Monarch Healthcare Limited

Clifton Manor Residential Home

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

This unannounced inspection was carried out on 31 January 2017. Clifton Manor Residential Home provides accommodation and personal care for up to 74 older people. On the day of our inspection visit there were 43 people who were using the service.

On the day of our inspection visit there was not a registered manager in place. The previous registered manager left the service in November 2016. A new manager had been recruited who had started the process to become the registered manager of the service. 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.

People were supported by staff who understood the risks they could face and knew how to keep them safe. Risks to people's health and safety were identified and assessed. Action taken to reduce risks which were known by staff and recorded in people's care plans. People received their medicines as prescribed and these were managed safely.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs. People were supported to make choices and decisions for themselves. When people were assessed as lacking mental capacity most people had capacity assessments and best interest decisions in place.

People were provided with a nutritious diet which met their needs. However, they required more support to protect them from the risks of inappropriate nutrition and hydration. Staff understood people's healthcare needs and their role in supporting them with these.

People were cared for and supported by staff who respected them as individuals. Staff had friendly relationships with people and respected their privacy and dignity. People were involved in planning and reviewing their own care and some people were supported by relatives in doing so.

People received individualised care and they were able to participate in meaningful interaction and activities. People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with

We saw that staff worked well as a team and were supported by management to make improvements in the service. The new manager had made a positive impact and was supported by people who used the service and staff. There were systems in place to monitoring the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe using the service and staff looked for any potential risk of abuse and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff who had been recruited safely.

People received the support they required to ensure they took their medicines which were stored safely and securely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs.

Peoples were supported to make choices and decisions for themselves. When people were assessed as lacking mental capacity most people had capacity assessments and best interest decisions in place.

People were provided with a nutritious diet which met their needs. However, some people would benefit from more support to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

Is the service caring?

Good

The service was caring.

People were cared for and supported by staff who respected

them as individuals.

People and their relatives were involved in planning and reviewing their own care.

We observed that staff had friendly relationships with people and respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received individualised care and were provided with meaningful interaction and activities.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with

Is the service well-led?

Good

The service was well led.

People and their relatives had opportunities to provide feedback regarding the quality of care they received. Staff views were also encouraged and listened to.

Staff worked well as a team and were supported by management to make improvements in the service.

Quality monitoring systems were in place which had been maintained during the change of manager to ensure the service did not decline in that period.

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 the 31 January 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.
Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted visiting health and social care professionals and commissioners of the service to obtain their views about the care provided in the home. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During our visit we spoke with four people who used the service, four relatives and a visiting healthcare professional. We also spoke with the cook, two care staff, one senior care staff, the manager, and the provider's representative.
We looked at the care plans for five people, the staff training and induction records for three staff, five people's medicine records and the quality assurance audits that the manager and provider's representative completed.

Good

Is the service safe?

Our findings

People were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and reduce the risk of people experiencing harm. People told us they felt safe living at the home. One person said, "Yes and the staff are very helpful." Another person said, "Staff escort me to the shops when I feel I want to go out." Relieves also felt their family members were safe. One said, "I just know [name] is safe here." Another relative said, "Absolutely. The staff here are very good."

Staff demonstrated a good awareness of their roles and responsibilities regarding how to protect people from harm or abuse. One staff member said they would report any concerns to the manager and told us of an occasion they had done so. The staff member said they had seen one person, "pushed and fall down". They confirmed that the manager had then referred the incident to the local safeguarding team. There had also been other safeguarding referrals made to the safeguarding team when concerns had been identified.

Staff confirmed they had received safeguarding training and this was updated. A staff member told us they were booked to update their safeguarding training in the coming weeks. Training records showed safeguarding training had been completed by all care staff apart from one new starter. Staff who were due for this to be updated and the new starter were booked onto a forthcoming course. Support staff had also completed this training, with the exception of one member of the housekeeping team who was due to attend this within the next week. This demonstrated the provider had systems in place to ensure staff knew how to protect people if they suspected they were at risk of harm or abuse.

The provider reviewed their safeguarding policy and procedures annually and any changes made to these, as well as any safeguarding updates, were shared with staff at team meetings. Information was available within the service for people on how they could maintain their safety and the safety of others. There was also information for staff and visitors on how to report any concerns they had about people's safety.

When people were identified to be at risk of harm there were robust systems in place to assess these risks and minimise the likelihood of any accidents and incidents occurring. These included risks of people falling, pressure damage to their skin and a lack of nutrition and hydration. These systems were monitored. Information of any accidents that occurred was analysed on a regular basis to identify any themes or trends that could be addressed to prevent any further incidents from taking place.

We saw how staff supported people to promote their safety. This included using appropriate equipment, such as a hoist or stand aid, to transfer someone between a wheelchair and an easy chair. People were supported carefully, correctly and in a safe way.

We saw examples where risks to people's needs had been identified and assessed and plans were made to manage these. Where required information was available in people's care plan to show staff how to reduce and manage known risks. The manager told us they were in the process of reviewing people's care plans and risks assessments associated with social isolation, nutrition, mental health, medicines, daily living skills and leaving the building to ensure they were up to date and correctly reflected people's needs.

People had their own personal evacuation plan (PEEP) to maintain their safety in the event of an emergency. Each peep stated how many staff were required to support the person to evacuate the building. This meant staff or the emergency services had access to information should an emergency arise, such as an outbreak of fire, on how to evacuate people safely. We saw regular checks of the environment were carried out, including testing the fire alarm and emergency lighting as well as following safe practices to prevent the risk of legionella bacteria developing. There were also regular safety inspections of equipment such as fire extinguishers, wheelchairs and moving and handling apparatus to ensure this was in good working order.

People and visiting relatives felt there were enough staff on duty to provide the supervision required around the service and attend to people's needs. One person told us they felt it would be useful to have more staff on duty at night but overall they felt "the staffing level is adequate." A relative said the staffing levels "have got better in the last six months".

Staff told us the majority of the time there were sufficient staff on duty and any unexpected absences were covered. One staff member said, "We try and cover gaps and absences between us." Staff also told us they were deployed appropriately and allocated to specific areas to supervise. The manager told us that staffing levels were determined by the number of people using the service and their level of dependency. This took into account the number of people who required more than one member of staff to support them or if people needed support to attend external appointments or activities. Any changes in people's dependency were considered to decide whether staffing levels needed to be altered. We saw records that showed dependency levels were reviewed in a timely manner.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the necessary recruitment checks had been carried out.

People received their medicines in a safe way. People were happy how they received their medicines. One person told us they knew who was responsible for administering their medicines and that they received them in a timely manner. Another person said, "Staff make sure I take my medicines and it's always on time." A relative told us their relation received their medicines as needed.

Staff administering medicines told us they had completed training in this area and undergone competency checks for medicines administration and records confirmed this. We observed part of a medicine round and we saw staff checked the medicine they were going to administer was correct against the medicines administration record (MAR) for each person. They stayed with the person until they had taken this. There were electronic MAR sheets completed during each medicine round. The electronic MAR sheets were used to confirm each person received the correct medicines at the correct time as written on the prescription. Each MAR sheet included a picture of the person, to help ensure they received the medicine they had been prescribed. We checked MAR sheets and found these had been completed consistently and correctly.

Senior care staff were responsible for completing audits of MAR sheets as well as ordering and safely disposing of any medicines. Staff told us the electronic system used was easy to follow and identified who each medicine was for. They also said it made it easier to identify if any medicines had not been given and the reason why.

Medicines were stored securely in cupboards and a refrigerator within a locked room. The temperature of

storage areas and refrigerators were monitored daily and were within the recommended temperature range. This ensured that medicines remained at their most effective. Monthly audits were carried out by the manager to assess if medicines were being managed safely and actions that had been recommended from a previous audit had been addressed.

Good

Is the service effective?

Our findings

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. People gave positive feedback about their care and the staff who supported them, and told us the care they received was good. One person said the staff were, "Excellent, I couldn't wish for more. I give them 100 out of a 100." Relatives also felt the care and support their relations received was "very good".

Staff told us they received an induction when they first started work. The manager told us staff were in progress or had completed the Care Certificate. This is a recognised induction and training programme for social care staff. A variety of training had taken place which included moving and handling, safeguarding adults, food hygiene, person centred care, dignity training, Mental Capacity Act and fire safety. The training matrix showed staff training was up to date and identified when staff were due for a training update. The provider told us through their PIR the improvements they planned to introduce in the next 12 months. These included continuing with staff development and training to ensure continuity of care.

Staff confirmed they had received supervision. One staff member told us they had an appraisal booked for the following month where they would be given feedback on their work performance. The manager told us they were currently booking dates with staff for appraisals and supervision sessions.

People told us they had consented to their care and treatment. People also told us their preference for who provided their care and treatment was taken into consideration. One person said, "I do not mind if it is a male or female staff member who provided my care. They are all good." Another person said, "I do not like males providing my care when bathing" and told us this preference was complied with. Relatives told us their family members were given choices of how and who provided their care and support.

Staff described where they had given people choices to make decisions about their day to day care. One staff member gave an example of a person who chose to stay in bed. They said the person was checked regularly and asked if they wanted to get up every day. Another staff member gave us an example of a person who enjoyed watching the TV on a daily basis. We looked at five people's care records and found they had signed these to give their consent to be provided with their care and support. These individual care plans identified people's preferences and choices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found the requirements of the MCA were adhered to in that when a person was suspected to lack the capacity to make a specific decision for themselves; a mental capacity assessment had been completed. Where this assessment determined the person did not have capacity to make the decision that was being assessed a best interest

decision was made and documented.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider told us through their PIR that staff were fully aware of the MCA, DoLS and how to gain people's consent. The manager had made applications for DoLS where appropriate. These included where a person had been assessed as someone not being safe to leave the service without supervision, so they needed to be accompanied when they did so.

People were supported have sufficient to eat and drink and to have a balanced diet they enjoyed. One person told us they enjoyed the food. Another person said, "You get plenty to eat." A third person told us their favourite was "fish in parsley sauce". Relatives felt their family members' received sufficient to eat and drink. One relative said, "My relation has put on weight and that's a good sign. [Name] likes the chef too."

People were involved and consulted about what they would like to be included in the weekly menus. One person said, "If I want to be involved in what food we have I can." People could also request to have an alternative if they did not want what was on the menu for that day. A person said, "I sometimes ask for something that is not on the menu and I get it."

Staff told us the food was good. One staff member said, "We offer a lot of food." Another staff member told us people received three meals each day and extra snacks and drinks were available throughout the day. Staff gave examples of events that would give them a concern and they would need to involve other professionals with expertise on diet, eating and drinking difficulties. They said if a person appeared to be having difficulty in swallowing their food or drink they would report this to the senior or the manager who would involve their GP and possibly a dietician or therapist from the speech and language therapy team (known as SALT who provide advice on swallowing and choking issues.)

The cook had a good knowledge of people's dietary needs. They were able to tell us about any allergies people had and describe specific diets people required for health, cultural or religious reasons. There was information about people's dietary likes and dislikes and whether they needed any specific diet included in their care plans. We saw information in people's care plans showing their weight was being monitored to ensure there was no unexpected or unplanned weight change.

We observed that lunchtime was planned to provide people with a pleasant dining experience which encouraged them to eat well. This included people having a choice of where to have their meal. Where it had been identified in a person's care plan they required cover (by using an apron) for their clothes this was provided. One person asked for additional food to accompany their jacket potato, which staff accommodated.

During our observations we identified some improvements that could be made to make the mealtime a more enjoyable and pleasant experience which would provide people with further encouragement to eat well. Tables were laid with cutlery, but there were no napkins provided and only one table was laid with a set of condiments. Although there appeared to be sufficient staff in the dining area the serving of food was a little disorganised resulting in a long gap between courses. Several people became agitated, saying that they were hungry and were asking staff when their main meal would be served. People received inconsistent support and assistance. One person was supported by staff to eat their meal when it was served. However, another person had to wait 15 minutes before they were supported. We shared our observations with the

manager and provider's representative who told us they would address these issues to improve people's lunchtime experience. The manger also said they would continue to monitor mealtimes to ensure these provided people with the support they needed to eat and drink well.

People were supported to maintain good health and had access to healthcare services. People told us they had their health care needs met by a variety of healthcare professionals, such as, a GP, district nurse, dentist and a diabetic service. One person said, "I saw the GP last week." Another person told us staff call the GP when necessary and took them to visit the dentist.

Staff were knowledgeable about the healthcare needs of people they cared for. People's health was monitored regularly and they were referred to health professionals in a timely way when this was required. There was information included in people's care files on how to support them with their physical and mental health needs.

A visiting healthcare professional we spoke with gave positive feedback about the healthcare support people were provided with by care staff. They told us referrals were made in a timely manner and staff followed recommendation when needed to support people's needs. This showed how people were supported to maintain their health and well-being.

Good

Is the service caring?

Our findings

People told us staff were very caring and treated them with dignity and respect. Throughout our visit we observed staff being attentive and interacting well with people. People also said that staff communicated with them effectively. One person said, "They [Staff] are very friendly. They come and talk to me." Another person told us they had regular conversations with staff, as well as other people who used the service. Relatives told us their relations had made friends with people at the service.

Staff told us how they communicated with people effectively. One staff member described how their training in dementia helped them use different techniques, such as interpreting body language and facial expressions to ensure they identified what the person wanted. There was information in people's care plans about their emotional and communication needs. Staff also described how they respected people as individuals. People who wished to follow their religious beliefs were provided with opportunities and information about how they could do so. People's care was planned and centred on what people wanted and how they wanted to be cared for.

The manager told us that the staff team had good relationships with people who used the service and their families. The manager said staff involved people in discussions about their needs and kept friends and relatives informed of any significant issues. Each person had a named member of staff linked to be their 'keyworker'. This staff member liaised with the person they were keyworker for to make sure that anything they wanted or needed was responded to and where possible provided.

People were provided with information telling them what they could expect from using the service. This included leaflets and information of other services available they could use. For example information about independent advocacy services if a person felt that they required additional support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People received care and support that respected their privacy and dignity. People told us that staff were respectful at all times. They said this included staff treating them with dignity when providing any personal care. One person gave an example of how their dignity was respected when they had a bath. Another person told us all staff called them by their first name, which they preferred.

Staff described how they treated people with dignity and respect. One staff member said," I knock on the person's door before they tell me to come in. If they refuse I respect their wishes. I would always try later." Another member of staff spoke of respecting people's modesty when providing them with any personal care.

The manager encouraged people to express what dignity meant to them by writing a comment and displaying this on a 'dignity tree' they had created. People had made comments about what was important for them in maintaining their dignity. These comments included references to people liking their independence and having physical affection. The provider's representative told us a day was held in the home where families were invited to discuss people's life history and, if wanted, any wishes and preferences

people wanted to be included in when the time came to prepare an end of life plan.

The manager told us people were encouraged to be as independent as possible and given choices about their daily routines and any other activity. The manager told us that they "liked people to be free to do what they want". They explained that this meant respecting people's choices and rights. We saw the décor within the service had been designed to assist people to orientate themselves independently and recognise their own room, bathrooms and communal areas. There was a separate room where people could see any visiting healthcare professionals in private.

Good

Is the service responsive?

Our findings

People told us they received the care and support that had been planned for them and this met their needs. One person told us that staff, "Just know me well enough to know my needs." A relative said, "The general care has been good." We saw staff responding promptly to people's request and needs, and providing people with additional support when needed.

Staff described what they saw as individualised care and told us how they put this into practice. They said they made sure that people had and did what they wanted and supported them to make decisions when they were able to. One staff member gave examples of how people made every day decisions, such as where they spent their time, what they wanted to wear and what time they got up and went to bed. Monitoring charts had been completed to show people had received the support they required. This included ensuing people were repositioned to protect their skin from pressure damage and having sufficient to eat and drink to maintain their wellbeing.

People's care plans described the support they required in sufficient detail for staff to know how this should be provided. One person told us they knew they had a care plan and they were "happy with it." We saw how care plans were personalised by having a profile about the person and details what their hobbies and interests were.

An electronic care planning system had recently been introduced. We found that there were parts of these care plans that were not always as person centred as they could be, and at times it was difficult to find the information we wanted to refer to. There were some care plans which provided guidance and information that was not accurate or relevant for the person concerned. This was caused by the electronic system interpreting information that had been added and making a conclusion about the person on the basis of this.

We discussed this with the manager who told us they agreed with our findings and said they were addressing these issues through how they entered information into these. The manager said they were monitoring the electronic system to ensure it was providing what they wanted, and said it was too early to decide at this stage.

There were reviews undertaken of people's care plans and these had been updated when needed. The provider told us through the PIR that they operated a 'resident of the day' scheme where a different person was reviewed each day to ensure their needs were being met and their care plans were kept under review and up to date. We found some information on one plan that was incorrect and the manager said they would rectify this. The manager showed us an action plan detailing when all care plans will have been updated.

People had opportunities to take part in activities and events organised in the service. People told us they watched films, had sing a longs and played various group games. The activities coordinator had organised some themed social events including a vintage tea party and events that celebrated past decades. One

person told us they continued with their hobbies of making models and painting. Some people had also been out on trips, including visiting a themed market and watching a local drama production.

The activities coordinator told us that in addition to organising group events they also spent time with people individually. This included activities such as hand massages, painting nails and having conversations with people which included some reminiscence. One person said the activities coordinator "sits down regularly with me throughout the day." People were supported to maintain contact with friends and family. We saw visitors in the home throughout the day and they told us they were welcome at any time.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with. They told us they would inform a senior member of staff or the manager if they had a complaint. Relatives also told us they knew how to raise a concern and one relative told us they had done so and this had been resolved.

Staff were aware of the complaints procedure and descried how they would take appropriate action if a complaint was raised with them by a person who used the service or a relative. The provider told us through their PIR there had been eight complaints made in the past year and these had all been resolved following their formal complaints procedure. There was a record kept of any complaints made and this showed when a complaint had been made this had been investigated and responded to. The provider also informed us through the PIR that complaints made were analysed to identify if there were any trends.

Good

Is the service well-led?

Our findings

People felt the service was well run and had a positive culture. They spoke of improvements that had been made to the environment, including "a more homely décor" and that "it couldn't be any cleaner". Some people spoke of having made friendships with other people who used the service. Relatives told us they felt the service was well run. One relative said they felt the service was "stable" and another said it was "good".

People were able to make comments and suggestions in residents meetings and a separate meeting where relatives attended. We saw the minutes from recent meetings and these showed people spoke positively about the food, staff support and living at the service. Staff meetings were held and staff told us they felt able to raise any issues or concerns and said that they were confident they would be supported if they did so. A staff member told us, "Everyone gets on well; we work well together as a team."

Staff told us they felt there was good communication in the service. They told us the manager had shared with them their vision for the service. Staff told us there was a handover between each shift to pass on any relevant information from one shift to the next. These handover meetings were not always recorded and the manager said they would ensure staff did so in future. Staff told us they were provided with clear guidance as to what was expected of them and any practice that did not meet the required standard was addressed. Shifts were organised so that a member of staff was deployed to work in a certain area to ensure there was a staff member available if needed.

Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner. This is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People were confident in the way the service was managed and had confidence in the manager. They told us the manager was approachable and a relative agreed with this adding that they were "nice to staff". Staff also spoke positively about the manager and described them as proactive, having a hands on approach and creating a positive culture. We observed the new manager to be focused and enthusiastic in the way they spoke about and approached their work.

The provider told us through their PIR that the registered manager had left the service two months previously. They had put temporary management arrangements into place whilst they recruited the new manager, who was present at this inspection visit. The manager told us they were in the process of applying to become the registered manager for the service. The manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

There were quality assurance processes followed to ensure people were satisfied with the care and support they received. One person told us staff, "Regularly ask me if everything is okay." The provider also told us through their PIR that the monitoring of the service through management reports and audits had not been affected during the period of management change. We saw there was a system of audits undertaken. These

showed the service was well maintained, the safety equipment was in working order and routine checks and tests had been carried out. There had also been surveys sent to people who used the service, relatives and other professionals to seek their views about the service.