

Monarch Healthcare Limited

# Clifton Manor Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 12 November 2014 and was unannounced. There were no breaches of legal requirements at our previous inspection.

Clifton Manor Residential Home provides accommodation for up to 47 people who are older people, some of whom have dementia needs. There were 43 people living there at the time of our inspection.

There was no registered manager at the service; a manager is required to register with us by law. 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 and associated Regulations about how the service is run.

# Summary of findings

We found people felt safe with the staff that cared for them. The provider had suitable arrangements to keep people safe. We saw appropriate information was available to ensure people and their relatives were aware of what abuse was and how to stop abuse from happening. All risks to safety were minimised. We observed sufficient staff on duty on the day of our visit. The provider had systems in place to address any shortfalls. People received their medicines as prescribed and they were stored and monitored correctly.

People told us that they had plenty to eat and drink and we saw some people were supported at mealtimes. We saw that the home involved outside professionals in people's care as appropriate and, the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of liberty safeguards were fully adhered to.

Staff received training, supervision and appraisals, which ensured they developed the right skills and knowledge suitable to their role.

People and their relatives told us staff were very caring and treated them with dignity and respect. They were encouraged to form relationships within the home and with others. People were encouraged to be independent where possible and fully supported by staff when needed.

People were proactively supported to express their views and be involved with decisions relating to their care. Staff communicated effectively and interacted well with people.

People did not always participate in activities that were relevant to their interests and hobbies.

We found risk assessments were in place and care plan reviews had been completed, but the records were not always up to date.

We found quality assurance systems were in place, but were inconsistently applied. People, their relatives and staff told us the culture of the home was open and transparent. People told us they felt the person in charge was approachable. Staff generally felt supported. People and their relatives were able to voice their concerns and raise complaints, which we found were dealt with in a timely manner and in line with the provider's policies and procedures.

There was no registered manager at the service, but people, their relatives told us the culture of the home was open and transparent. People told us they felt the person in charge was approachable.

# Summary of findings

## 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 was safe.

We found people felt safe living in the home. Their relatives were confident people were safe and knew how to raise any concerns. Safeguarding issues were reported and investigated in line with the provider's policies and procedures.

People were able to take informed risks and these were appropriately managed by staff.

The provider took appropriate action to recruit sufficient staff with the right skills. Where required they took appropriate disciplinary action to ensure people were kept safe.

People received their medicines as prescribed and in a timely manner. We found medicines were stored safely.

Good



### Is the service effective?

The service was not consistently effective.

People received a balanced diet that promoted healthy eating and drinking, but were not always supported or received their meals in a timely manner.

People felt their needs were met by knowledgeable staff with the relevant skills to ensure they received effective care.

The provider was following the requirements set out for the Mental Capacity Act Deprivation of Liberty and safeguards and acted legally in people's best interests if they did not have the mental capacity for particular decisions.

People had access to other healthcare professionals and were referred if they had concerns about the person's health.

Requires improvement



### Is the service caring?

The service was caring.

People were treated with kindness and compassion on a daily basis and their privacy and dignity was respected.

People were encouraged to form meaningful relationships and staff responded to their needs.

People told us they were free to make their own choices and were involved with decisions about their care.

Good



### Is the service responsive?

The service was not consistently responsive.

Requires improvement



# Summary of findings

People were not consistently supported to follow their individual interests and social activities.

People did not consistently receive care and treatment that was responsive to their care needs.

People and their relatives were encouraged to share their experiences and raise concerns if needed.

## Is the service well-led?

The service was not consistently well led.

There was no registered manager at the home, but the person in charge was reported to be open and approachable.

System were in place to regularly assess and monitor the quality of service.

People were encouraged to be actively involved with the service.

Staff were supported to raise concerns, but they were not always confident they would be dealt with.

**Requires improvement**



# Clifton Manor Residential 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 took place on 12 November 2014 and was unannounced. The inspection team consisted of two inspectors.

Before we visited we reviewed the information we held about the home. This included notifications, a notification

is information about important events which the provider is required to send to us by law. We also looked at safeguarding referrals submitted by the home and local authority.

During our inspection we reviewed five care records, observed care and reviewed other records relating to the management of the home. We spoke with nine people living at the home, two relatives, four care staff, two senior staff, the person in charge and two visiting health care professionals. We invited commissioners of the service to give their views about the care provided in the home

We observed care and support in shared areas and we also used the Short Observational Framework for Inspection (SOFI) in one area. SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. Two relatives also told us they felt their family members were safe. Three people approached us as a group. One acted as a spokesperson, they said, “We have nothing to say. We are very happy here tell them that. They look after us very well. We have nothing else to say.”

Staff we spoke with and records we saw confirmed they had received training in how to safeguard adults. All staff were able to describe how they would protect people from abuse and they gave examples of different types of abuse.

The person in charge told us they contacted the local authority to obtain advice when dealing with safeguarding issues. We found the person in charge reported safeguarding incidents correctly and worked with the local authority when required.

We saw appropriate information regarding safeguarding adults was made available for people and their relatives to ensure they were aware of what abuse was and how to stop abuse from happening. We saw appropriate policies and procedures were in place.

Risk assessments, which were in place, reviewed regularly and clear guidance was available to enable staff to manage risks. People had individualised evacuation plans in case of emergency and arrangements were in place for the home in case of emergencies. Staff were able to describe the procedures they needed to follow to ensure each person was evacuated safely if an emergency occurred. We saw that accidents had been investigated and actions taken to protect people's safety.

When we spoke with staff they were able to tell us about the people who were at risk. They told us this information was available in the person's care plan and also shared at each shift change. We saw people's risks had been identified at pre-admission to the home and the assessments described their needs. People received appropriate assessments to monitor the risk to their changing needs and to maintain their safety.

We saw generic risk assessments for the home that had been reviewed on a yearly basis. Risk assessments in respect of specific areas of the home, such as access to hazardous areas, fire safety and equipment were in place and in date.

People we spoke with did not comment on the staffing levels. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were easily accessible throughout the day, to ensure people received their support safely.

When we spoke to staff we got mixed comments regarding staffing levels. One staff member told us they worked long days. Another staff member told us they were often short staffed and one weekend they only had five staff on all day. A senior member of staff told us the staffing levels had increased recently and they never went below six staff on the day shift. We observed sufficient staff on duty on the day of our visit. We looked at staff rotas and found on the majority of occasions the number were sufficient. We received information from feedback through our website regarding staffing levels at the home. We spoke with the provider who assured us they were addressing all staffing issues and sent a comprehensive response to our concerns.

Staff files we looked at confirmed recruitment processes were followed and relevant employment checks obtained. We found the service followed clear disciplinary procedures when identifying staff who had been involved with unsafe practices. The person in charge took appropriate action and put plans in place to ensure people were kept safe.

People received their medicines safely and as prescribed. We observed staff giving people their medicines and saw that they stayed with people whilst they took all their medicines. People we spoke with were aware of what medicines they were taking and when they should receive them.

We found the provider followed professional guidance and there were policies and procedures in place for the administration and disposal of medicines. Medicines were stored safely and medicines administration charts were fully completed. Staff told us that they were trained and we saw that their competence to give medicines was assessed. We saw that the supplying pharmacy carried out an audit of medicines management at the home and audits were also carried out by a senior carer. Actions were identified and taken to address any issues identified by the audits.

# Is the service effective?

## Our findings

People told us they felt staff were skilled enough to support them. We observed staff were competent when supporting people. We looked at the home's overview of training and saw training was well attended. One staff member discussed the training they had completed. Another member of staff told us they found it difficult to undertake any training, because of working long hours, but had already completed their level two qualification in social care.

Staff told us they had received an induction when they started work at the home. The person in charge (acting manager) described the induction process and that they were reviewing the process. They also told us staff received an appraisal on a yearly basis.

Staff told us they felt supported by the management team. They also told us they received group supervision, but individual supervision was not taking place at that moment. One member of staff said, "This is because there have been a lot of changes to our working practices." They told us there had been group supervisions where the person in charge spent time with a group of staff and discussions had taken place regarding the changes that were planned for the running of the home. They also told us the provider was monitoring the care being delivered to ensure staff were skilled and knowledgeable to carry out their roles and responsibilities effectively.

All the people told us staff asked their permission before providing any care or treatment. We observed staff asking people's permission before they provided care or support. We saw recorded on the care plans we looked at that staff had sought consent before the delivery of personal care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. The service was following the MCA and making sure that the people who may lack mental capacity in some areas were protected. Appropriate assessments were contained in the care plans.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom

and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The person in charge told us there was one person currently living in the home who was being deprived of their liberty. We found appropriate referrals had taken place and renewed as and when required. We did not see any people being restricted.

People told us they were happy with the food offered. We received positive comments about the cook. We observed lunch being served and not all people were effectively supported to eat their meals. One person was eating their meal with the wrong end of the fork, but no staff intervened or asked them if they needed help. We heard people commenting on the length of time it was taking for their lunch to be served. One person said, "I might as well as leave. Am I getting any food today?" Some people did not receive their lunch until 13:30. We were told lunch started at 12:30.

We saw another person had adapted cutlery and a rimmed plate to support them with their food, but also enabled them to eat independently. This showed people were not always supported effectively to eat their meals.

We saw two staff serving and other staff taking food to another lounge area and to people in their bedrooms. We saw two staff who were delivering medicines during lunch and were wearing red tabards that stated, "Do not disturb drug round in progress." They were also helping with the meals. This demonstrated that lunchtime was disorganised and not effective, as people were waiting long periods before they received their meal.

People's nutritional risks were regularly reviewed and care plans were in place to address any identified risks. We saw that people's weights were regularly monitored in order to identify when people were losing or gaining weight.

However, we spoke with a healthcare professional who told us they were working with staff to ensure one person received sufficient to eat and drink. They told us staff were not completing accurate fluid and food records as it appeared the person was not drinking. It had been noted that when the person was offered tea they were always interested in having a drink, but staff often gave the person juice, which the person would not drink. The healthcare professional had raised this with the service as a concern.

## Is the service effective?

We saw a letter dated 14 October 2014 stating the care plan was still not adequate to support the person's needs. The showed us people may not always receive effective support to eat and drink enough.

People experienced positive outcomes regarding their health. Everyone we spoke with told us that the doctors visited the home when needed and there was never any delay. One person told us they saw a chiropodist and the dentist and optician made regular visits to the home.

We looked at five care files and found the service took preventive action to ensure people were in good health. Staff told us they discussed people's health needs and

changes to their health needs at each shift handover. Care records showed other health care professionals were involved in people's care as appropriate. People's health needs were monitored and managed to ensure they received effective care.

People nearing the end of life received care and compassion. We spoke with a healthcare professional. They complimented staff on the standard of care they provided for a person at end of life. They felt staff responded well to recommendations given, but noted they were sometimes task-focused and not person-centred.



# Is the service caring?

## Our findings

People we spoke with told us the staff were very caring. They all felt the staff listened to what they had to say and talked to them appropriately. We observed staff to be kind and caring to people.

We observed people who were clearly friends and liked to sit or participate in activities together were encouraged to do so. We saw people were seated together in friendship groups. Staff knew who wanted to be seated together. We observed staff helped friends find each other in the different lounges. Staff told us they encouraged people to be friendly and develop their relationships. We observed staff interacted well with people. We found staff to be warm, friendly, gentle and caring throughout the day. This showed people were encouraged to develop caring relationships with in the home.

Care plans we looked at contained information relevant to that person. We found the care plans were individualised to reflect people's needs. There was Information written on these plans, (named members of staff) which identified people had a key worker. Key workers are members of staff who work with individuals and are knowledgeable about their needs, individual communication skills and preferences. We asked two staff members about the people they cared for. They were able to describe each person's needs and abilities and they knew of any risk issues to the person's health, such as when a person's behaviour became challenging.

We observed people actively interacting with staff and given choices about their care. One staff member said, "It's important to give people a choice, it is about respecting

their wishes." We saw evidence that people and their families had been involved in discussions about their care planning when they first came into the home and at reviews of their care. However, we did not see any information regarding advocacy made available for people in case they required additional support to make a decision. We raised this with the person in charge. They told us there was no one at the home who required an advocate at this time, but agreed to put information in place for those people who may require one in the future.

People told us they were free to make their own choices, which included the time they got up or went to bed. One person said, "We can leave the home if we want, if there is a member of staff to go with us." We observed people being offered choices, such as, what they would like to eat or drink.

People told us their privacy and dignity was maintained. They also told us the staff treated them, with respect at all times. We observed people being encouraged to be independent where possible. We saw staff supporting a person to sit down in an easy chair. They gave clear instructions to the person so they could make the transfer in a dignified way.

Staff told us how they respected people's privacy and dignity. One staff member said, "I always knock on the person's door and wait before I go into their room."

People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends. A person told us that there were no problems with access for visitors and we saw relatives visiting their family members throughout the inspection.

# Is the service responsive?

## Our findings

People told us and we observed there was a lack of activities that reflected people's hobbies or interests. Two people were knitting and they told us they had organised this themselves. People told us they had not attended any social clubs or activities with in the local community. They said staff were not always available to take them out. The service did not always enable people to carry out activities relevant to them.

We saw people received consistent, personalised care that was relevant to their needs. We found they were consulted and supported to make choices and preferences that were important to them.

People's care records noted individual preferences and interests, but were not always up to date. We saw on one person's record that a relative communication sheet referred to incidents that had taken place, but there were no incidents recorded in the care plans or behaviour monitoring charts for this person. We spoke with the deputy manager who showed us that the care records contained reference to a meeting, at which a consultant psychiatrist had been involved regarding this person. The person's care plans had not been updated in response to recommendations made by the psychiatrist or in response to the incidents? This meant people's needs may not be responded to in a timely manner as important information

was missing from care plans. The person in charge told us they knew they needed to improve practices and get staff on board to understand and identify triggers to how people needs can change at short notice.

We asked a member of staff how they would know about a person's care needs. They said, "Senior care staff would tell me. If I were not sure I would ask. We found people's needs were monitored and reviewed, but these were not up to date at the time of our visit. We spoke with the person in charge and this had been picked up as part of the quality assurance and actions were to be implemented to address this issue.

People's diverse needs were identified. We saw that a person's religious needs had been identified and met. The person told us they enjoyed singing and listened to the church services on the radio. We were told by the person in charge they encouraged ministers to visit for those who wanted this.

All the people we spoke with told us they would raise concerns or complaints with the person in charge if needed. We saw information was made available to support people to raise concerns. We saw complaints and concerns were responded to appropriately. There was a system in place and an audit trail that showed us that complaints received in the last 12 months had been dealt with in a timely manner.

# Is the service well-led?

## Our findings

People who used the service and their relatives told us there were regular meetings to discuss issues. We saw minutes from these meetings which identified actions taken as a result of comments.

A resident and relative meeting was taking place during our visit. This was shared with another home owned by the provider. The meeting was attended by a good mix of people, their families and friends. People and relatives raised an issue regarding people's laundry and how the process was disorganised. We observed people were encouraged and able to voice their views and concerns. The person in charge reassured people and their relatives that they and their staff were working on an outcome to address these issues and were piloting a system to ensure people's names were permanently marked in clothing items to make sure they would be returned to the relevant person. This was met by mixed feelings from relatives, but they were optimistic that the outcome would be positive.

People, their relatives and staff told us the culture of the home was open and transparent. People told us they felt the person in charge was approachable. They said they had raised a concern regarding a member of staff and this had been dealt with appropriately to ensure the person felt safe and fully supported. This showed us that processes were in place to manage actions, behaviours and staff performance.

We received mixed comments from staff regarding raising concerns especially when the person in charge was not available. One staff member said that they didn't feel confident raising issues as they had done so in the past and they felt it had not been fully addressed. Another member of staff said they had reported a concern to a senior member of staff and was assured the issue would be dealt with. When they returned to work they said it was clear the person in charge had no knowledge of the concern identified. However, they felt confident that the person in charge would have addressed the issue if known.

We saw there were appropriate processes in place for staff to raise concerns and if required the whistle blowing policy was made available.

We found there was no registered manager in post at the time of our visit. However, the person in charge told us they understood their role and responsibility and was in the process of submitting an application to register as the manager. They were in the process of submitting an application. They told us they were fully supported by senior management to ensure they delivered the care and support required to meet people's needs. They told us their key challenge was to ensure their staff team were on board with all the changes which had been implemented and those that were still to be implemented to ensure people living in the home received appropriate and safe care.

We were told by the person in charge they were committed to improve standards throughout the home. They told us the vision and values of the service were to ensure people came first. We found a strong emphasis was for them to improve the service and management of the home, but not all staff understood their roles and responsibilities. The provider was taking action to address this.

Staff told us they generally felt supported, but told us there had been a lack of one to one supervision. However, they had attended group supervision and team meetings where discussions had taken place to ensure all care was monitored and staff could raise any concerns. One staff member told us that they had not received any feedback on how they were performing or had any supervision or meeting since they started working at the home. Another staff member said they had received supervision. We spoke with the person in charge. They told us they were addressing this issue as they had identified the need for improvements in this area.

We found a range of audits taking place which checked care plans, infection control and medicines. We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were also responded to appropriately. This showed there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.