Monarch Healthcare Limited

Clifton Manor Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 11 November 2014 and was unannounced. There were no breaches of legal requirements at our previous inspection.

Clifton Manor Nursing Home provides accommodation and nursing care for up to 30 people who have nursing or dementia care needs. There were 30 people living there at the time of our inspection.

There was no registered manager at the service; a manager is required to register with us by law. 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.

We found people felt safe with the people that cared for them. The provider had suitable arrangements to keep people safe. We saw appropriate information was available to ensure people and their relatives were aware

Summary of findings

of what abuse was and how to stop abuse from happening. All risks to safety were minimised, but although people received their medicines as prescribed the medicines were not always managed or stored safely.

People told us that they had plenty to eat and drink and we saw that people were well supported at mealtimes. We saw that the home involved outside professionals in people's care as appropriate and the requirements of the Mental Capacity Act were fully adhered to.

Staff received supervision and appraisals, which ensured they developed the right skills and knowledge suitable to their role.

People and their relatives told us staff were very caring and treated them with dignity and respect. They were encouraged to form relationships with in the home and with others. People were encouraged to be independent where possible and fully supported by staff when needed.

People were proactively supported to express their views and be involved with decisions relating to their care. Staff communicated effectively and interacted well with people.

People did not always participate in activities that were relevant to their interests and hobbies. Staff were not considerate to all people's requirements or conditions when implementing group activities, such as bingo. Risk assessments were in place and care plan reviews had taken place, but there were inconsistencies to records being Updated. People and their relatives were able to voice their concerns and raise complaints, which we found were dealt with in a timely manner and in line with the provider's policies and procedures.

We found quality assurance systems were in place, but were inconsistently applied. Staff felt generally felt supported and reported an open and transparent culture.

There was no registered manager at the service, but people, their relatives and staff told us the culture of the home was open and transparent. People told us they felt the person in charge was approachable.

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?

Requires improvement

The service was not consistently safe.

People received their medicines as prescribed, but not always in a timely manner. We found medicines were not always stored safely.

We found people felt safe living in the home. Their relatives were confident people were safe and knew how to raise any concerns. Safeguarding issues were reported and investigated as per the provider's policies and procedures.

People were able to take informed risks and these were managed by staff, but not always recorded consistently.

The provider took appropriate action to recruit sufficient staff with the right skills. Where required they took appropriate disciplinary action to ensure people were kept safe.

Is the service effective?

Good

The service was effective.

People felt their needs were met by knowledgeable staff with the relevant skills to ensure they received effective care.

The provider was following the requirements set out for the MCA and DOLs and acted legally in people's best interests if they did not have the mental capacity for particular decisions.

People were supported to have a balanced diet that promoted healthy eating and drinking.

People had access to other health care professionals and were referred if they had concerns about the person health.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion on a daily basis and their privacy and dignity was respected.

People were encouraged to form positive caring relationships.

People received dignity and respect when nearing the end of life.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People were not consistently supported to follow their individual interests and social activities.

People received personal care and their preferences were responded to.

Summary of findings

People and their relatives were encouraged to share their experiences and raise concerns if needed.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There was no registered manager at the home, but the person in charge was reported to be open and approachable.

People were encouraged to be actively involved with the service.

The provider had systems to assess and monitor the quality of service, but they were not always up to date.

Clifton Manor Nursing 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 inspection took place on 11 November 2014 and was unannounced. The inspection team consisted of two inspectors, one specialist advisor whose background was in nursing 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.

Before the inspection we reviewed the information we held about the home. This information included notifications. A notification is information about important events which the provider is required to send to us by law. We contacted commissioners of the service to obtain their views on the service and how it was currently run.

During our inspection we spoke with two people who used the service, three relatives, five care staff, one nurse, one agency nurse, one senior care staff, the person in charge and the area manager. We reviewed seven care records, observed care and reviewed other records relating to the management of the home.

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.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living in the home. Three relatives also told us they felt people were safe. We found people felt confident to raise concerns and they told us they would speak with the person in charge if they had any concerns regarding their safety. One relative told us they had spoken with the person in charge about the personal safety of their relative. They said that this was addressed and they were happy with the result.

Staff told us and records we saw confirmed they had received safeguarding training. All staff were able to describe how they would protect people from abuse and they gave examples of different types of abuse. One staff member said, "The home has an open reporting culture and if anything happened I would report it to my line manager."

We observed staff interacted with people safely when supporting people whose behaviour may challenge others. Guidance was in place for staff to keep people safe when their behaviour became challenging. The person in charge told us they contacted the local authority to obtain advice when dealing with safeguarding issues. We found the person in charge also reported safeguarding incidents correctly and worked with the local authority when required.

People who were at risk of falls had fall prevention plans in place. Where a person required two care workers or more for support this was recorded to ensure people were kept safe. However, we found not all assessments had been fully completed. One person's falls risk was left blank and another person's skin integrity risk assessment was not fully completed. There was a risk people would not receive safe care and treatment, because records were not kept updated.

When we spoke with staff they were able to tell us about the people who were at risk. They told us this information was also shared at each shift change. We saw some of people's risks had been identified at pre-admission to the home. People received appropriate assessments to monitor the risk to their changing needs and to maintain their safety.

We saw generic risk assessments for the home that had been reviewed on a yearly basis. There were also general risk assessments in respect of specific areas of the home, such as access to hazardous areas, fire safety and equipment were all up to date.

We found plans in place for responding to emergencies. Staff told us each person had their own evacuation plan for emergencies. Staff were able to describe the procedures they needed to follow to ensure each person was evacuated safely if an emergency occurred.

All the people we spoke with told us there had been a number of changes to staffing recently, which they felt was a positive move. Some people told us they had to wait to be supported to go to the toilet or go to bed on occasions. One person said, "Staff were doing their best." People did not comment on the staffing levels at the home, but they did tell us that several staff had left recently. We discussed this with the person in charge told us they were in the process of making a number of changes to the staff to ensure they had the right skill mix on each shift. They told us they were in the process of recruiting more nurses and that they monitored staffing levels and dependency levels daily. They told us they used a tool to ensure that sufficient staff were on duty to meet people's needs and if needed used agency staff. We were also told the care staffing levels had been increased recently and this was action taken from assessing people's needs.

One staff member told us they felt there was enough staff on both floors. They told us the manager liked to use bank staff if there were any shortages or absences, but on occasions agency staff had been used especially where nurses were concerned. Another member of staff told us they felt the staffing levels were fine. They told us if they used agency staff they moved permanent staff around to make sure the agency staff were teamed up with a more experienced member of staff. We observed sufficient staff on duty on the day of our visit. We looked at staff rotas and found on the majority of occasions the number were sufficient. We saw they were taking action as they had already noted these issues through their own monitoring processes.

We found the service followed clear disciplinary procedures when identifying staff who had been involved with unsafe practices. The person in charge took appropriate action and put plans in place to ensure people were kept safe.

Requires improvement

Is the service safe?

People received their medicines safely and as prescribed. We observed staff giving people their medicines and saw that they stayed with people whilst they took all their medicines. People we spoke with were aware of what medicines they were taking and when they should receive them. No one we spoke with was responsible for their own medicines. One person said, “The medicines could be late if they were short staffed or busy.” Another person said, “Sometimes there can be a bit of a wait.”

We found the provider followed professional guidance and there were policies and procedures in place for the administration and disposal of medicines. However, we noted the clinical room where medicines were stored was not locked correctly when we checked the room. The door was secured by a small bolt on the outside of the door. We also noted the medicine trolleys were not secured to the wall when not in use, as stated in medication management guidance. There was a risk the room could be entered by unauthorised personnel as it was not sufficiently secure.

We spoke with the person in charge who told us this was not regular practice and the door should be locked when not in use. When we returned to the room later in the day it had been locked correctly. We also found the temperature of the fridge in the clinical room was not recorded at the correct temperature, which should be between two and eight degrees. All records we looked at were identified as the maximum being 12 degrees, which indicated this was too high. This had not been reported as an error or identified as an issue. There was a risk that people’s medicines may not be effective as they were not kept at the correct temperature.

We saw on care files we looked at where referrals had been made to other professionals. The nurse told us they monitored and made referrals to the GP if a person refused their medicines on a regular basis. Staff confirmed they had completed relevant medicines training, but were not regularly tested on their knowledge. We spoke with the person in charge who told us they were implementing a monitoring process as part of staff supervision.

Good

Is the service effective?

Our findings

People told us they felt staff were skilled enough to support them. One relative told us they felt their family member's needs were met and that they received effective care.

Staff told us they had received an induction when they started work at the home. The person in charge described the induction process and that they were reviewing the process. They also told us staff received an appraisal on a yearly basis. Staff told us they felt supported by the management team.

They also told us they received group supervision, but individual supervision was not taking place at that moment. One member of staff said, "This is because there have been a lot of changes to our working practices." They told us there had been group supervisions where the person in charge spent time with a group of staff and discussions had taken place regarding the changes that were planned for the running of the home. They also told us the provider was monitoring the care being delivered and discussed issues that may arise with the staff concerned to ensure staff were skilled and knowledgeable to carry out their roles and responsibilities effectively.

We spoke to the nurse on duty on the day of our visit and they told us it was their first time at the home and they were not familiar with the medicine round and had to shadow another nurse. This demonstrated the provider had arrangements for staff responsible for administering medicines was fully supported by the relevant team.

All the people told us staff asked their permission before providing any care or treatment. We observed staff asking people's permission before they provided care or support. We saw recorded on the care plans we looked at that staff had sought consent before the delivery of personal care.

We found risk assessments had been completed and relevant safeguards, such as; Deprivation of Liberty Safeguard had been put in place to make sure the person remained safe. Staff reported a good culture of incident reporting. We found systems in place to ensure incidents were reported and in a timely manner.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. The service was following the MCA and making sure that the people who may lack mental capacity in some areas were protected. Appropriate assessments were contained in the care plans. We found MCA and DoLS had been considered and acted upon where applicable. Staff described training they had attended for MCA. One staff member said, "We never use restraints here." They also told us they had been trained in distraction techniques and used such techniques when people become more agitated. Staff were aware of which people living at the home could mix and sit together or who were better being apart.

All people we spoke with were happy with the food offered. One person said, "The food has improved since the new cook arrived." We found people received and were supported with sufficient to eat and drink. People commented there were a good choice of foods and they could have a cooked breakfast if they wanted it. People also told us they could eat breakfast up to 11.30am if they wanted. The person in charge told us they had moved the main meal time to accommodate people who got up late.

We observed lunchtime and saw that people were being effectively supported. We saw staff were patient, supportive and encouraging people to be independent where appropriate. People were offered drinks and we saw staff were sitting at the same level as the person they were supporting when assisting them to eat. We observed staff chatted with people while they were supporting them and the mealtime seemed to be a pleasurable experience.

We saw that people's weights were monitored regularly to identify whether they were gaining or losing weight. One relative told us their family member had gained weight since they had come to the home. They told us the person was first on a pureed diet, which had progressed to them eating sandwiches. We saw nutritional assessments were taking place.

People experienced positive outcomes regarding their health. Everyone we spoke with told us that the doctors visited the home when needed and there was never any delay. One person told us they saw a specialist chiropodist for people with diabetes. They also told us a dentist and optician made regular visits to the home.

A relative told us they were happy with the care and support their family member received. They said their relative had undertaken physiotherapy to support their

Good

Is the service effective?

walking. This had been arranged by the home. We saw there had been clear involvement of other professionals when required, such as GP's, Dementia Outreach Team and Dieticians.

We looked at six care files and found the service took preventive action to ensure people were in good health.

Staff told us they discussed people's health needs and changes to their health needs at each shift handover. People's health needs were monitored and managed to ensure they received effective care.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were very caring and treated them with dignity and respect. They all felt the staff listened to what they had to say and talked to them appropriately.

We observed people who were clearly friends and liked to sit or participate in activities together were encouraged to do so. We saw people were seated in small communal groups and were able to have conversations with each other. Other people were able to sit quietly if they chose to.

Staff told us they encouraged people to develop caring relationships and we observed staff interacted well with people. We found staff to be warm, friendly, gentle and caring throughout the day.

We saw one person being transferred from an easy chair to their wheelchair. We heard staff giving instructions and involving the person while they completed the task. The person said, "I don't like the sling." We observed staff to reassure the person and made sure they supported them at all times.

Care plans we looked at contained information relevant to that person. We found the care plans were individualised to reflect people's needs. There was evidence on these plans of a named nurse and key workers. Key workers are members of staff who work with individuals and are knowledgeable about their needs, individual communication skills and preferences. We asked one staff member about a person they cared for. They were able to describe the person's needs and abilities and they knew of any risk issues to the person's health, such as, risk of falling. The staff member told us they were aware of other care professional's involvement and that the person's needs had been assessed. Where relevant they had been given advice to help them respond to the person's needs quickly.

We observed people actively interacting with staff and given choices about their care. We spoke to two people who told us they had been involved in discussions about their care planning when they first came into the home. However, we did not see any information regarding advocacy made available for people in case they required additional support to make a decision. We raised this with the person in charge who agreed to put this in place.

People told us they were aware of their care plans and where they were kept. However, none of the people we spoke with were able to confirm they had seen their care plans recently or knew whether they had been updated. We spoke with the person in charge and they told us they had identified the need to review, update and make sure people were more involved with their care plans. They told us this had identified been from a quality monitoring audit they had completed. Staff we spoke with confirmed there were new ways of working being developed and staff were to take more responsibility for developing and maintaining people's care plans and ensure people were involved in decisions about their care and treatment.

People told us their privacy and dignity was maintained. We observed people being encouraged to be independent where possible. We observed one person was encouraged to walk and get up from their chair with minimal help, but lot of verbal encouragement from staff.

Staff told us how they respected people's privacy and dignity. One staff member said, "I always knock on the person's door and wait before I go into their room." Another staff member said, "It's important to give people a choice

, it is about respecting their wishes." Staff told us they liked to help people keep their independence where possible. One staff member gave an example when they helped a person by putting toothpaste on their toothbrush and this enabled them to brush their own teeth. They also described how important it was to talk to the person receiving the care and make sure the person was happy and respond in a positive way if they are unhappy. We observed staff knock on people's bedroom doors and wait before they entered. This demonstrated staff awareness of people's privacy.

Staff we spoke with has a good understanding of people's needs. One staff member described how one person found it difficult to make their wishes known. They said, "We have use of a picture book, which I used on one occasion to find out why this person did not seem themselves. They told us the person was able to tell them that they had pain by using the appropriate pictures. This demonstrated the person received effective care and treatment.

Good

Is the service caring?

People nearing the end of life received care and compassion. One member of staff told us they encouraged families to spend time with their relative. They discuss a person's wishes and make sure they have dignity and respect at end of their life.

Requires improvement

Is the service responsive?

Our findings

People told us they made informed choices and felt in control of any decisions they made. One person said, "I wake early due to my condition. The staff shower and dress me then sit me in my reclining chair where I am more comfortable. After lunch I change into my nightie as this is my choice."

On the day of our visit a relative told us their family member had decided to stay in bed. This demonstrated the person could make their own choice and preferences. Another relative told us when their family member wakes they don't like being alone, so staff bring them down in to the lounge area so they have the company of the staff before other residents arrive.

People we spoke with told us they were involved with their care planning from when they first came into the home. They said they were visited at their former residence and had discussed their plan of care with a senior member of staff team.

We saw on all the care files we looked that they included details about the person, their likes, dislikes and preferences. Staff were able to describe what was important to people and a senior staff member told us they encouraged staff to identify and respect people's preferences.

We found people's needs were monitored and reviewed, but these were not up to date at the time of our visit. We spoke with the person in charge and this had been picked up as part of the quality assurance and was to be implemented.

People told us and we observed there was a lack of activities that reflected people's hobbies or interests. They said that sometimes there was a sing-along, which they enjoyed. One person said, "Sometimes we play bingo, but yesterday this did not happen, because they forgot the prizes." They also said, "The prize is usually chocolate, which I would not have because I am diabetic." Staff were aware of people's preferences, but did not always recognise individual needs. We saw music and dance was organised during our visit and staff had encouraged people to join in. Staff told us people had been reluctant to participate previously, but were now joining in. Relatives voiced concern that the activities were patronising and more suitable to small children. The person in charge told us they had taken advice from relevant healthcare professionals to ensure activities were accessible for all the people living in the home.

We found appropriate risk assessments and comprehensive care planning in response to people's assessed needs were in place. The care plans we looked at provided clear directions for staff on how to deliver care. We saw although care plan reviews had taken place, there had been a short fall and some of the plans had not been reviewed for over a period of two months. There was a risk people would receive inconsistent care. Staff told us they were aware of the contents of the care plans. One staff member told us information was shared by the nursing staff at handover meetings. They said staff also raised any concern at handover or made notes in the running records to help them respond to people's needs. They gave an example of a person whose needs had changed they told us the person required a soft diet to reduce their risk of choking. This was written in their care plan.

All the people we spoke with told us they would raise concerns or complaints with the person in charge if needed. We saw information was made available to support people to raise concern. One person and one relative told us they had raised concerns and these had been dealt with satisfactorily. However another relative told us they were not happy as there had been no change after they had raised the concern. We spoke with the person in charge and they told us this concern had been investigated and there was action in place, but the outcome was still outstanding at the time of our visit.

We saw complaints and concerns were responded to appropriately. There was a system in place and an audit trail that showed us all complaints received in the last 12 months had been dealt with in a timely manner.

Requires improvement

Is the service well-led?

Our findings

People and most of their relatives told us they could not remember completing any quality questionnaires or being asked for any feedback. However, one relative told us they had completed a questionnaire every three months.

People told us they were happy in the home. We found there were mixed views on how people and their families were involved in the development of the home. One person said, "I am going to a meeting tomorrow I always go." A relative told us they had not been aware of any previous meetings, but would attend the one arranged for the next day. They told us they felt they had been informed when changes took place, but not consulted with. Another relative said they didn't feel they needed to be consulted or involved, but knew they could if they wanted to.

A resident and relative meeting was taking place during our visit. We saw the meeting was attended by a good mix of people, their families and friends. People and relatives raised an issue regarding people's laundry and how the process was disorganised. We observed people were encouraged and able to voice their views and concerns. The person in charge reassured people and their relatives that they and their staff were working on an outcome to address these issues and were piloting a system to ensure people's names were permanent in clothing items to make sure they would be returned to the relevant person. This was met by mixed feelings from relatives, but some people and their relatives were optimistic that the outcome would be positive. We spoke with the person in charge who told us there had been an historic issue and mitigated circumstances that resulted in the concerns being raised. They also told us they were looking at a number of positive outcomes, how the whole process was dealt with. They said that there was an opportunity for them to learn from the outcome and improve the processes, but it was too early for us to tell if the results would be effective or not.

People, their relatives and staff told us the culture of the home was open and transparent. People told us they felt the person in charge was approachable. One person said, "They are the best we have had here." They said they had raised a concern regarding a member of staff and this had been dealt with appropriately to ensure the person felt safe and fully supported. This showed us that processes were in place to manage actions, behaviours and staff performance.

We found there was no registered manager in post at the time of our visit. However, the person in charge told us they understood their role and responsibility and were in the process of submitting an application to register as the manager. They told us they were fully supported by senior management to ensure they delivered the care and support required to meet people's needs. They told us their key challenge was to ensure their staff team were on board with all the changes which had been implemented and those that were still to be implemented to ensure people living in the home received appropriate and safe care.

We noted there had been a change in management of the home and we found positive changes were brought by the person in charge, but we could not tell at the time of our visit if the changes responded to people's needs.

We were told by the person in charge they were committed to improve standards throughout the home. They told us the vision and values of the service were to ensure people came first. We found a strong emphasis was for them to improve the service and management of the home, but not all staff understood their roles and responsibilities. The provider was taking action to address this.

Staff told us they generally felt supported, but with all the changes there had been a lack of one to one supervision. One staff member told us the person in charge had undertaken group supervision and team meetings where discussions had taken place to ensure all care was monitored and staff could raise any concerns.

We found quality assurance arrangements were in place, but inconsistently applied. Such as there was no medication management audits taking place. When the temperatures of the medication fridge were recorded on a daily basis, but no action was taken when issues were identified. We found the provider had completed a monthly audit and their findings were similar to our findings. However actions had not been taken to address the issues. We found where a person was at risk of not receiving sufficient fluid a monitoring form was implemented, but these were not always routinely maintained.

The provider followed professional guidance and worked well with other care professionals when required. We saw that a safeguarding referral had been made to the local

Requires improvement

Is the service well-led?

authority regarding a person's restricted access to and from the building. The person in charge had followed the provider's procedures and notified CQC and other relevant organisations when needed.