were met and people had choice.
- People chose where to eat their meals. Most people used the dining area, while others preferred to remain in the lounge or their bedrooms. We saw people being offered choice.
- Staff provided one to one support for people who needed help at mealtimes, taking time and supporting them in way that was helpful. We saw a member of staff sitting with a person and helping to cut up food and then prompt them to eat.
- A person refused food at lunchtime saying they were not hungry. They were asked several times over a period of time and the registered manager also spoke with them. Through patient conversation staff found out that the person was worried about something. Once identified the matter was resolved and the person began to eat.
- People had been referred to the speech and language therapist when there were concerns about swallowing difficulties. Recommendations had been followed and copies were placed on the wall in the kitchen and within people's care plans. Staff were able to tell us about this.
- The chef told us that some people required a soft, mashed diet and in all cases, they were given the same food choices as others. Meals were prepared safely and in accordance with people's individual needs. For example, the chef prepared appropriate food and provided choice for people with diabetes.
- The chef came out and spoke to people at meal times and everyone was pleased to see him and greeted him verbally or by smiling.
- Festivals and special events were celebrated. A Christmas meal was made and relatives were invited to attend. Everyone's birthday was celebrated and the chef would make a cake.
- People's weight was monitored and a nutritional risk assessment was completed. This meant that any unexpected loss or gain would be identified and people could be referred to their GP if necessary.

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

- At the time of the inspection Cliff Court care home was being internally decorated. Bedrooms had been personalised to reflect people's choices and contained personal photographs and effects and in some cases furniture. Several bedrooms had sea views.
- Several bathrooms and toilets available on the two floors of Cliff Court care home. Bathrooms had equipment for hoisting and toilet seats had been raised where needed. All equipment had been serviced and was in good working order. There were handrails in the bathrooms and in communal areas.
- A stair lift was used by people who needed to access the second floor. This was in working order and had been recently serviced.
- There was level access throughout the ground floor of Cliff Court care home which included access to the front garden area. The front garden had seating and sea views. People were able to enjoy this area of Cliff Court care home, sitting together and talking with other people and staff.
- The ground floor had a large communal area split into a lounge and dining area. The lounge had arm chairs positioned so people could watch television or talk to other people if they wanted to.
- There were large clocks in the communal areas, clearly displaying the date and time. The registered manager told us Cliff Court care home had been decorated for people living with dementia. Carpets were

plain and uniform throughout and walls had been decorated in plain or pastel colours. Too much variation in colour can cause confusion for people living with dementia. People were seen to move around Cliff Court care home independently.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain and improve their health. Records showed people were supported to access health care professionals when needed. During the inspection a person required a visit from their GP and this was arranged promptly. A professional told us, "If I make a recommendation about a person they will always listen and take on board what I say."
- The service had close links with the area mental health team and their advice was often sought.
- Where people had specific needs such as living with a catheter, evidence was seen of regular visits by district nurses, to change equipment and ensure people were comfortable.
- People had support from healthcare professionals such as opticians and chiropodists. A hairdresser visited Cliff Court care home regularly.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A member of staff told us, "Everyone is different. We get to know people and know what to do for the best." They also said, "Sometimes people understand. It's our responsibility to help them and explain." Another member of staff said when getting consent form a person, "I will explain what is happening that day. Maybe a relative is visiting and they might like to dress. It's always their choice."
- A care plan had information about a person's short-term memory loss. There was an action sheet which provided information about how to manage this by remaining with the person, offering guidance and encouragement and reminding them that relatives were visiting. Staff were seen acting on this during our inspection.
- Most people were able to make day to day decisions, for example, what clothes to wear and what to have to eat at mealtimes. People who found these decisions difficult were offered support and were encouraged to make decisions after being offered choice.
- Although most people were living with dementia, the registered manager assumed capacity. If people were found to lack capacity, then best interest meetings took place. These were documented within care plans. A best interest meeting involved the person, the registered manager, carers, relatives and the person's GP. An example was seen of a meeting between a person, their relative, their GP and a chiropodist regarding treatment for a medical condition.
- People can only be deprived of their liberty and have restraints on their lives with the appropriate legal authority. There were DoLS in place for people and in some cases, applications had been made and Cliff Court care home were waiting for a response. Information was contained in care plans.
- Staff had done Mental Capacity Act (MCA) and DoLS training and had a good understanding of the process and people's needs.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated kindly and with respect and compassion. A person told us, "I get on well with staff, they are kind to me." Another person said, "I like it here, the staff really look after us."
- A relative told us, "We're here several times a week, we carry out our own quality control. The staff treat people well." Another relative said, "They're very well looked after, so lovely, they always recognise us."
- A professional told us, "They have had some of the same staff for years. That is a good sign. They are treated like a family." Another professional said, "The manager is particularly caring."
- Staff supported people with patience and understanding. Staff were seen talking to people throughout the day and taking time with people. During quieter times staff sat with people and talked with them. A person told us, "I get on well with them, we have a good laugh." A member of staff said, "It's a homely atmosphere. All the staff and the manager are good, we share everything."
- Staff knew people and knew what they liked to do. Staff had a good understanding of equality and diversity and we saw people being treated equally and being offered the same amount of attention and interaction with staff. Some people preferred to spend their time in their bedrooms. Others preferred to sit in the lounge and listen to music and talk with other residents.
- A relative said, "They (the staff), know her really well. That's the way it should be, rather than the other way around."
- People had opportunity to maintain their religious beliefs. Representatives from the Church mission visited Cliff Court care home each month and spoke with people. A local choir group has attended in the past and the registered manager is planning on starting these visits again.
- The registered manager told us that during the pre-assessment, people's protected characteristics under the Equalities Act 2010 were considered and records showed this had been done.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in completing and reviewing care plans. There was clear evidence seen of monthly reviews taking place of care plans relevant to each person.
- Each care plan had a section where people and their relatives were invited to discuss which aspects of their lives they could manage themselves and areas where they may need help with the registered manager.
- Staff were also involved in care planning and identifying changes that might be needed. A member of staff told us, "We share all issues, to find the best solutions." Staff were encouraged to be involved and daily update meetings were held at shift handover times, and every person's immediate care and support needs were discussed.

- Care plans had been signed by people or by their relatives in their presence. People were encouraged to be involved in care planning. A member of staff told us, "We get help from the families with support plans. We get information from them."
- Staff were aware of the importance of confidentiality. During the inspection any conversations held about people were carried out in areas of Cliff Court care home where people could not hear. Care plans and other documents containing personal information were kept in a locked office.
- Relatives could come and go from Cliff Court care home when they pleased. Visits from family and friends were encouraged and they were always invited to birthday parties and other significant events such as Christmas meals and the summer fete. A relative said, "We're always made to feel welcome, nothings any trouble."

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by staff. A member of staff said, "Some people like more time in bed sometimes. I let people do what they want to do. I might approach them and make suggestions but it's up to them."
- People's privacy in their own rooms was respected. Bedroom doors were kept open or shut depending on the wishes of the person. Before entering a person's bedroom, the staff would always knock and say clearly who they were and wait for a response.
- A professional told us, "They respect people's privacy, I've seen them use screens." A relative said, "They protect people's dignity. They use screens. I've seen it."
- People were encouraged to be as independent as possible. People were seen to be encouraged to move around Cliff Court care home when they wanted to. This included moving from the lounge, to the dining area and to use the bathroom. Staff were always available to help but allowed people to exercise their mobility when safe.

# Is the service responsive?

## Our findings

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred. They included information about people's needs in relation to mobility, personal care, nutrition and capacity. The pre-assessment forms were used to inform the care plans.
- Staff had a good knowledge and understanding of people, their interests and life history as well as their care and support needs. For example, a person had an interest in the sea and they were supported in their room to use a telescope and to talk about their past connections.
- People were encouraged to remain active and to take part in activities each day. An activities co-ordinator worked at Cliff Court care home four afternoons each week. People told us they enjoyed the activities. A range of activities were available to people and these were displayed in a timetable of events on the wall in the dining area.
- On the day of the inspection the activities co-ordinator was on leave however the care staff took the lead during the afternoon and several people were seen enjoying playing ball games and listening to music.
- The registered manager had recently purchased a table on which ball games could be played. This was seen to be used during the inspection. There was a seating area in the garden where people were seen enjoying the views out to sea and each other's company. A relative had created several continuous loops of music and videos that had been selected by residents and this was playing in the lounge. This could be used by people using a touch screen facility.
- The activities board also contained a selection of photos of events and activities that people had recently been involved in. We were shown several books containing photographs of events and activities. These included trips out to a garden centre, people celebrating birthdays and a Christmas party.
- People who did not want to take part in group activities were offered alternatives. A person was very keen on drawing and art and they were able to pursue this interest each day. A person told us, "Being able to draw has brought me a lot further on in my life."
- People who chose to remain in their rooms were offered one to one activities. These generally involved conversations about the past, family and interests. Another person asked if they could pick weeds in the garden. The registered manager bought them a gardening set and they enjoyed time in the garden with an activity to do.
- Trips were occasionally arranged to a local garden centre. Relatives had also taken people out for trips. A relative told us, "We used to go out but not so much recently. There are no issues, there are other ways to entertain them."

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although people at Cliff Court care home were living with dementia most were able to communicate verbally. Picture books and information displayed pictorially on boards around Cliff court care home were used. One of these displayed pictures of the day's menu.
- People who were non-verbal were able to lip read. Staff were seen to speak clearly and were face on to people when speaking. During meals and activities people who were unable to speak had one to one attention from staff.
- People living with dementia were spoken to calmly and things were repeated if needed. A member of staff said, "Every day is different for people with dementia. Some days I can communicate easily but others I have to take more time."
- The registered manager told us that some people living with dementia at Cliff Court care home had found it difficult to communicate their wishes. She described how people might open draws and undo laces and seem to be looking for something. She has introduced a 'rummage box' which contains a variety of items that people can pick up and look at. This has provided people with an activity that they enjoy.
- Cliff Court care home had an activities table which had games, pictures, writing and drawing materials on. People saw what was available and chose what they wanted to do.

#### Improving care quality in response to complaints or concerns

- Cliff Court care home had a complaints policy that was displayed on the wall in the lounge. Very few complaints had been made. They had been recorded, in line with the policy, in a complaints book. The recorded complaints showed how they had been dealt with and resolved. For example, a lost item of clothing. Staff carried out a search and the item was found.
- Relatives were uncertain of the policy but had the confidence to complain if needed. A relative told us, "The official way, no. I'd feel happy speaking to the manager about any concerns." People were aware of what to do if they wanted to complain. A person said, "I've never had any complaints at all. I'd speak to the manager if I needed to."
- Because there were so few complaints there was not enough data to identify any themes or trends. Details of complaints were kept in people's care plans.

#### End of life care and support

- People were supported as far as possible to remain at Cliff Court care home until the end of their lives. At the time of the inspection no one was in receipt of end of life care. Staff had had recent experience of looking after people who had been end of life.
- Care plans reflected people's end of life wishes. These plans had been made with people, their relatives and their GP. An example included a person's wish to remain at Cliff Court care home and not be taken to hospital if possible.
- Staff had received end of life training and told us how they managed to look after people at that stage of their lives. A member of staff told us, "I make people comfortable. I will always contact relatives, GP or district nurses if I need to."
- Staff were supported by their colleagues and the registered manager when looking after people who were end of life. A member of staff said, "It's difficult when you have been looking after someone for maybe years. The manager is always available at these times to support us."



# Is the service well-led?

## Our findings

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although there was some personal information contained in the care plans there was no detailed history about people. This was discussed with the registered manager at the time of the inspection and she explained that they held most of the information but that it had not been placed in the care plan. She undertook to update the care plans with this information.
- The registered manager and staff displayed a positive and open culture at Cliff Court care home. The registered manager and staff appeared happy and smiled at people during all their conversations. A senior member of staff told us, "She is a good teacher and listener. She gave me more responsibility and my confidence has grown." A relative said, "The management are good and always respond to any issues I raise."
- People spoke highly of the registered manager. A person told us, "The manager is very good. We can have a laugh about things." Another person said, "The manager is good. They look after us well." A professional said, "The manager has been here for over 10 years, she treats people like family."
- A member of staff told us, "The manager has helped me with my NVQ qualification. She's helped me outside of work in her own time. Very supportive."
- Staff told us that the registered manager was approachable and always available to offer support and advice. They told us they could discuss any issues with the registered manager and that everyone enjoyed working at Cliff Court care home. Staff were seen to approach the registered manager during the inspection to ask for advice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities under the duty of candour. The registered manager had always notified us in a timely way of significant events that had occurred at Cliff Court care home, in line with their legal obligations. Details of the last CQC inspection were clearly displayed in the foyer of Cliff court care home.
- The registered manager was engaged with people. On being shown around the service, everyone knew who she was and greeted her in a positive way. Any issues were immediately addressed and information passed on to the staff on duty. This was confirmed by staff. The registered manager told us, "I like to see care and to do it myself."



- Staff had clearly defined roles each day with a senior carer in place each shift and carers working to them. Everyone had a clear routine for each day, centred around people's needs.
- Staff had hand over meetings each day as shifts changed. There were formal staff meetings every six months. These were minuted and covered key issues such as training updates, safeguarding issues, infection control measure sand record keeping. Staff told us the meetings were useful and presented an opportunity to discuss any issues.
- The registered manager carried out regular audits. Audits identified areas for improvement and ensured processes were being completed correctly. For example, medicines were audited every month to ensure MAR records were being completed and medicines were being ordered, stored and disposed of appropriately. Another example included a person whose general behaviour was seen to change over time. An audit of the person's food charts showed that their diet had changed and a meeting was held with their GP to address this.

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

- People were given opportunities to feedback about the service. This was done verbally with people but with relatives and professionals a feedback form was offered.
- People were encouraged by staff to give feedback about the support and care they received. They were asked about all aspects of the service and issues raised were fed back through daily staff meetings. Staff were also able to feedback their concerns at these meetings. A member of staff told us, "I always raise issues. I'm listened to and I get advice."
- Family and professionals provided written feedback. The feedback was generally positive, although some mentioned activities could be more varied. The registered manager told us that because of this feedback she had purchased the games table and that the activity co-ordinator was now employed five afternoons a week.
- There were many letters of thanks and appreciation for the service provided by Cliff Court care home. Some of these letters were displayed on the wall in communal areas. These included thanks for events, for example the Christmas party and for staff kindness when looking after people.
- The registered manager had established links with the local community. A local choir group used to visit Cliff Court care home and would be invited to attend again. People from the local church visited each month, and they brought in fresh vegetables to show and share with people. Trips were made to a local garden centre and to local shops.

Continuous learning and improving care

- The registered manager was supporting staff to develop. Both of her senior carers were working towards vocational qualifications in social care which she was helping them with.
- The registered manager had introduced training relevant to the care and support needs of people living at Cliff Court care home. For example, catheter care training. This enabled staff to develop new skills and knowledge and supported them to provide appropriate care for people.
- Accidents and incidents were recorded and investigated. Steps were taken to prevent recurrence of accidents and this information was shared with all staff at handover meetings.

Working in partnership with others

- The registered manager worked in partnership with other services, for example GP's, district nurses, community psychiatric nurses and other specialist practitioners. This ensured that people's care and support needs were met and best practice was followed. For example, meetings were held regularly to discuss people where their health had declined. These professionals' meetings helped decide the best outcomes for people.

