Cliffe House Albert Promenade Care Home

Cliffe House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 18 March 2016 and was unannounced.

Cliffe House is registered to provide accommodation for up to three people who require personal care and support. At the time of our inspection two people were using the service.

There was a registered manager at the service. 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 felt safe at the service and knew who to tell if they had any concerns. Staff knew how to identify any possible signs of abuse.

People's care needs had been assessed. Risks associated with people's care and support had been identified and control measures had been put in place.

People were supported to access appropriate healthcare professionals. Relevant healthcare professionals had been contacted in relation to incidents and accidents that had occurred. They had not been referred through to the local authority safeguarding team for their consideration.

There were systems in place to support the safe management of medicines. Records did not always accurately reflect the amount of medicines in stock.

Staff felt well supported within their roles and received appropriate training and supervision to enable them to meet people's needs.

Where there was a concern around a person's capacity to consent in relation to a particular area of their care and support then it had been identified. However, where a best interest decision had then been made there was no information about how this decision had been reached.

Staff knew and understood people that used the service well. People's independence was promoted and people's privacy and dignity was respected.

People were supported to follow their hobbies and interests. People were encouraged and supported to attend a variety of social events.

The service aimed to provide a secure and caring environment where people were able to live and participate in the community. This was clearly set out in the statement of purpose and reflected by the care that was provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People at the service felt safe and staff knew how to identify any possible signs of abuse.

Incidents and accidents had been recorded and dealt with but they had not been referred through to the local authority safeguarding team for their consideration.

There were systems in place to support the safe management of medicines. Records did not always accurately reflect the amount of medicines in stock.

Is the service effective?

Good

The service was effective.

People received care from staff that had training to enable them to meet their needs.

People's consent was gained prior to staff assisting them in anyway. The service was working to the principles of the Mental Capacity Act 2005 although best interest decisions had not always been fully documented.

People were supported to access appropriate healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff showed concern for people's wellbeing and spoke to people in a kind and considerate way.

People's independence was promoted. People's privacy and dignity was respected.

Staff knew and understood people that used the service well.

Is the service responsive?

Good

The service was responsive.

People contributed to their plans of care and support. People's care records were reviewed when their needs changed.

People were supported to follow their hobbies and interests.

People told us that they were happy at the service and did not have any complaints. There was a complaints policy in place.

Is the service well-led?

Good

The service was well led.

People were supported to complete an annual satisfaction questionnaire that was available in a format to meet their needs.

Staff members, the registered manager and manager had a consistent understanding of the overall aims of the service that reflected the statement of purpose.

The service welcomed feedback and took action to address any concerns.

Cliffe House

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 18 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who had funding responsibility for people who were using the service. We looked at information that we had received about the service and used this to inform our inspection planning.

We spoke with two people that used the service and observed support that they received. We spoke with the registered manager and manager of the service and two members of care staff. We looked at the care records of the two people that used the service. We looked at documentation about how the service was managed. This included policies and procedures, two staff records and records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. We saw that people were relaxed within their environment. When asked, people told us if they did not feel safe then they would tell a staff member. We discussed safeguarding with staff members. They told us about the various types of abuse and advised us that they would report any concerns to the manager at the service. However at the time of our inspection they were not familiar with where they were able to report any safeguarding concerns externally. There was a detailed safeguarding policy in place that described the various types of abuse and how these may occur but it did not contain details of where people should report any safeguarding concerns externally. We discussed this with the registered manager advised us that they would update this and ensure that staff members were also informed.

We looked at records of accidents and incidents at the service that had occurred. We found three incidents where the registered manager had taken appropriate action and sought appropriate advice from relevant health professionals involved in people's care. However, they had not referred the specific incidents through to the local authority safeguarding team for their consideration. The local authority have the lead responsibility to investigate safeguarding concerns. We discussed these incidents with the registered manager who following our visit has referred the incidents through to the local safeguarding authority. The registered manager acknowledged that whilst they had followed up the concerns it had been an oversight that they had not been reported.

Risks associated with people's care and support were assessed and control measures put in place to reduce the associated risks. We saw that they were reviewed annually unless people's needs changed in between. However, we found that the majority of risk assessments were generic to both people that used the service and not individually specific. We discussed this with the registered manager who told us that they would take action to amend this. Since our inspection we have received examples of risk assessments that have been carried out on an individual basis.

People had emergency grab sheets in place that contained up to date relevant information about their likes, dislikes, needs and medical conditions. These were readily available. This showed that should people need to be admitted to hospital in an emergency situation there was relevant information about their needs available.

The service is an older style town house which is predominately the family home of the registered manager and manager of the service. The service therefore contains possessions of the registered manager and manager along with those of people who use the service. This created a homely environment. We saw that the house was filled with possessions and they were all clean and tidy. People used the stairs independently and were familiar with their environment. There are no restricted areas for people that use the service and the manager advised us that if they noticed that people are struggling with anything around the environment then they would reassess the risks.

People received care and support from the registered manager and manager who also lived at the service.

They also employed two part-time care staff members. The manager told us how people received one to one support with personal care and then the rota was worked around people's social activities and outings. We saw that this was the case. This showed that staffing levels at the service were adjusted to meet people's needs.

We looked at the recruitment files of two staff members. We saw that all relevant pre-employment checks had been carried out prior to people starting work. This showed that the service had ensured as far as possible that people were suitable to carry out their work prior to them starting their roles. We also saw in one person files that where they had a conviction on their disclosure and barring service check that a suitable risk assessment in relation to this had been carried out.

People's medicines were stored securely. We looked at medication administration records for the two people that used the service. We found that these showed that people had received their medicines as prescribed. The majority of medicines at the service were supplied in a monitored dosage system (MDS). MDS systems are where tablets are supplied in packets for a specific time and day. These reduce the risks associated with management of medicines. We saw that the medicines supplied in the MDS packets had been taken up to the right time and day. However, when we carried out a stock check of two medicines that were not supplied in MDS packets we found that the recorded amounts did not match the amount of tablets actually in stock. We discussed this with the registered manager who found a possible explanation for one of the medicines. However, for the other medicine there were more tablets in stock than what were recorded. This meant that there was a risk that records may show that medicines were administered when they were not. The registered manager was unable to explain why and how this had occurred. They explained that following our inspection they would be looking into the medication recording system.

Good

Is the service effective?

Our findings

People received care from staff that had training to enable them to meet their needs. The registered manager and manager of the service confirmed that staff had received a variety of training courses to support them to carry out their roles. We saw training certificates that supported this. The manager of the service also told us that they were in the process of enrolling on a course in End of Life Care to help her to support the people that used the service further in this area.

We saw that staff received supervision sessions with the manager and an annual appraisal. We saw that there was regular communication between the registered manager, manager and staff members where they discussed any concerns.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

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. We found that where a concern around a person's capacity in relation to a particular area of their care and support then it had been identified. However, where a best interest decision had then been made there was no information about how this decision had been made and who had been involved in the process. We discussed this with the manager of the service who told us that they would do some further work on this.

We discussed DoLS with the manager and some of the areas of people's care and support that may be restricting people's liberty. They contacted us following our inspection to advise that following discussions with the local authority they were going to make DoLS referrals for both of the people that used the service.

During the start of our inspection we saw that staff gained people's consent before assisting them in anyway. Where people were unable to communicate verbally staff had a good understanding of people's behaviours and the meanings of them.

People told us that they enjoyed the food at the service. People were consulted on a daily basis about what they wanted to eat and drink and involved in decisions about meals at the service. We saw that people were supported to eat and drink a balanced diet. Staff at the service had a good understanding of people's dietary needs and how to support them appropriately with these. People that used the service the service and staff members ate meals together.

Staff told us how people were supported to access appropriate healthcare professionals. We saw form records that people were supported to attend appointments at the dentist, chiropodists and with the GP. We saw that whenever a change in a person's health and wellbeing had been identified that service was in contact with the relevant healthcare professional without any delay.

Good

Is the service caring?

Our findings

People at the service had lived there for a number of years and had almost become part of the family. We saw that staff showed concern for people's wellbeing and spoke to people in a kind and considerate way. For example, staff reminded people that it was cold outside and that they needed to take coats when they were going outside. We also saw that when one person request a drink, they were listened to and the drink that they requested was provided.

Staff at the service knew and understood people well. We were able to have limited verbal conversation with people at the service but staff were able to understand people more. Staff were able to tell us what people were communicating by their behaviours and actions. This information was also recorded within their care records. These provided details about how people communicated and signs that could indicate changes in health and or behaviours. Staff knew people's likes, dislikes and preferences. Staff supported people in line with these. Staff also knew about people's life histories.

Staff told us and records confirmed that one person at the service chose to attend religious events with the staff. This was not compulsory but out of choice and the other person at the service chose not to always be involved. This showed that the service respected people's choices and supported them be involved in making decisions about how they spent their time.

People's privacy and dignity was respected. Staff members had good understanding of how they were able to respect people's privacy and dignity while supporting them with personal care. For example, one staff member told us, "I don't go in the bathroom with [person's name] so to give them their own time and space, but I always check on them." Another staff member told us, "I ensure that the door is shut and that [person's name] is on their own to bath."

We saw that an advocate had been involved in the past to support a person that used the service with some decisions around their care. The manager of the service was knowledgeable about where to seek advocacy service s from should they be required again.

Staff at the service told us how they promoted people's independence. One staff member told us, "I always let [person's name] do as much for themselves as possible." They went on to tell us, "I started by encouraging [person's name] to do a little at a time, now they get in and out of the bath themselves." We saw that people's independence was promoted during our visit in day to day tasks such as getting their coats and ensuring that they had their lunch ready for the day.

There were no restrictions on visitors to the service. People received visits from friends and family of the registered manager and manager due to the length of time that they had lived at the service and the family set up.

Good

Is the service responsive?

Our findings

People had contributed to their plans of care and support. Information about people's life histories and experiences had been included in their care records. We saw that information about people's likes and dislikes had been identified and care was then planned to ensure that people's needs were met. All of the staff members at the service knew and understood the needs of the people that used the service. They were able to tell us how they provided care and support that was responsive to their needs. One staff member told us, "It's just like [people that use the service] are part of the family." People that used the service saw the manager as a mother figure and the registered manager as father figure. People showed us that this made them feel safe and at ease.

We saw that people's care records were reviewed when their needs changed or in their entirety on an annual basis. People contributed to their reviews and information in their care plans was available in pictorial format to support them to understand.

People were supported to follow their hobbies and interests. One person really enjoyed collecting an item. Staff had supported them with this and the person was now able to go and collect the items themselves with a staff member nearby. This was a real achievement for the person and they showed us how pleased they were about it.

Both people that used the service attended day centres throughout the week. This was something that was under review for one person at the time of our inspection and the service were putting together a daytime programme that was responsive to their needs. This was because they had recognised that the person did not appear to be enjoying the day service they were attending.

People were encouraged and supported to attend a variety of social events. This included social events with the registered manager and manager and outings with other staff members. For example, staff told us how one person enjoyed going out for coffee and cake, and we saw records that confirmed they were supported to do this. We also saw that people were supported to attend religious social events.

People told us that they were happy at the service and did not have any complaints. There was a complaints policy in place. It provided details of how complaints would be investigated and responded to along with details of where people could refer their complaints to if they were not happy with the provider's response. Staff members were familiar with the complaints policy and were aware of their roles and responsibilities within it. The service had received no formal complaints since our last inspection although they had received a letter with a request within it. We saw that the service had taken appropriate action and responded to the letter.

Good

Is the service well-led?

Our findings

People were supported to complete an annual satisfaction questionnaire that provided them with an opportunity to give their feedback about the service and make suggestions about how the service could be improved. These were presented in an easy read format to meet people's needs.

Staff members told us that they felt well supported by the registered manager and manager. They went on to tell us if they had any suggestions or ideas then they felt able to raise them and felt that their suggestions and ideas had always been taken on board. One staff member told us, "Any ideas are listened to, especially if they improve people's lives."

Staff members, the registered manager and manager had a consistent understanding of the overall aims of the service. This was for the service to be a secure and caring environment where people were able to live and participate in the community. This was clearly set out in the statement of purpose and reflected by the care that was provided.

As the registered manager and manager provided the majority of the care and also resided at the service they were able to maintain an oversight of the day to day culture within the service. People felt safe with the registered manager and manager. The registered manager and manager knew people well and were able to tell us how they could identify through people's behaviours if they felt uncomfortable or distressed in any way.

The registered manager and manager had taken undertaken the actions required from their last contract monitoring visit and welcomed the feedback that they received.

The registered manager was aware of their responsibilities of their role and the requirements to send through notifications to the Care Quality Commission about events at that occurred at the service.

The registered manager and manager maintained an oversight of people's care records and daily notes and ensured that they were updated to reflect any changes. They carried out audits on people's finances other care records to ensure that they were an accurate reflection and remained up to date.