

# Moorcroft Care Homes Ltd







## Clifton View

### Inspection report

61 Clifton Lane  
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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	

#### Overall summary

The inspection took place on 25 June 2015 and was unannounced. We last inspected the service in January 2014 when it was found to be meeting with the regulations we assessed.

Clifton View Care Home is located on the outskirts of Rotherham town centre close to the park. It is within walking distance of the town centre and local transport. It provides accommodation for up to three people who

have a learning disability. The premises are also the base for a social community outreach service for a small number of people. This is not registered with the Commission as personal care is not provided.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

During our inspection we saw staff encouraged people to be as independent as possible while taking into consideration their wishes and any risks associated with their care. People's comments and our observations indicated they received the care and support they needed from staff who knew about their individual needs and helped them meet them.

People received their medications in a safe and timely way from staff who had been trained to carry out this role. However, one medication record had not been completed correctly, but we saw the person had received their medication correctly.

There was enough skilled and experienced staff on duty to meet people's needs. The recruitment system was robust which helped the employer make safer recruitment decisions when employing new staff.

A system was in place to make sure new staff received essential information and training as part of their induction to the company. We found staff had also received refresher training to update their knowledge and skills.

People received a well-balanced diet and were involved in choosing what they ate. People's comments indicated they were involved in choosing what they ate and were happy with the meals provided.

People had been involved in formulating and reviewing their support plans. Care files contained detailed information about people's individual needs and their preferences. We saw support plans had been regularly evaluated to ensure they were meeting each person's needs.

People had access to a programme of social activities that met their needs. This included outings to visit friends and family, as well as being involved in day to day activities, such as cleaning their room, cooking and shopping. People told us they enjoyed the activities they took part in.

The provider had a complaints policy to guide people on how to raise complaints. No complaints had been recorded since our last inspection, but a structured system was in place for recording the detail and outcome of any concerns raised.

We saw an audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed the provider had taken action to remedy the issues.

# 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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We saw there was enough staff employed to meet people's individual needs. Recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely and in a timely manner; this included all staff receiving medication training.

Good



### Is the service effective?

The service was effective.

Staff had completed training about the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. The registered manager was aware of the process to follow should an application under the Deprivation of Liberties Safeguards be necessary.

Staff had completed a structured induction, and had access to a varied training programme and regular support sessions. This helped them meet the needs of the people they supported.

People were actively involved in planning their individual menus, which they shopped for, and sometimes prepared with the support of staff.

Good



### Is the service caring?

The service was caring.

People told us they were happy with how they were supported by staff. They raised no concerns with us about the support they received.

We saw staff interacted with people in a very individual way respecting their privacy, preferences and decisions. They demonstrated a good knowledge about how to respect people's choices and ensure their privacy and dignity was maintained.

Good



### Is the service responsive?

The service was responsive.

People were fully involved in planning and reviewing their care and support needs. Support plans were individualised and reflected each person's needs and preferences in good detail. Plans had been reviewed regularly to make sure any changes were incorporated into them.

People had access to individual activity programmes that were formulated around what they liked to do.

There was clear guidance available to people about how to make a complaint and how it would be managed. The people we spoke with raised no complaints or concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was a system in place to assess if the home was operating correctly and actions had been taken to address any areas that needed attention.

People were consulted about the service they or their relative received.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Good



# Clifton View

## 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 was 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.

The inspection took place on 25 June 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well, and improvements they plan to make. We also requested the views of service commissioners and looked at the NHS Choices website.

The home was only supporting a small number of people at the time of our visit. Therefore we spoke with everyone living there, and two relatives, so they could share their opinion of how the service operated. We also spoke with the registered manager and two care workers employed at the home. We informally observed how support was provided and looked at the general environment people lived in.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing care files, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

# Is the service safe?

## Our findings

People we spoke with said they liked living at the home and indicated they felt safe there. One person told us they wanted to eventually move out into the community and live independently. They said they were already partially taking responsibility for their medication and cooking some meals. They told us staff were currently supporting them with these tasks to make sure they were safe to carry them out.

We saw support was planned and delivered in a way that promoted people's safety and welfare. Care files showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. These had been reviewed regularly and updated when necessary.

Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, a care worker described how one person living at the home liked to cook. They explained how they made sure it was a safe time for them to do this and supported them while they cooked. We saw a risk assessment was in place to minimise any risks associated with this activity.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager had a copy of the local authority's safeguarding adult procedures, which helped to make sure incidents were reported appropriately. The registered manager told us they had reported one safeguarding concern to the council since our last inspection, which we had also been notified about.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received periodic training in this subject. There was also a whistleblowing policy available which told staff how they could raise concerns outside the home. Staff we spoke with were aware of the policy and their role in reporting concerns.

Through our observations, and discussions with people who used the service, relatives and staff, we determined there were enough staff employed to meet the needs of

people currently living at the home. We saw one person also received support on a one to one basis for six hours a week to enable them to follow their preferred activities, such as bowling or going to the cinema.

Records and staff comments indicated there was an effective recruitment and selection process in place. We looked at two staff files and saw pre-employment checks had been obtained prior to them commencing employment. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The registered manager told us candidates attended a face to face interview and interview notes were completed to record their responses and suitability. A new care worker we spoke with confirmed they had attended an interview. However, when we checked their file it did not contain any interview notes to demonstrate how the provider had assessed the staff member's suitability. Neither was there a job offer letter. The registered manager told us these could be with the provider as they had not been involved in the initial interview and they would chase it up.

We saw medicines were securely stored and there was a system in place to record all medicines going in and out of the home. The medication administration records [MAR] we sampled were on the whole completed appropriately. However, one person had previously been prescribed an antibiotic to be given regularly over three to four days which had been recorded on the form for PRN [as required] medicines. We discussed this with the registered manager as records showed the antibiotic had been given on a regular basis over a short period of time, as prescribed, and not only as required. They said they would ensure that in future a blank medication chart would be available for such medicines to be clearly recorded.

We found all staff were responsible for administering medications. Records showed they had received medication training as part of their induction to the company and periodic updates were undertaken.

We saw the registered manager had carried out checks to make sure medicines were given and recorded correctly.

# Is the service effective?

## Our findings

People using the service told us they enjoyed living at the home and were happy with the support they received. We saw staff supported people in a friendly and understanding manner, while respecting their preferences and decisions. A relative told us, “The staff are very good. They let me know if he is poorly or anything like that.”

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people’s needs. Staff we spoke with confirmed they had undertaken a structured induction that had included completing the company’s mandatory training. We checked the files of two recently recruited care workers and found completed workbooks and certificates showing they had undertaken essential training. Topics covered included, food hygiene, health and safety, safeguarding people from abuse and the safe administration of medication courses. The registered manager explained how new staff shadowed an experienced member of staff for at least two weeks. This was to help to make sure they knew what was expected of them and were competent to carry out their role. The staff we spoke with confirmed this.

The registered manager was aware of the new care certificate introduced by Skills for Care and knew the provider was looking into any changes needed. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff who had worked at the home for some time told us after their induction they had completed regular update training in line with company policy. They also said they had attended additional training, such as supporting people with a learning disability and death and bereavement. We saw some staff had completed a national recognised training course in care and others told us they were enrolled on the course. All the staff we spoke with said they felt they had received satisfactory training and support for their job roles.

Records, and staff comments, showed staff support sessions had taken place regularly and staff received an annual appraisal of their work performance. Staff

commented positively about the support they had received. One care worker told us, “We have regular supervision meetings and informal chats, and the manager is always there when we need her.”

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where they did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and support plans clearly explained people’s capacity to make decisions. We also saw each care file had been signed by the person using the service to acknowledge they agreed with the planned care.

Staff had a general awareness of the Mental Capacity Act 2005 and had received training in this subject to help them understand how to protect people’s rights. They gave examples of how they gained people’s consent and representing their best interest. Staff were clear that when people had the capacity to make their own decisions this would be respected.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation, however the registered manager was aware of the changes brought about by a Supreme Court judgement and had liaised with the local authority about the appropriate submission of applications.

We found people had access to a varied menu that met their needs. They told us they chose what they wanted to eat each day and went with staff to the supermarket to buy the food they wanted. A care worker told us there was no set menu because each person chose what they wanted each mealtime and sometimes changed their minds. They said this meant two different meals were sometimes cooked so people received their individual choice. We saw each person had a booklet where staff recorded what they had eaten each day which helped staff to monitor people’s diet.

## Is the service effective?

Staff told us they were responsible for preparing meals, but sometimes people using the service would help. One person living at the home had specific needs related to their diet. Staff explained how they encouraged them to eat healthily, but understood that as the person had capacity to make their own decisions they needed to respect their choices.

People were supported to maintain good health and had access to healthcare services. Records and staff comments showed people had accessed optical, dental and chiropody services, as well as attending appointments with their GP and hospital out patients. We found people had attended annual health checks with their GP, as well as 'well man' assessments. The latter had included learning about self-examination to detect testicular cancer. We saw staff had also monitored people's weight regularly to check they were maintaining a healthy weight.

Each person had a health action plan which described their health needs and was periodically reviewed to reflect changes. We also saw a hospital admission form had been completed for each person, in case they needed to be admitted to hospital. This provided hospital staff with information about how to appropriately treat and care for them.

Earlier this year the local council had recommended in their assessment of the home that the registered manager completed further training regarding monitoring peoples nutritional status, as part of their role as the nutritional link for the home. The registered manager told us the provider had been attempting to source a place on a suitable course, but had not yet managed to arrange the training.

# Is the service caring?

## Our findings

We saw staff respected people's decisions and involved them in their day to day care and support. People told us they were involved in developing their person centred plans and we saw these were written in a way they could understand. The support plans described how people wanted to receive their support and told us the things they liked to do. For example, spending time with family and friends. They also told us how people were supported to attend hospital and doctors' appointments.

Each person also had a person centred booklet which outlined what was important to them. Where appropriate, documents also included pictures to make it easier for the person using the service to read and understand.

We saw staff supported people in a caring, patient and responsive manner while assisting them to go about their daily lives. They listened to what people wanted and supported them as needed. A relative we spoke with told us, "They [staff] are lovely and he always looks clean and tidy when he comes home." Another relative commented, "The carer that came home with him at Christmas was brilliant."

The staff we spoke with demonstrated a very good knowledge of the people they supported, their needs and their wishes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences. We saw they gave each person appropriate care and respect, while taking into account what they wanted.

People were given choice about where and how they spent their time. One person using the service told us they were having their room decorated and said they had chosen the

colours and wallpaper. We saw people's rooms reflected their individual style and interests. We also saw staff enabled people to be as independent as possible while providing support and assistance where required.

We asked staff how they would preserve people's privacy and dignity. One care worker described how they would offer people privacy when they were entertaining guests or speaking to people on the phone. Another care worker said, "They [people living at the home] have the same rights as us and should always be treated with respect."

People were helped to maintain relationships with people who were important to them. Relatives told us they were welcomed to the home and there were no restrictions on times or lengths of visits. During our visit one person returned to the home after visiting their parent, and another told us how they met up with their girlfriend for social events.

People living at the home were younger adults so end of life care was not included in the regular training provided. However, a care worker told us they had asked to complete training in death and bereavement so they could support people living at the home if someone they were close to died. They said, "I thought it would help me support our residents better when anything happened to their family or friends."

Staff told us people did not currently need to use advocacy services as they were able to make important decisions about their care themselves. They told us if the need arose they would support people to obtain suitable advocacy services, as they had done in the past.

The local authority told us when they carried out their assessment of the home early this year they found staff promoted the individuality and independence of the people living there. They said they had observed that people were asked about the way they wished to spend time throughout the day in a respectful and patient way.

# Is the service responsive?

## Our findings

People using the service, and the relatives we spoke with, indicated they were happy with the care and support provided. We found interaction between staff and the people using the service was inclusive and friendly.

We saw needs assessments had been carried out which had included the person living at the home and their relatives, if appropriate. The provider had previously told us that when someone was interested in moving into one of their homes this was managed gradually so they could get used to the staff and people already living at the home, and they could meet and get used to them.

At the front of each support file was a profile page that highlighted what support they needed and what was important to them. This gave staff quick access to information about each person. We saw care and support was planned and delivered in line with people's individual needs. Support plans were written in a person centred way and included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The people we spoke with said they had been fully involved in planning their care and support.

We saw support plans had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required. Daily records had been completed which recorded how each person had spent their day and any changes in their general condition.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their preferences. They could tell us about people's needs, likes and dislikes, as well as the people who were important to them.

People said they spent their days as they preferred. They told us about how they helped clean their rooms and enjoyed cooking meals. One person commented, "I like gardening so I help get the weeds out." We saw people visited family and friends independently and also took part in group activities, such as attending a disco and a local club each week. People told us they also joined in monthly outings with people from the company's other homes, where they met up for social evenings. A relative commented, "He goes to Gateways [a local disco for people with a learning disability] and to a social club with one of the staff every week. He is always asking me to join them as he has such a good time there."

Staff described how people also enjoyed going on holidays. One care worker commented, "This year it will be more difficult as they want to go to different places, so we will have to sort two different holidays out."

The provider had a complaints procedure which was given to each person when they moved into the home. We saw the procedure was also included in the 'service user guide' which was in each person's care file. The registered manager told us no complaints had been received since our last inspection of the service, but there was a system in place to record any complaints received and the outcomes. A relative told us, "I have no complaints and I get on really well with the manager."

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

During our visit we found there was a homely atmosphere where people seemed relaxed and followed their preferred routines.

We found people who used the service, and their relatives, were actively encouraged to give feedback about the quality of the service. People indicated they were happy with the care and support provided and this was confirmed by our observations. They told us they had regular house meetings where they were encouraged to raise concerns and to talk about things like outings, holidays and activities. The registered manager said she met with each person separately first in case there was anything they wanted to talk about confidentially, and then they all talked together. We noted that although the individual meetings were recorded, the joint house meetings were not included in the minutes. This was also identified by the council when they assessed the home and was being addressed by the registered manager.

We saw surveys had been used to gain people's views, this was also confirmed by one of the relatives we spoke with. The questionnaires completed by people using the service also used pictures to help them understand the questions. The ones we sampled contained positive answers to the set questions. We also saw care reviews had taken place which gave the person using the service, and their relatives if appropriate, the opportunity to discuss any changes to their planned care. When we asked people if there was anything they felt could be improved at the home one person discussed the garage needing sorting out. Otherwise no-one could think of anything that would make the service better.

The registered manager told us they gained staff feedback through staff meetings and supervision sessions. We saw interaction between the registered manager and staff was inclusive and positive. Staff told us they felt they could share their opinion with the registered manager or the provider and felt they were listened to. They said the registered manager was involved in the day to day running

of the home, which meant they could continually check things were being done correctly. This included working alongside care staff either supporting people using the service or assessing staffs capabilities.

When we asked staff if there was anything they felt could be improved they told us a lot of work had been carried out in the home, such as a new kitchen had been fitted, but said some other environmental improvements would be beneficial. For example, one person felt the exterior doors were ready to be replaced.

We saw internal audits had been used to make sure policies and procedures were being followed. Topics covered included medication, fire and infection control. This enabled the registered manager to monitor how the service was operating and staffs' performance. We saw when shortfalls had been identified action had been taken to address them. However, the general risk assessment form used did not provide anywhere for comments to be made regarding issues that needed addressing, so the person completing the audit had written notes at the side. Neither was there space to complete a written action plan with achievable timescales, so it was not easy to track when the shortfall had been resolved. The registered manager told us they would discuss improving the forms and introducing action plans incorporating timescales, with the provider.

Following our inspection the local authority shared the outcome of their assessment of the home, which had taken place earlier this year. They told us that since the previous visit the home had improved its health and safety procedures in terms of cleaning schedules and documentation, as well as ensuring the home was safe and well maintained. They had recommended some areas that could be improved, such as ensuring the infection control audit was completed in a timely way, medication audits were more robust and the emergency plan was reviewed and updated. They also noted minor shortfalls in some care and staff files. We found the registered manager had taken action to address any shortfalls the council had identified, or was in the process of doing so.

We saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. This is the highest rating achievable.