

5 Star TLC Limited

Clifftop 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

An adult social care inspector carried out this unannounced inspection of Clifftop care home on 7 September 2016. The service was previously inspected on the 21 February 2013 when it was fully compliant with the regulations.

The service is registered to provide care and accommodation for up to 32 people. On the day of our inspection there were 25 people living at the service. There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe and well cared for and appeared relaxed and comfortable throughout our inspection. People's comments included, "I am quite happy, it is very good here", "To be quite honest I think I am very lucky to have ended up here" and "I would certainly highly recommend this place to anyone."

Staff said, "As far as I know everyone is perfectly safe here" and "People are definitely safe here. It is the best home I have worked in." Health and social care professionals told us, "People are definitely safe here" and "I would like to come here myself when I am older."

On the day of our inspection the service was fully staffed and the service had sufficient staff available to meet people's care needs. People and relatives told us there were enough staff available and staff said, "There are enough staff" and "They have used agency staff in the past but we are fully staffed at the moment." There was a stable staff team at the service and recruitment practices were safe and robust. The registered manager told us, "I can be quite choosy with who I employ."

People's care plans included risk assessments and staff had been provided with detailed guidance on how to protect people from each identified area of increased risk. Where accidents or incidents had occurred these had been documented, fully investigated and regularly audited to identify any areas of increased risk within the service.

All new staff completed formal induction training before there were permitted to provide care within the service. The registered manager told us, "They have to do all the training in the first 12 weeks, it's a big ask but they have to do it so they know how to look after people." While a recently recruited staff member said, "I shadowed for about four weeks so I did feel confident when I started on my own. There is a lot to remember here." Records showed staff training was regularly updated and that managers provided appropriate supervision. Staff told us, "We get one [an online training course] to do every month", "I don't think I have ever had as much training as here" and "The manager does supervision every two months."

The service used a digital care planning system and we found that people's care plans were accurate and

sufficiently detailed to enable staff to meet people's care needs. Staff told us, "I love the computer system, there is a support team there if you need them" and "The assessment asks you questions, you answer them and that feeds into the care plan. It reminds you when updates are due, of people's birthdays and appointments. I am happy with it."

Staff knew people well and provided calm and compassionate support throughout our inspection. People told us, "I do get on well with them" and "The staff are excellent, kind, loving and caring." Professionals said, "The staff are lovely" and "staff know people very well". We saw that people requested support from staff without hesitation and that staff responded promptly to people's requests.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA). The service had made appropriate applications for the authorisation of potentially restrictive care plans. However, we identified that one person's care plan was potentially restrictive and the registered manager agreed to discuss these arrangements with the local supervisory body.

People told us, "I am in charge" and we saw that staff respected people's choices and encouraged independence. Where people chose to decline care, these decisions were also respected.

The service's kitchen had a five star food hygiene rating and people told us, "The food is pretty good." People were offered choices at meal time and kitchen staff had received guidance on how to meet people's specific nutritional needs.

The service was well maintained and enjoyed panoramic views of Swanage Bay that people told us were "fabulous." People's bedrooms had been personalised with pictures, ornaments and furniture while communal areas were decorated in a homely style with numerous paintings and pictures.

People living at Clifftop Care Home were able to enjoy a wide variety of activities. During the afternoon of our inspection a pianist visited the service and people enjoyed listening to the music in the lounge. In addition, the registered manager ensured that the inspection process did not interfere with a planned game of scrabble. People told us, "They try very hard to amuse us and keep us interested" and "We have quizzes and scrabble and we play bridge as well." People were encouraged to visit local shops and town centre when they wished and one person said, "Just ask and they will arrange a taxi for you and they pay half the fare."

The service was well led. The registered manager was supported by two assistant managers with clearly defined individual roles and responsibilities. Staff were well motivated and told us, "[The registered manager] is great" and "The registered manager is easy going and supportive. It is always quite calm here." There were appropriate procedures in place to monitor the service's performance. Residents' meetings were held regularly and where feedback was provided, people told us this was quickly addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. The staff team was stable and there were sufficient staff available to meet people assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

People's risks were assessed and action taken to protect people from identified risks.

Is the service effective?

Good ●

The service was effective. Staff knew people well and had received training designed to provide them with the skills necessary to meet people's care needs.

Staff and managers understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

Staff knew people well and provided compassionate in accordance with their preferences.

Is the service responsive?

Good ●

The service was responsive. People's care plans were personalised and provided staff with sufficient information to enable them to meet people's needs.

People were able to enjoy a wide variety of activities with in the service and were supported to access local community events.

There was a complaints procedure in place and people were confident any issues they raised would be addressed.

Is the service well-led?

Good ●

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff we spoke with were well motivated.

Quality assurance systems were appropriate and people's feedback was valued and acted upon.

Clifftop Care 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 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 7 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The service was previously inspected on 21 February 2013 when it was found to be fully compliant with the regulations. Since our previous inspection the provider has changed from an individual to a limited company. Prior to the inspection, we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the 12 people who used the service, one relative who was visiting, three members of care staff, the registered manager and two health professionals who regularly visited the service. In addition, we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

People consistently told us they felt safe and well cared for at Clifftop Care home. Comments included, "I am quite happy, it is very good here" and "I am well looked after." Staff said, "As far as I know everyone is perfectly safe here", "People are safe" and "People are definitely safe here. It is the best home I have worked in." Professional told us they had no concerns about the safety of the service and their comments included, "I have never had any issues here" and "People are definitely safe here."

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff understood their responsibilities in relation to the safeguarding of vulnerable adults and told us, "I have done safeguarding training, we did a college course on that" and, "I would report it to the manager or the owners." Information about how to report any concerns to the local authority was displayed on the notice board and included in the welcome pack that each person received when they moved into the service.

There were systems in place to assess and manage risk within the service. People's care plans included detailed assessments of risk with clear guidance for staff on the action they must take to protect people from identified risks. For example, where people were identified as being at risk of pressure area damage, advice and guidance had been sought promptly from professionals and appropriate pressure releasing devices and regular repositioning used to reduce the likelihood of damage occurring.

The service's fire safety equipment had been regularly serviced and fire alarm tests were completed weekly. Each person's care plans included information about the level of support they would require in an emergency or in the event that it was necessary to evacuate the building.

Lifting equipment and required slings were allocated to individuals and had been regularly serviced to help ensure safety. During the morning of our inspection a bath hoist had failed while in use. Staff had used appropriate techniques to support the person safely out of the bath and an engineer's visit had been promptly arranged to resolve the issue. Records showed necessary routine maintenance tasks had been completed. The service's lift had been regularly serviced and water quality and electrical safety checks had been completed in accordance with current guidelines.

Where accidents or incidents had occurred, these had been documented and investigated by the management team. Accident records were audited regularly and where areas of increased risk were identified people's care plans were updated to provide staff with guidance about how to protect the person from the identified risk.

There were sufficient staff on duty to meet people's care needs. Staff duty rotas showed that planned staffing levels were routinely achieved and people told us, "There are enough carers" and "I think there are enough staff" while relatives said, "I have never noticed any shortage of staff." Staff told us, "There are enough staff", "In the afternoon there are two staff and two managers on duty" and "They have used agency staff in the past but we are fully staffed at the moment." Records showed agency staff had been used

infrequently but appropriately to ensure sufficient staff were available to meet people's care and support needs. The Registered Manager said, "We had agency staff in to cover the summer holiday period."

The service had a stable staff team and there were no staff vacancies at the time of our inspection. The registered manager told us, "I can be quite choosy with who I employ" and staff said, "They look after their staff, it is really hard to get [a job] in here." Records showed the service had robust recruitment practices. The identity of staff had been confirmed and appropriate checks completed before prospective staff members were offered employment. This included Disclosure and Barring Service (DBS) checks and references from previous employers.

People's medicines were stored securely and there were appropriate storage facilities available for medicines that required stricter controls by law. Medicine administration records (MAR) had been correctly completed and accurately recorded details of how staff had supported people with their medicines. Medicines audits were completed regularly by the deputy manager. Where any issues were identified by the audit process these were raised with the relevant members of staff and resolved.

The service was clean and staff told us, "It's quite a good system here, one person cleans five rooms each day while the other does all the communal areas." Cleaning materials were stored securely when not in use and staff used Personal Protective Equipment (PPE) appropriately when required.

Is the service effective?

Our findings

People were cared for by skilled staff who understood their care and support needs. People told us, "the staff are lovely" and "the staff are very good." Staff demonstrated a detailed understanding of people's needs and spoke knowledgeably of people's individual interests.

Training records demonstrated staff had received regular training in a variety of topics including; manual handling, food hygiene, health and safety, infection control and fire safety. Staff told us; "Training and everything was done straight away, I had three days training in the first week", "We get one [an online training course] to do every month", "I have just done hoist training" and "I don't think I have ever had as much training as here." In addition health professionals who had provided training in specialist subject areas told us the staff team were, "very engaged; they are interested" during these training events.

The service operated a structured induction process for new members of staff and the registered manager told us, "They all do the care certificate, staff don't work alone until it is completed" and "They have to do all the training in the first 12 weeks, it's a big ask but they have to do it so they know how to look after people." Staff told us, "I shadowed for about four weeks so I did feel confident when I started on my own. There is a lot to remember here" and "I did my care certificate, it took me 12 weeks." The care certificate is a nationally recognised training designed to ensure staff new to the care sector had a good understanding of current best practice.

Records showed staff received regular supervision from managers and staff told us, "The manager does supervision every two months, it is all recorded on the system" and "My supervision was a few months ago. I am due one." Supervisions records showed these meetings had provided an opportunity for staff to discuss working practices and identify any additional training needs.

Staff told us they felt well supported and told us, "On Monday, Wednesday and Friday mornings we have a team meeting and a catch up" and the registered manager commented, "Morning meetings, three times a week to discuss any issues. It does work well."

People were supported to access external healthcare professionals such as dentists, chiropodists, speech and language therapists, specialist nurses and GP's when necessary. People told us, "they are very good at looking after me and medical support has been very good" and we found clear evidence within people's care plans of effective information sharing with appropriate health professionals. Any guidance or advice provided by professionals had been incorporated into the person's care plan and professionals told us, "they are very good at asking for advice."

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. The registered manager understood the requirements of the MCA and staff consistently respected people's decisions and choices. For example, one person made a detailed request in relation to a visitor and staff complied with this request. Where the service had identified issues with a person's ability to make specific decisions appropriate systems were used to assess their capacity to make those decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. Although there was a key pad system on the service's external door we saw people were able to leave the service when they wished. In addition we noted this door was propped open to aid ventilation during the afternoon of our inspection. We asked staff about the key pad system and they told us, "Some people know the number for the door" and "If they forget they just ask any of us and we will open the door." However, we were concerned that one person's care plan was potentially restrictive and the registered manager agreed to discuss these arrangements with the local supervisory body.

The majority of people were complimentary about the food served and told us, "The food is pretty good", "the food is very satisfying" and "I had a glass of wine with lunch." However, two people commented that their meal on the day of our inspection was boring. We observed that meals were served promptly, lunch was freshly cooked and appeared appetising. Accompaniments were readily available and sauces were served at the table to people's wishes. The service had a five star food hygiene rating and kitchen staff had been provided with detailed information on people dietary requirements and preferences.

People were encouraged to personalise their rooms with things that were meaningful for them. For example, photographs of family members, favourite ornaments or pieces of furniture. One person told us, "I brought my own furniture." The service was well maintained and decorated in a homely style with numerous painting and pictures in communal areas. The service enjoyed panoramic views of Swanage bay and people told us, "The view is fabulous, I have one of the best rooms" and "It's lovely, it really is nice."

On the day of our inspection the service felt extremely warm and we saw that staff opened numerous windows and doors during the day to promote ventilation. People did not appear discomforted by the heat and none of the people we spoke with commented on temperatures within the service.

Is the service caring?

Our findings

Everybody told us that staff were kind and caring. People's comments included, "They do look after us well", "The staff are excellent, kind, loving and caring" and "The staff are excellent, exceedingly caring." The atmosphere at Clifftops Care Home was relaxed and we saw staff provided compassionate support at a relaxed pace throughout our inspection. One relative told us, "They do not rush people about or anything like that."

Staff and managers knew people well and were able to talk knowledgeably about people's specific care and support needs. Staff turnover was low and staff told us they enjoyed the company of the people they cared for. People and their relatives said, "I do get on well with them", "We know them well", "We have a good variety of staff; they are all very good. I treat them as friends" and "It's quite a stable staff team there is no huge turnover of staff." Professionals told us, "The staff are lovely and do have good continuity" and "I would say staff know people very well and I have always found them very helpful."

Everyone in the home was smartly dressed and well cared for. We saw that people approached staff for support without hesitation and where staff offered support this was done discreetly. Call bells were fitted in people's rooms and we noted that staff responded promptly to requests for support. In addition, some people had telephones in their rooms and one person told us they used the phone to make non urgent requests of staff and managers.

The service encouraged people's friends and relatives to visit regularly. People and relatives told us, "You can have visitors whenever you like. People can come to lunch at the drop of a hat", "I can come anytime day or night" and "I just turn up, they are very welcoming." People were able to bring their pets with them when they moved in to the service. At the time of our inspection the service was home to two dogs, a cat and two budgerigars.

People told us, "I am in charge" and "I treat them [staff] as equals and they treat me as an equal." Staff constantly respected people's decision and choices. For example, some people had chosen to decline overnight checks by staff. This information was recorded in the people's care plans and overnight care records showed these decisions had been respected. People's preferences in relation to the gender of their care staff was also recorded in care plans and complied with by staff.

Staff told us, "We encourage independence here and we want people to do things for themselves." We saw that staff consistently acted to ensure people's dignity and independence was maintained. During our tour of the building we saw staff knocked on doors and awaited people's responses before entering bedrooms.

People's care plans included information about their wishes and preferences for care at the end of their life. These issues had been discussed as part of the care planning process and we saw some people who had expressed their preferences had chosen not to subsequently review this information.

Is the service responsive?

Our findings

Each person's care records included an assessment of their individual needs completed during a visit by one of the service's managers to the person's home before they moved into the service. This information was used to develop a brief care plan that was used during a period of respite care or while a person was trialling living at the service. The registered manager told us, "I go to the person house to do the assessment" and "We encourage people to have a trial period of about a month." One person told us, "I came for six weeks respite and then decided to move in."

Once a person decided to move into the service a detailed care plan was developed based on information gathered during the person's initial period of care combined with details supplied by the commissioners of the care and feedback from the person and their family members. Clifftop Care home used a digital care planning system. When developing a new care plan the system asked a series of questions about the person's specific needs. The answers staff provided were used to generate an initial draft of the care plan. The registered manager told us, "The system helps you to be holistic as it asks you bits that need to be included in the care plan." While staff comments about the care planning system included, "I love the computer system, There is a support team there if you need them", "The care plan [system], It does take some time to figure out but the information is up to date" and "The assessment asks you questions, you answer them and that feeds into the care plan. It reminds you when updates are due, of people birthdays and appointments. I am happy with it."

People's care plans were informative, detailed and included information for staff on the person's medical history. Care plans provided staff with sufficient information to enable them to meet people's care needs. In addition, they recorded details of the level of support the person normally required with specific tasks. These records included information about people's medical history and showed that people and where appropriate, their family members or advocates had been involved in the process of developing the person's care plan.

The digital care planning system reminded managers when care plans were due to be updated and we found that staff regularly made small changes to individual's care plans to ensure they accurately reflected the person's current needs. However, we found that one person's care plan did not accurately reflect their current care needs as it had not been updated to reflect recent significant changes. Staff were fully aware of the changes to this person's needs and the registered manager undertook to immediately update this person's care plan to ensure it accurately reflected the care that staff were currently providing.

Each person's care plan also included information about their life history, hobbies and interests. This information helped staff to understand how the person's background and life experiences could influence their current care needs.

Brief but informative care records were completed each day. These records included information about the care and support staff had provided and details of any activities the person had engaged with. In addition staff hand-over meetings were held at each shift change and more formal staff meeting were held three

morning each week. This meant staff had regular opportunities to share information with colleagues and managers about any changes they had observed to people's care needs. Professionals told us, "They have some difficult patients who they manage very well" and commented positively on the accuracy of information they received from care staff.

There was an active programme of activities at Clifftop Care Home and we saw that staff were able to spend time with people on a one to one basis. External activities providers visited the service each week and staff routinely supported people to engage with games and other activities within the service. People told us, "They try very hard to amuse us and keep us interested", "There are quizzes and all sorts most evenings", "We have quizzes and scrabble and we play bridge as well" and "There are a lot of activities, there is always something happening." On the day of our inspection a pianist visited during the afternoon and we saw a number of people enjoying the music in the lounge. People were particularly complimentary of "Mr Motivator's" exercise classes held each Monday which people said were "superb."

There was a giant scrabble board in the lounge area and a variety of books available throughout the service for people to read. In addition a local mobile library visited the service regularly. Staff told us, "We do activities in the evenings as well, scrabble, movie nights and ball games" and "We do have time to sit and chat." While people said they enjoyed the variety of games played in the service's lounge each evening. The service's positive approach to activities was amply demonstrated by the registered manager, who ensured a planned game of scrabble with one person was not disturbed despite the inspection process.

People were encouraged and supported to visit the local shops and town centre when they wished. People told us, "I do go out most days" and "Just ask and they will arrange a taxi for you and they pay half the fare." Staff explained that people were supported and encouraged to engage with local community activities. Staff comments included, "People are always given the option to go to carnival week or other events in the community", "There is a lot of involvement with what is going on in the town" and "People go to town on their own, everything is accessible to them."

The service had an appropriate complaints policy, details of which were included in the information pack each person received when they moved into the service. People consistently told us they had no complaints about the service or the care and support they received. In addition, the service regularly received thank you card and letters from respite residents and family members congratulating the service and staff team on the quality of care they provided.

Is the service well-led?

Our findings

People and relatives told us they had received recommendations about Clifftop Care Home and would recommend the service to others. Their comments included, "I would certainly highly recommend this place to anyone", "Friends and relatives highly recommended it to us" and "I do recommend Clifftops to people I know." Professionals were also complimentary of the service's performance and said, "I would like to come here myself when I am older."

Everyone we spoke with about Clifftop Care Home told us the service was well managed. People's comments included, "I think it is excellent. The service is very good and they are very considerate", "I would not expect a place like this to be quite so good" and "To be quite honest I think I am very lucky to have ended up here."

The registered manager told us, "The providers are very supportive" and we found there was a clear and well understood management structure at the service. The registered manager provided day to day leadership and was supported by two full time assistant managers. Each assistant manager had well-defined roles and responsibilities. Staff said they were well supported by their managers and that any issues or concerns they reported were always investigated. One staff member said, "There are always two managers on during the week and a manager and a senior on at the weekend". The registered and assistant managers lived locally and told us, "The staff know to call us at any time if they have a problem."

Staff were well motivated and focused on ensuring people were comfortable and well cared for. Staff respected the registered manager and told us, "[The registered manager] is great" and "The manager is very good" and "The registered manager is easy going and supportive. It is always quite calm here." The registered manager valued the staff teams' commitment and told us, "They are very good girls". Notices within staff areas demonstrate there were systems in place to ensure staff received regular training and supervision. The Registered manager told us, "I do all the training the girls do."

The service had appropriate systems in place to monitor performance and ensure people's needs. Managers completed regular audits and where any issues were identified, prompt actions were taken to address and resolve them. The service's records were accurate and well organised.

There were good systems in place to enable information to be shared effectively with the staff team. Hand over meetings were held at each shift change and more formal staff catch up meetings held by the registered manager three times each week. Staff told us, "It is always very well organised", "It's a nice friendly place" and "There never seem to be any conflicts between the staff."

Residents meeting were held regularly and people's feedback was valued and acted upon. One person described how an issue they had raised during a residents meeting had been immediately addressed and resolved by the registered manager. The service also used regular surveys to collect additional feedback on its performance. The results of the most recently completed survey had been positive and complimentary.