

Beechrise Limited

# Clifton Lodge - Southbourne

## 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

Clifton Lodge - Southbourne is registered to accommodate up to 14 people and provides care and support for older people. The service is split over two floors which were all accessible by stairs or a lift. There were 11 people using the service at time of inspection.

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

People told us they felt safe living at Clifton Lodge - Southbourne. There was enough staff on duty, and they demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

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.

The home was clean and tidy, and signage supported people to orientate themselves around the home. Due to recent government advice for care homes hygiene procedures had been increased. People, their families and staff were involved and supportive of these changes within the home. Staff were supported with regular training and supervision which enabled them to do their job. People had access to healthcare when needed and health assessments were carried out and monitored for all.

People had access to a variety of food and drinks, they were complimentary about this and were given choices. People had comprehensive care plans which were person centred ensuring staff had the information they needed to deliver safe and effective care to people.

People knew how to complain and raise concerns. They were confident that the staff and management would address any issues they had. Feedback was sought on a continual informal and formal basis from people, their relatives and staff.

People were supported to maintain contact with those important to them including family and friends. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals. There was a stable, small staff team and people and staff told us they were one big family.

The management of the service were well respected and people had confidence in them. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service

could continually improve. Audits helped identify areas for improvement and this learning was shared with staff.

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

#### Rating at last inspection

The last rating for this service was good (published 27 November 2017).

#### 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.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Clifton Lodge - Southbourne

## **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

Clifton Lodge - Southbourne 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

We gave the service 24 hours' notice of the inspection due to a temporary change to our process.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and two relatives by telephone about their experience of the care provided. We spoke with four members of staff including the registered manager, senior healthcare assistant and healthcare assistants. We made observations of interactions and care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally.
- There were posters around the home giving the telephone numbers of the local safeguarding team.
- People and their relatives told us they felt safe living at the home. A person told us, "I feel safe, they are very good". A relative told us, "I feel my loved one [name] is safe".

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for each area of their care and support. There were general risk assessments for the home. Risk assessments were reviewed monthly or in response to people's needs changing.
- Staff had a good knowledge of people's risks. Staff knew people well and supported them to take risks in a safe way.
- Assessments included clear instructions for staff on how to minimise risks to people. Each assessment showed the care a person needed and what the risks were. The risk assessment gave instructions to staff to reduce or eliminate the risks.

Staffing and recruitment

- There were enough staff on duty. Each day staff were arranged by an allocations list. People told us staff were there if they needed them. A relative said, "They [staff] respond to the call bells very well".
- The home had a recruitment process and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening questions and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Using medicines safely

- The home managed their medicines safely. The home had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency assessed.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had opening dates and details of where to apply and how often.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly, checked twice a day and audited

monthly.

- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

#### Preventing and controlling infection

- The home had special procedures in place to protect people from potential infection in line with recent government advice. There was handwashing guidance displayed around the home and extra supplies of antibacterial soaps and sanitisers.
- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- All areas of the home were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy. A person told us, "It's so clean". Staff had received training in infection control and told us they were clear in the additional hygiene measures currently in place within the home.
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends and make changes.
- Learning was shared through daily handovers. However, staff told us they were a small team in a smaller home and therefore communicated together well throughout each day and night.



# Is the service effective?

## 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.

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.

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. 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.

- The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs and consent where required. This meant that in these cases people's rights were fully protected.
- MCA assessments had been carried out and the home held best interests' meetings. Records showed involvement of the person, family members, professionals and the GP.
- People and their relatives told us staff asked for their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines, activities and food.
- Staff had received MCA training and were clear on the key principles of the act.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to nutrition, hydration and safe moving.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and

practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.

- Staff received the training and support needed to carry out their role effectively. They told us they felt confident. Staff training was face to face and online. They told us they were encouraged to learn.
- Staff received training on subjects such as safeguarding, infection control and medicines.
- Staff told us they had regular supervisions and contact with the senior and registered manager. The home was supported by a small staff team and they communicated together each day through handovers.
- Staff told us they felt supported, they could ask for help if needed and felt confident to speak with the registered manager when required.

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

- People were supported to have enough to eat and drink. We received positive comments about the food including; "The food is excellent, they make beautiful cakes". "I eat everything". "The food looks fab. It's homemade". People could choose an alternative if they didn't want what was on the menu. A person said, "The chef cooks what I like".
- Records showed input from speech and language therapists where required. Staff knew people's needs in regards food and drink and encouraged people to be independent by using adapted cutlery to support them.
- We observed the meal time to be a fun and relaxed social occasion with people having various discussions and laughter between themselves and with staff.
- The dining room had tables laid with drinks. Most people used the dining area to have their meal and some had their meal in their room. Food looked appetising and plentiful.

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

- The home was accessed by people across two floors using a stairs or a lift. People could use different areas of the home safely and as independently as possible.
- The home had a lounge, dining area and gardens for people to enjoy. All outside spaces had level access.
- There were signs on the doors to assist people to access certain rooms such as the bathrooms and toilets. People were encouraged to bring their own belongings into the home.
- Notice boards displayed the date, weather, menus and activities of the day.

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 receive healthcare services when they needed them. Records showed referrals made from the home to a variety of professionals, such as doctors, district nurses, opticians and therapists. A person told us, "They have dental check-ups and they call a doctor for me when needed".
- The registered manager said they worked well with all professionals and were comfortable seeking their input when needed. Records showed that instructions from health professionals were carried out.
- Treatment plans and guidance from medical professionals were recorded in people's care plans and communicated to staff during handover. This meant that people were receiving the most up to date support to meet their health needs.
- The home worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others. They told us they were a small home and knew everyone well. People confirmed this and said they felt they could ask the staff anything at all.

# 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 and their relatives told us staff were kind and caring. Comments included: "Everybody is so kind". "They are definitely alright here". "Staff are happy and cheeky with my loved one [name], it's a friendly way".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans. A relative told us their loved one is supported to go to church and observe their faith within the home.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People and their relatives were involved in their care. Reviews were held regularly or as their needs changed. All staff were responsible for completing reviews and people, relatives and staff were involved in these. People told us they were always consulted.
- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff understood what dignity meant, one staff member told us, "You treat people how you want to be treated and that's it". A person told us, "They treat me with dignity and respect, they don't take advantage of me".
- People were supported to be as independent as they could be. Staff told us that it was important people kept their independence. We observed staff assisting people to access different areas of the home.
- People's personal data was protected, and staff understood how to keep information confidential within the home.
- Records showed that the home had involved the person and family members in learning about their earlier life through life histories.

# Is the service responsive?

## 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 has 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

- People received personalised care that was responsive to their needs.
- Plans were personalised and centred around each person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. This included people's life history plans which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to

- The home had a varied programme of activities for people to enjoy. This was organised into a daily planner with additional activities for people to enjoy once a month. This was displayed in communal areas and meant that people were reminded what activities were available on the day.
- People were encouraged to maintain their personal hobbies and interests. They were supported to continue those within the home.
- The home had recently introduced video calling so people could keep in touch with their relatives. They had created a dedicated email address for correspondence with friends and families. A relative told us, "We're very much made to feel welcome".
- The home had a folder of photographs of people enjoying all the activities and staff told us they were proud of this. People said there was enough to keep them busy.
- People and staff told us they enjoyed the activities in the home. People told us there was always a special occasion such as birthdays and celebrations.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a policy and procedure in place. Everyone we

spoke with felt comfortable to speak to any of the staff or registered manager about any concerns they had.

- The home had not had any formal complaints; however, records showed the registered manager dealt with any feedback to people's satisfaction.
- The complaints policy was displayed in the entrance of the home for people to refer to.
- People were confident their concerns would be dealt with. A person told us, "I have no complaints at all".

#### End of life care and support

- At the time of inspection, the home was delivering end of life care. Care plans were in place and the home worked with the district nurses and GP to ensure people's needs were met.
- Each person's end of life care had been considered including whether people wanted emergency treatment. This gave details of their wishes and preferences for that time including arrangements already in place.
- The home had received compliments about their end of life care. One said, "Thanks for everything. You made my loved ones [name] last few months comfortable and safe".

# Is the service well-led?

## 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 has 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

- Staff felt proud to work at Clifton Lodge - Southbourne. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "All the staff who work here are so caring, we try our best, we give 100% plus". "We are a team" and, "I am proud because we have their needs at the forefront".
- Staff, relative's and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "The registered manager [name] is a smashing manager". "The registered manager [name] is open to talk whenever I want, they are like my family". The registered manager [name] is part of the team, they won't ask you to do anything they wouldn't do themselves". The registered manager [name] is fair, really knowledgeable and understanding". The registered manager [name] will fight my loved one's [name] corner if they need anything" and, "The registered manager [name] is pleasant and happy, they respond quickly".

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team. They told us, "I have found my vocation, it gives me reward".
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different areas of the home and care. Actions were taken to make improvements that had been identified.
- Systems were in place to support learning and reflection.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

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

characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought people's feedback through questionnaires. The results of those were positive. The registered manager told us they send these out to people and staff annually. 100% of people stated they were satisfied with the care in the December 2019 survey.
- The home did not hold formal meetings for people as this did not meet the needs of the people living there. The registered manager told us they spoke to people informally and it was their decision to not hold formal meetings. Records showed people and their relatives were involved in the home and kept up to date. A relative told us, "They update me".
- The home held formal staff meetings. However, staff met at a regularly throughout each day to discuss people's needs and to support each other.
- The service had some links to the local community. The registered manager told us they wanted to increase these links in the future. Some examples of supporting people to link with their community were: churches, beach walks and shopping in the local area.
- Learning and development was important to the registered manager and the senior healthcare assistant. They attended regular meetings, learning hubs and had used online guidance and publications.
- The service had good working partnerships with health and social care professionals.