5 Star TLC Limited

Clifftop Care 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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 2 and 3 January 2019 and was unannounced. □

Clifftop Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Clifftop Care Home is registered to accommodate 32 older people. The home is split over three floors with all floors having access via stairs, lift or a stairlift. On the ground floor there is a large lounge leading into a conservatory and a separate dining room. There was level access to the outside patio areas of the home. There were 24 people living at the home at the time of inspection.

Medicines were not always managed safely. Assessments had not been carried out to assess the competency of staff who gave medicines. The correct procedures for medicines were not always followed and some medicines were not stored securely. The registered manager took action during and following the inspection to address this.

We have made a recommendation about the management of medicines.

Accidents and incidents were recorded and action carried out. However, the registered manager had not analysed them to identify trends, learning or reduce the likelihood of reoccurrence.

Audits were not always completed in full. Shortfalls had not been identified. Quality assurance systems were not in place to enable the home to monitor the standard of care they provided. Feedback received from people had not been addressed. The registered manager had a number of improvements planned but it was unclear what their priorities were.

Staff had received an induction and continual learning that enabled them to carry out their role effectively. Staff received supervision and felt supported, appreciated and confident in their work. People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, nurses and social workers.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse. Staff told us who they would report this to both internally and externally. Staffing levels were sufficient to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.

People had their eating and drinking needs understood and met. People told us they enjoyed the food and thought the variety and quantity was good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs. Their life histories were detailed and relatives had been consulted. The home had a complaints process and people were aware of it and knew how to make a complaint. Activities were provided and these included staff, people and their relatives. Individual activities were provided for those that preferred them.

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone. Leadership was visible within the home. Staff spoke positively about the management team and felt supported. The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below.

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 always safe.

Medicines were not always administered, managed or stored safely.

Accidents and incidents were recorded but there was no analysis for trends or lessons learned.

People told us they felt safe living at the home.

Infection control procedures were in place and followed.

There were enough staff and they were recruited safely.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and effective systems were in place to deliver good care.

Staff received training and supervision and were confident in their role.

People were supported to eat and drink enough and dietary needs were met.

The premises met people's needs and they were able to access different areas of the home freely.

The service worked well with health professionals and people had access to services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by staff that treated them with kindness and respect.

Staff had a good understanding of the people they cared for and

supported them to make decisions about their care.

There was a relaxed and friendly atmosphere in the home.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who a person centred approach to deliver the care and support they required.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place and was effective, people knew how to complain.

People's end of life preferences had been discussed and plans were in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems to monitor and improve the quality of the service were not fully effective.

Quality assurance systems were not robust to monitor the quality of the care provided.

The service worked well in partnership with other agencies and professionals.

Positive feedback was received about the registered managers leadership.

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 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 site visit took place on 2 and 3 January 2019 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not requested a Provider Information Return from the provider. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection.

We spoke with seven people who used the service and four relatives. We spoke with the registered manager, a senior carer, activities co-ordinator, three care assistants, the housekeeper, a visitor and the chef. We received feedback from two health and social care professionals who work with the service.

We reviewed six people's care files, four Medicine Administration Records (MAR), policies, risk assessments and health and safety records. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the registered manager to send us some additional information following the inspection. This included; training records, meeting outcomes and other care related documents. They did this by Monday 7

January 2019 via email.

Requires Improvement

Is the service safe?

Our findings

People did not always receive their medicines safely. We observed a medication round and found that the member of staff giving medicines did not check the Medicine Administration Record (MAR) prior to selecting the medicines and giving them to people. This meant that people were at risk of harm as the member of staff could not be sure if there had been changes to the person's medicine or if it had already been given. Staff told us that they did not always check the MAR's as they knew people well. The MAR had a photograph of the person and their allergies listed. The MAR's were completed correctly.

Staff responsible for the administration of medicines had not had their competency assessed. We checked the medication training for the member of staff and found this had not been completed since 2009. We found that MAR audits had not been completed. The registered manager told us they had been unable to find audits of medicines at the home but had completed a general audit in October 2018. This had identified that a more robust audit was needed and competency assessments were required. However, these actions had not been carried out. The registered manager arranged a meeting with the staff member and a competency assessment for the next day. Following the inspection, the registered manager told us they had arranged for re-training and competency assessments for all staff who give medication.

The service had arrangements for the ordering, storage and disposal of medicines. However, medicines that required stricter controls by law were not always stored securely. The registered manager immediately took action to address this.

Where people were prescribed medicines that they only needed to take occasionally, guidance was not in place for staff to follow to ensure those medicines were administered in a consistent way. An example was that a person was prescribed pain relief but was not always able to let staff know verbally that they were in pain. Having guidance in place meant staff could identify physical signs of pain and be able to give the medicines. The registered manager told us that this information was not available for the staff. Following the inspection, the registered manager told us they had made arrangements to liaise with medical professionals and provide guidance for staff.

We recommend that the service considers current guidance on managing medicines in care homes and take action to update their practice accordingly.

Accident and incidents were recorded. Actions were taken from the individual reports and this information was shared amongst the staff through handovers. For example, a person who was at risk of falls had an additional call bell for use during the day, we saw this in place during the inspection. However, the registered manager told us that analysis of accidents and incidents had not been done and that the home did not have a system in place to learn from events in the home. The registered manager told us that they plan to introduce this analysis and include learning from near misses.

People told us they felt safe living at Clifftop Care Home. Risk assessments, policies and support systems were in place. People told us, "I absolutely feel safe here because If I ring my bell they come straight away". "I

feel safe, I am quite happy living here". "I feel safe, the girls are around when you want them". "Staff make you feel safe". A relative told us, "My loved one is safe, everyone is so obliging". A professional told us, "I feel people are safe, I have never known of any concerns". A health professional said, "I feel the residents at Clifftop are safe as they undertake a detailed assessment of their needs and do their best to meet them".

The home had enough staff to meet people's needs. The registered manager reviewed people's needs to calculate staffing. They also spoke with staff and worked within the home where needed. The registered manager told us they adjusted the staff as required. The home used a local agency but had regular staff attend so this helped with continuity. Staff were working at a relaxed pace throughout the day and were spending time speaking with people. They told us they thought there was enough staff. A person told us, "I think there are enough staff, if I press my bell they come quite quickly". A relative told us, "There is enough staff, there is always someone around". Professionals who work with the service told us there was enough staff working within the home.

The home had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

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. A person told us, "This place is clean, it's spotless". Another person said, "I have no worries or qualms about the cleanliness". There were gloves, aprons and hand sanitiser supplies in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day. All staff had received training in the prevention and control of infection. There were notices around the home reminding everyone to wash their hands.

The home had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Staff demonstrated knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member said, "If I noticed something or someone told me something, I would tell them I need to pass it on. I would then tell the manager". The registered manager was clear of the home's responsibility to protect people and report concerns. Records showed concerns were referred appropriately. There were posters giving details on how to report safeguarding concerns along with telephone numbers of the local authority safeguarding team. A health professional told us, "I do not have safeguarding concerns about the residents at Clifftop".

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were reviewed monthly, or as things changed, and staff had access to them on their handset each day when delivering care. Risk assessments were detailed and contained action plans and outcomes for the person. Each individual risk assessment showed the risk, what degree of risk it was and how to support the person to reduce this risk.

Maintenance staff monitored health and safety within the home and carried out various visual and maintenance checks daily, weekly and monthly. All electrical equipment had been tested to ensure its effective operation. Moving and handling equipment such as hoists and assisted baths had received the necessary service. People had Personal Emergency Evacuation Plans (PEEPS) which told staff how to support people in the event of an emergency. Staff had received fire training.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The home met the requirements of the MCA. Assessments had been carried out to determine people's capacity to make individual decisions such as having personal care, medicines and using bed rails. Best interest's decisions had been made for people and involved family members and health professionals. Consent to care was sought by the home for different aspects of their care such as to receive medicines, personal care, use of bed rails or for photographs. Staff had received MCA training and were able to tell us the key principles. A staff member told us, "We always need to ask them [people] what they want. If we need to we should come back later and always tell them what we are doing". We overheard staff asking peoples consent during the inspection at various times.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 those procedures and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had completed applications under DoLS where necessary. One person had an authorised DoLS and there were no conditions attached.

The home had an induction for all new staff to follow which included shadow shifts and practical checks within the home in line with the Care Certificate. Records showed that some staff had completed a Care Certificate workbook. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

Staff received the training and support needed to carry out their role effectively, they told us they enjoyed all of their training. Staff received training on subjects such as safeguarding, first aid, infection control and fire safety. A staff member told us, "We have moving and handling and fire training regularly. I have also had dementia training". Records showed staff received regular training in different subjects. Staff completed online training and the registered manager said that in addition they wanted to have more practical training and was looking to develop this.

Staff told us they had regular supervisions and felt supported. They felt these were positive experiences and that they were a two-way process. The registered manager had introduced a new supervision form which was detailed and had prompts for different topics of conversation with clear action plans. Supervision records showed they were completed jointly between the registered manager and staff. The registered manager told us, "I think it works really well".

People were supported to have enough to eat and drink, and we received positive comments about the food these included: "The food is adequate and I can have something different if I want". "No problems with the food, I get a choice". "The food is good and we have enough". We saw bowls of fruit, snacks and sweets around the home for people to help themselves. People were asked for their input regarding food and drink regularly and the registered manager worked with them to create the menus. There were two choices for each main meal with a selection of desserts. We observed staff supporting people to eat and drink by giving various levels of support. Some required physical support to eat and drink and some just required verbal encouragement. A person told a member of staff they did not like the meal, and the staff member promptly attended to them and offered an alternative. The relief chef showed us information about people's food preferences including those who required a special diet.

We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. The dining room had individual tables of two with drinks and condiments. People used the dining room, lounges or their bedrooms to have their meal. Food looked appetising and plentiful and that included food which was served in a softer consistency. A selection of drinks was available, both alcoholic and non-alcoholic, these were offered to people throughout their meal. Tea and coffee was served with biscuits and fresh baked cakes throughout the day.

People were supported to receive health care services when they needed. People attended regular health care appointments and received medical or specialist involvement as required. The registered manager said they worked well with medical professionals and were comfortable seeking their input when needed. Copies of referrals and treatment reports were kept in the healthcare section of the care and support plans. A relative told us, "When my loved one was unwell, the registered manager called the paramedics and liaised with the hospital". A health professional told us, "They are swift to refer if they have any concerns and adhere to any treatment plans".

The home was accessed by people across three levels and had been adapted to ensure people could use different areas of the home safely and as independently as possible. There was a lift and stairlift in place for access from the ground to the first and second floors. There was a smaller television lounge which lead onto a larger lounge and conservatory. The gardens were accessible with seating areas and sea views. There was a separate dining room and smaller seating areas around the home.

Good

Is the service caring?

Our findings

People, their relatives and professionals thought staff at Clifftop Care Home were kind and caring. People told us, "The carers are very good". "Staff are all very kind and caring, they are lovely people". "Staff are brilliant, they all have the same work ethic, they are incredible". "Staff are very good". "The staff are perfect". "They are a team and they are fantastic and delightful". Relative comments included: "Staff are all very good, happy, friendly and caring". "Staff are very kind, very good, I can't fault them". "Staff are fabulous, there is nothing they wouldn't do".

People were treated with dignity and respect. We observed many respectful interactions. Staff were supporting people to move around the home, asking them what they wanted to do. Staff were attentive to people when they asked for them. Staff members told us they knew how to show dignity and how to respect people. A staff member told us, "I want to be nice to them [people], I want to give them a nice life". A relative said, "They respect my loved one".

Staff had equality and diversity training within their induction. The service had a diverse workforce and the registered manager told us they were keen to incorporate different cultures into the home. People's cultural and spiritual needs were respected and recorded in their care plans. People were supported to attend religious services which visited the home monthly and supported to attend places of worship locally.

People told us they were happy with the care they received. Comments from people and their relatives included: "I feel thoroughly spoilt". "It's all the little things, it's like a hotel". "I am 100% happy". "It's absolutely superb". "I am doubly happy here". "I am quite happy living here, I doubt you will get any grumbles in here". Staff were proud to work at Clifftop Care Home and told us, "It doesn't feel like a job, I really enjoy it". A relative said, "It's more like a family there".

There was a calm and relaxed atmosphere in the home. We observed staff spending time with people individually and in groups in the lounge and dining areas. We overheard conversations and laughter between people and staff throughout the day. Conversations were about people's interests, families and work histories. Relatives visited the home during the inspection and staff knew them well and they seemed relaxed being in the home. A relative told us, "I feel welcomed here, they [staff] always notice when I have not been here and always asking how I am".

People were encouraged to make decisions about their care. People and their relatives were involved in their care. Records showed input from the person, their family and professionals. We observed staff offering people choices throughout the inspection. An example was a staff member gave a person options of where to spend their afternoon, the person chose and the staff member supported them to use the space. Life histories contained information that was important to people.

The service had received compliments about the care they give. These included: 'An extra special thank you for taking care of our loved one [name]'. 'Thank you so much for all of your help'. The registered manager told us they were keen to capture more compliments of the service.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were in place and there was a system for review in place. Records showed this happened monthly or as things changed. Plans were personalised, detailed and relevant to the person. The registered manager told us that they were updating and developing all care plans. They said they wanted to include families more. We saw different care plans during the inspection and the improved information was detailed. A professional told us, "We have recommended things to Clifftop and they have carried it out straight away".

People and their relatives told us that there were a lot of activities in the home. The home had a variety of activities for people to enjoy and the walls in the communal areas and notice boards had photographs of winter events. A health professional told us, "There does seem to be a wide range of activities on offer". The home had recently appointed an activities co-ordinator who had made various links in the community with a view to expanding the activities on offer for people. People told us they had enjoyed, games, bingo, musicians, outings and exercise classes. In addition to inhouse activities, the home had professional performers attend such as singers and musicians. The home had access to an accessible minibus for outings and used local taxis to ensure people could access the community. A person told us, "Activities are excellent and they are on everyday". A relative told us, "They involve us in the activities. I attended a Christmas event in Swanage organised by the home, with my loved one. It helps us still be able to make memories together".

The home arranged both group and individual one to one activity sessions for people. The activities co-ordinator wants to cater for all. They told us they take note of their wishes and preferences during natural conversations. During the inspection there was a meeting held with people to discuss what activities they wanted in 2019. We observed many people being involved. The activities co-ordinator left a suggestion box in the reception area to encourage more idea's. Each person had a detailed activity plan which the registered manager was developing alongside the care plans. The registered manager told us they were fully supported by the provider to be creative with the activities for people. A health professional told us, "They fully take on board the importance of encouraging residents to socialise together for their wellbeing".

People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns. The registered manager told us there were no recorded complaints at the home. They had been speaking to people and their families since they were appointed in August 2018 and no complaints had been received in this time. A person told us, "I would speak to the staff if needed. I have no complaints, I'm grateful for what they do for me". A relative told us, "I would complain to the manager if needed".

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. Each person had a specific communication care plan. The plan had guidance in communication techniques for each person. This gave staff the preferred way of communicating with the person. Preferred methods of communication

was included in documentation which is used when other health professionals are involved or the person must transfer to hospital.

At the time of the inspection no one at the service was receiving end of life care. People's individual end of life wishes were recorded by the service in their care plans. The registered manager told us they were developing the plans further during their review of care plans. Staff had received training in end of life care.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Systems to monitor and improve the quality of the service were not fully effective. Audits were not completed, shortfalls were not identified and therefore actions could not be completed. The registered manager told us that they had been unable to find care related audits completed at the home and at the time of inspection and had not implemented audits themselves. Therefore, analysis had not taken place to identify trends in the various systems within the service, such as, complaints, accidents and incidents. The registered manager told us they should be looking at the cause, time of day, people involved and said, "I realise this is important to having full oversight". This meant the home was unable to learn from events. Following the inspection, the registered manager sent us an audit schedule which they told us they had now started. This included, people's bedrooms, medicines, falls, accidents and call bell systems.

Quality assurance systems were not in place and therefore the service was not able to monitor the standard of care provided. People living at the service had received and returned a satisfaction questionnaire in January 2018. However, actions from these had not been followed up. An example was a person had written 'I hate the food', the records did not show any action from that person's feedback. The service had not sought formal feedback from stakeholders, professionals, relatives, visitors or staff. The registered manager told us they wanted to give people smaller questionnaires throughout the year. Following the inspection, the registered manager told us they had sent out questionnaires to people and their relatives.

The registered manager had a vision for developing the service, since their appointment in August 2018. The registered manager told us, "There has been a lot to deal with, now the staff are on board it will make it easier for changes that need to happen, happen". The registered manager had identified many areas for improvement but it was not clear what their priorities were, what actions were needed and the timescales for completion. The registered manager told us during the inspection they would work on their plan with medicines being their priority. They confirmed to us following the inspection that they had started this and told us timescales for completion.

Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported by the registered manager. The comments included; "The registered manager [name] is really good, very approachable". "The registered manager [name] is really nice, they try to do their best". "They are a good manager". "The registered manager is very good". "We are very lucky to have the registered manager [name] they are a good person".

The registered manager and the provider supported their staff. Staff told us they felt appreciated and were always given a thank you at the end of a shift. The service had introduced an 'employee of the month' scheme to recognise staff achievements. The registered manager told us that they had made recent

improvements to involve people in the selection of 'employee of the month'. The registered manager held staff meetings three times a week with the staff on duty to talk about the people living at the service and check that staff were supported. A member of staff told us, "We meet with the registered manager [name] a lot and discuss the residents, it's good to make sure we all know what is happening".

The home had made links with various community organisations such as local churches, schools and charitable organisations. The registered manager told us that it was important to get people back into their community and bring those service into the home. The home had made links with other local homes with a view to sharing trips out and meals. The registered manager told us people had been part of various events over November and December 2018 and had enjoyed them. There were photographs of people taking part in the event on the display boards and a letter from the organisation thanking people and staff for their contribution.

Learning and development was important to the registered manager. They attended regular registered manager network meetings, learning hubs, training through the local authority and used online guidance and publications to keep updated.

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 confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us records. The registered manager told us they were supported well by the provider.

The service had good working partnerships with health and social care professionals. They told us, "I have total confidence in the partnership between us and the Clifftop team, if they have any concerns about medication prescribed or care plans suggested they will contact us".