Care Quality Commission

Solent Cliffs Nursing Home Limited

Solent Cliffs Nursing Home Limited

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

What life is like for people using this service:
•At our last inspection in August 2016, the provider was found to be in breach of Regulation 18 (Failure to notify). At this inspection, we found improvements had been made and all notifiable events were being reported to the Care Quality Commission (CQC).
•The provider supported staff to provide effective care for people through person-centred care planning, training and supervision. They ensured the provision of best practice guidance and support met people's individual needs.
•People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.
•The service met the characteristics of Good in all areas.
•More information is in the full report.

Rating at last inspection: The service was last rated Good, last report published 19 August 2016.

About the service: Solent Cliffs is a care home that was providing personal and nursing care to 31 people at the time of the inspection.

Why we inspected:
This was a planned inspection based on the rating at the last inspection. We found improvements had been made in Well Led since our last inspection and the service had met the characteristics of Good in all areas. The inspection was also prompted in part by notification an incident following which a person using the service sustained an injury. The information shared with CQC about the incident indicated potential concerns with moving and handling. We checked this in looking at the quality and safety of the service. Information of concern had also been shared with the Commission regarding the provision of end of life care and person-centred care. We looked into these concerns as part of the inspection process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe Details are in our Safe findings below.	**Good**
Is the service effective? The service remained effective Details are in our Effective findings below.	**Good**
Is the service caring? The service remained caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service remained responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service improved to well-led Details are in our Well-Led findings below.	**Good**

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Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors and an expert by experience (ExE) carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Solent Cliffs Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, there were 31 people living at Solent Cliffs Nursing Home.

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: This inspection was unannounced.

What we did:
We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We assessed the 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 used all this information to plan our inspection.

During the inspection we reviewed a range of records. This included records of accidents, incidents and complaints, four people's care records and 20 people's medication records. We also looked at four staff files around staff recruitment and supervision and the training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider. We spoke with three people, five relatives and five staff members. We also spoke to the registered manager, the manager's assistant and the operational manager. We observed care in communal areas on both days of our visit.

Following the inspection, we sought feedback from professionals who worked with the care home.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Systems and processes

● The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
● The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
● Staff were aware of the signs of abuse and the importance of observing changes in people's behaviours when they may not be able to communicate their feelings verbally.
● A system was in place to record and monitor incidents and this was overseen by the provider.

Assessing risk, safety monitoring and management

● People and relatives told us that Solent Cliffs was a safe place to live. People's comments included, "I do feel safe here. I am well looked after," and, "I do feel safe here, it's a good place with good caring staff".
● People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. For example; this included risks related to nutrition and hydration, falls and choking.
● The premises were not purpose built and had narrow corridors which could present difficulties when evacuating people in the event of an emergency, however there were Personal Emergency Evacuation Plans in care plans, which outlined how people could be moved or kept safe in the case of an event such as fire or flood.
● We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. All of the staff we spoke with fully understood the rights of people with mental capacity to take risks and make potentially unwise decisions. One staff member said, "If someone has capacity, then it's up to them, even if it's risky".

Staffing levels

● Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
● We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
● New staff received an induction and worked alongside more experienced staff to learn about people's needs prior to being counted on the rota. The registered manager told us, "I only use one agency and they cover at very short notice, I have profiles on everyone that works here and have a very good relationship with

the agency manager. I use regular familiar agency staff. I want continuity. Staff are flexible. We have bank staff".

Using medicines safely

● Medicines were stored, administered and disposed of safely.
● We looked at the Medicines Administration Records (MAR) for 20 people. There were no gaps in these records, including those concerning topical applications. All of the MARs contained relevant information, such as photographs for identification purposes, whether the person suffered from allergies or preferred to take their medicines in a particular way.
● We looked at how medicines given on an 'as needed' basis (PRN) were managed. PRN protocols were in place for all medicines taken this way; they outlined how, when and why they should be taken and included maximum doses over a 24-hour period.
● All registered nurses undertook medicines administration and competency assessments, in addition two senior carers had also undergone a training and competency programme. This meant that people could be confident that their medication was administered in a safe way.

Preventing and controlling infection

● We noted the home was clean. We did not detect any malodours during our visit. We noted the provider had put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves.

Learning lessons when things go wrong

● Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. Records showed that a 'de-brief' was conducted following some incidents to support the identification of changes in practice to provide more effective support. The registered manager recognised and reflected on her own practice and completed reflective practice forms when things went wrong.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

● People's needs assessments were comprehensive and regularly reviewed, expected outcomes were identified and care and support was regularly reviewed.
● Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, the registered manager had considered the environment and completed some work to ensure it was suitable for people living with dementia, we observed blue toilet seats which contrasted well against the white toilet, there were dementia friendly signs located throughout the service and the registered manager told us, "We were one of the first to purchase dementia friendly board games." There was a dementia link person who was cascading information to the staff team and the registered manager was in the process of planning a room geared towards the needs of people living with dementia. They told us "We do a lot of reminiscence." People's names were on doors to their rooms; staff also wore uniforms and badges to enable people and visitors to identify them.

Staff skills, knowledge and experience

● Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "The staff are proficient at dealing with [person], they are well trained".
● Staff had opportunity for supervision and appraisal. The registered manager knew some staff had not received as much formal supervision as others and a plan was in place to address this. Staff consistently told us they felt well supported.

Supporting people to eat and drink enough with choice in a balanced diet

● People had choice and access to sufficient food and drink throughout the day; food was well presented and people consistently told us they enjoyed it. The mangers assistant told us, "We have supported people with a mushroom allergy, and people who have required a gluten free diet and the registered manager told us that people can have whatever they like.
● The staff we spoke with were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet.
● The care plans we looked at reflected this; for example, one person was at heightened risk of choking due to difficulty with swallowing. The person had been referred to and seen by a Speech and Language Therapist (SLT) and provided with thickener to add to drinks. The staff we spoke with were aware of the importance of adhering to the use of these and the need for close supervision during mealtimes. Thickeners were stored with medicines in a lockable secure room.
● Staff also had access to extra resources, in the form of the Nutrition and Hydration and Diabetes champions. Champions are staff who work at the home and take on additional responsibility for learning

about the subject and sharing this information with their colleagues.

Staff providing consistent, effective, timely care

● People had a Health Action Plan (HAP) in place, this gives an overview of people's healthcare needs. Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff.
● People's healthcare information was reviewed monthly to check they had been updated in line with their appointments and needs.
● We noted from our examination of care plans, that people were able to access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as dieticians, Community Mental Health Teams and hospital consultants. Staff had acted on advice and guidance given by these professionals in a timely and effective manner.

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

● People were involved in decisions about the premises and environment; for example, they were able to choose the colour of their room. There were extensive outside areas with raised flower beds to enable people to actively participate in gardening.
● We noted the provider made use of technology in order to deliver care and improve the lives of people living at the home. Staff made use of equipment such as sensor mats to keep people safe.
● Care plans and risk assessments were electronically formatted. These were made available to people and their relatives to view whenever they wished, either by using a 'relatives' tablet at the home or by remotely accessing it offsite via a password protected portal.
● The registered manager had assessed the environment against an evidence based tool which helped them understand if the service was dementia friendly. A positive result was achieved. We saw support for people living with dementia to orientate themselves and find their way around were successful.

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 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.
● We asked staff about issues of consent and about their understanding of the MCA. The staff members we spoke with had undertaken recent training in this area. They could tell us the implications of the Act and of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. Staff were also clear on people's rights to make their own decisions whenever possible and for people with capacity to take risks and make potentially unwise decisions.
● We looked at care plans in the light of issues of consent and capacity. People had received mental capacity assessments where this was appropriate as part of their decision-making care planning and had sought the consent of people with capacity before acting. It was clear the provider's focus was on facilitating people to make some choices for themselves whenever possible and to support people

to avoid potentially risky or unwise decisions where possible.

- Where DoLS applications had been made for people living at the home, they were found to be decision specific. This meant that the purpose of the restriction was outlined in order to ensure that the person was not deprived of their liberty outside of these areas.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

● People told us they liked living at Solent Cliffs and they were well looked after, one person told us, "The staff are very kind and caring towards me". People's relatives told us people were cared for.
● We observed good interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff.
● People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person said, "The staff are very kind, they never try to rush me at all".
● Staff were responsive to people's needs and addressed them promptly and courteously.
● It was evident all staff knew all people really well; for example, staff knew people's daily routines without referring to documentation. Those at risk were monitored closely but discreetly where necessary; for example, those at risk of self-injury or injury to others.
● Where people were unable to communicate their needs and choices verbally staff observed body language, eye contact and simple sign language to interpret what people needed.

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

● People and their relatives told us that they were involved in people's care planning. Relatives comments included, "I was involved with [person's] care planning from day one, it is uploaded and they communicate the changes always" and, "I have been involved in my mother's care plan".
● We looked at people's electronic care plans which confirmed staff involved people and their families with their care as much as possible. Care plans and risk assessments were devised, reviewed and signed by staff in conjunction with family members or representatives. Relatives could view electronic care plans and risk assessments in their entirety at any time of their choice.
● Regular care reviews were also held, to which relatives or representatives were routinely invited.
● Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence

● People's right to privacy and confidentiality was respected. A card entitled 'The 10-dignity do's' was available to all staff and listed ten ways to help promote people's dignity, for example; 'Enable people to maintain the maximum possible level of independence' and, 'Listen and support people to express their needs and wants'. These were placed in prominent positions on notice boards throughout the home.
● People were encouraged to do what they could for themselves. There was a calm and inclusive

atmosphere in the home. The staff we spoke with were knowledgeable about the people they were caring for and were able to explain people's individual needs and requirements. It was evident staff saw people as individuals.

● People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were invited to have meals with people if they wanted to. One person had just moved into the care home and missed their dogs, the registered manager arranged with the relative to bring the dogs in to visit. The registered manager was keen to accommodate people's wishes wherever possible.

● We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "Staff are respectful towards me, they use my first name always." A nurse told us, "[Person] is a Jehovah Witness, all staff were given an hour to spend with him to understand his religion."

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

How people's needs are met:

Personalised care

● People and relatives told us that care was personalised. One person told us, "I do like the activities and they have lots of them here."
● Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; Those preferring not to, or unable to engage in communal activities, were offered one to one sessions with activity staff. Our observations on both days of our visit confirmed this.
● People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
● Staff were in the process of devising 'My Memories' books for all people living at the home. These included photographs of the person undertaking their favourite activity and were kept in people's rooms.
● People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. The registered manager told us, "We have things in braille and talking books".
● We looked at the provision of meaningful occupations and activities in the home. We spoke with the activity co-ordinator and looked at documentation. There were six activity staff employed by the home. This ensured that at least two staff were on duty seven days a week. Activities and occupations on offered included: Gardening, 'Call to Mind' board game, devised for people living with dementia, chair exercises and educational sessions, such as a presentation on World Diabetes Day.

Improving care quality in response to complaints or concerns

● People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
● People and relatives knew how to make complaints; and felt that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
People were asked about their views in group and individual meetings and care plan reviews.
● A concerns, complaints and compliments procedure was in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. We looked at an example of a complaint. Complaints were investigated and responded to, to people's satisfaction.

End of life care and support
● Of the people who were on the provider's end of life pathway, their care plans contained up to date and

relevant information for staff concerning their wishes in the final days of their lives, including whether any religious rituals were to be carried out and by whom.

● There was evidence of family involvement in care planning, which did not restrict the management of end of life care to one section of the care plan or to the physical needs of the person. Instead, aspects of this were to be found in all other sections and risk assessments. This was more in line with the day to day lived experience of people coming to the end of their lives.

● We examined people's electronic care plans and daily records, in addition to daily records. They were up to date, relevant and securely stored. People's choices and preferences were documented. Social and personal histories were detailed; it was possible to 'see the person' in these care plans. The staff we spoke with were knowledgeable about the people they were caring for. This meant that care plans were person centred to meet the needs of people.

● We looked at the provider's staff training matrix and examined training certificates for staff members. Staff were able to access training in subjects relevant to the care needs of the people they were supporting. The provider had made training and updates mandatory for all staff in the following areas: Infection Control, Health and Safety, Moving and Handling People, Fire Awareness, Safeguarding, Vulnerable Adults, First Aid and Food hygiene. Other training undertaken by staff included: The Mental Capacity Act (2005), The management of diabetes, Wound Care, Care Planning, Equality and Diversity, Palliative Care, Dementia care, Nutrition and Hydration and the management of behaviours that challenge.

● The staff we spoke with were knowledgeable about these people's needs. The provider trained a number of staff as 'champions' in certain fields. Their role was to raise awareness of issues with other staff and to ensure that care and support was given in line with guidelines published by agencies such as the Department of Health and NICE. These included, end of life care, diabetes, dignity and hydration and nutrition. Staff were aware they could consult one of the home's four End of Life champions should they need to.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Leadership and management:

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● At the last inspection in August 2016 the provider had not carried out its statutory duty notify CQC following a notifiable event. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 part 4 - Notification of other incidents. At this inspection the provider had complied with the requirements of the regulation and was no longer in breach of the regulation.
● We found that risks were identified and acted on to monitor the safety and quality of the service people received. People's records were well organised, and regularly checked to monitor the information was up to date and accurate.
● An effective quality assurance process was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion. A relative told us, "I was involved in [person's] care plan, it is updated regularly since then."
● There was a clear management structure in place and staff told us they knew who to report to at any given time. We observed staff working together as a team, staff talked confidently about their roles and responsibilities.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

● The registered manager told us they promoted the values of the organisation through meetings, supervision and by working alongside the team. They said, "I work on the floor, I learn so much." We found the registered manager had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people. They told us, "I accommodate people's needs, people taking their pets, partners can stay the night, I want it to be as homely as possible."
● Staff consistently spoke positively about the registered manager. A staff member said, "[Registered manager] is a really supportive manager, I feel supported." Another staff member said, "[Registered manager] is an amazing nurse and has got a heart of gold, she is a good listener, she is very supportive."
● A person's relative said, "The house is very well run and they encourage the group of us visitors who have formed a club." Relatives told us they would raise any concerns with the registered manager or senior nurse on duty. Manager meeting notes demonstrated that complaints were responded to, investigated and followed up with an action plan.

Engaging and involving people using the service, the public and staff

- The registered manager told us they have an open-door policy. People, relatives, staff and professionals were engaged in feedback to the manager through regular meetings and feedback surveys. Feedback was analysed and used to implement improvements or suggestions. For example; communication between the service and people's relatives was improved and photos of activities were collated and displayed. The registered manager told us a more user-friendly tool was being developed to improve people's ability to participate more meaningfully in this review.
- Staff told us they felt listened to and supported by the registered manager. Team meetings were held and the minutes showed staff discussed suggestions and concerns with the management team and these were responded to appropriately.

The registered manager told us, "We have resident's meetings every two months. We have a few relatives that now have their own forum."

- We saw positive feedback from the professional's feedback survey, one of the comments read, '[Registered manager] I found them very good.' We also saw positive feedback from the oral healthcare team.

Continuous learning and improving care

- Information from the quality assurance system, care plan reviews and incidents was used to inform changes and improvements to the quality of care people received. The registered manager told us they are keen to learn from experience. They described a situation where the suction was not easily accessible one night when it was needed. Following a review, they now keep the suction equipment in the office where all staff have easy access to it. The registered manager encourages reflective practice throughout the team.
- The registered manager demonstrated an open and positive approach to learning and development and encourages staff to request additional training to support them in their role.

Working in partnership with others

- The service had links with other resources and organisations in the community to support people's preferences and meet their needs. The provider held regular meetings for their registered managers to share and develop good practice in their services.