

D Cooper and Mrs E B Sullivan

Clifton Court

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

Clifton Court is a residential care home for up to 15 people with a mental health problem such as depression or schizophrenia. There were 14 people living in the home with an age range of 43 to 73 years of age. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were effectively met because staff had the skills they needed to do so. Staff were well supported with induction, training, supervision and appraisal. There was enough staff on duty to keep people safe and care workers were flexible so people could do what they wanted, when they wanted. Recruitment practices were good.

People's medicines were managed safely and staff understood when they needed to give people medicines on an 'as and when basis', and how to support people with self administration, if this is what they wanted.

Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. People's independence was well promoted. Incidents and accidents were well managed.

Although everyone living in the home had capacity to make their own decisions about their care, the registered manager and staff had a good understanding of the Mental Capacity Act (2015) and made sure they gained consent from people in line with legislation.

People were well supported to eat and drink enough. Food was homemade and nutritious and people were involved in making decisions about menus. Everyone was supported to maintain good physical and mental health and appropriate referrals were made to health care professionals when required.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of every person living in the home. People had developed positive relationships with staff and there was a friendly and relaxed atmosphere in the home. People were well supported to do the things that were important to them, such as going to church or out for a meal. People's social and spiritual needs were met.

Person centred care was important to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated. There was an open culture in the home, and staff felt confident to discuss any concerns they might have and

said the registered manager would act on them. Staff said they were well supported and were well motivated to provide good care. The registered manager knew all of the people who lived in the home very well and ensured care was person centred.

The service has met all of the fundamental standards and the registered manager and staff have maintained a consistently good service. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good. Staff knew how to recognise the signs of abuse and what they should do to keep people safe. Risks to individuals were well managed.

There were always enough staff to meet people's need in a flexible way and recruitment practices were safe. All of the relevant checks were carried out before staff began work.

Medicines were managed safely and people were given their medicines as prescribed

Is the service effective?

Good ●

The service remains Good. People experienced effective care from staff who were well supported with induction, training, supervision and appraisal.

People were asked for their consent to care. The registered manager made sure they and the staff had a good understanding of the Mental Capacity Act (2005) although everyone living at the home had capacity to make their own decisions.

People were supported to have enough food and drink and maintain good physical and mental health.

Is the service caring?

Good ●

The service remains Good. People were treated with kindness and compassion and staff were respectful and caring.

People were supported to make decisions about their care. People's needs were understood by staff and they were met in a caring way.

People's privacy and dignity was well protected and staff were clear about what they needed to do to make sure they maintained people's confidentiality.

Is the service responsive?

Good ●

The service remains Good. People's care plans were detailed and

focused on them as an individual. When people's needs changed, plans were regularly updated and staff made sure people were involved in making decisions about their care.

People were supported to do the things that were important to them such as going to church or the pub.

There was an appropriate system in place to manage complaints.

Is the service well-led?

Good ●

The service remains Good. The registered manager had a good understanding of their role and responsibilities and made sure the service people experienced was consistently good.

Quality monitoring processes were in place, people were asked for their feedback about the service and records and policies were accurate and up to date. All of the registration requirements were met.

Clifton Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 21 October 2014 and was unannounced. The inspection team consisted of two inspectors.

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 reviewed other information we held about the home. This included notifications of events that had affected the service such as any safeguarding investigations.

We spoke with five people who used the service, three care staff, the deputy and registered manager and the registered provider. Everyone we spoke with was able to share their experiences verbally with us. We also observed staff providing care and support to people.

We reviewed one person's care plan and risk assessments, the recruitment records for one member of staff, quality monitoring audits and other records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "This place is the best move I ever made" and staff "always reassure me" if they were ever feeling unsafe. People were protected from potential abuse. Staff and the registered manager had a good understanding of what they needed to do to safeguard people. A member of staff told us, "Nothing is swept under the carpet. It's all about the residents". Staff had received training in safeguarding adults and there were plans in place to make sure this was regularly updated. There were enough suitably skilled staff to keep people safe and meet their needs. Recruitment practices were safe and all of the relevant checks were completed before staff worked on their own.

Risks to individuals were well managed. Every person had appropriate risk assessments and risk management plans in place. This allowed people to stay safe while their independence was promoted as much as possible. Managers and staff knew how to help people lead a fulfilling life, because they assessed and reduced any identified risks as much as possible. If people had a behaviour which may cause themselves or others anxiety, this was properly assessed and a suitable behavioural support plan was developed. People and staff knew what they should do to manage any changes in behaviour and to keep people safe.

People lived in a safe environment and equipment was always safe to use. Possible risks to people's safety from the environment and equipment were well managed and staff carried out regular health and safety checks. All of the relevant safety checks had been completed, such as gas and electrical appliance safety. There were robust procedures in place to make sure that regular and on-going safety maintenance was completed.

Incidents and accidents were reported, investigated and analysed. Trends were monitored by the registered manager and provider so any themes could be identified and action taken to prevent the same incident from being repeated. Staff felt confident to report any incident, and knew the registered manager would deal with it appropriately.

People's medicines were managed so they received them safely and people were able to self-administer their medicines if they wanted to. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff could not administer medicines unless they had been trained and there was a policy in place to support staff to safely administer medicines. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had an assessment of their needs and a plan was in place to help staff identify when people might need their PRN medicines. There was a safe procedure for storing, handling and disposing of medicines.

Is the service effective?

Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. One person said, "The staff are really kind and helpful". Training was thorough and staff were very motivated and talked in an enthusiastic way about their training and supervision. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene. All of the staff were supported to complete a national qualification in care. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. When talking about training, one member of staff told us, "it's run really well."

Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with mental health needs and specific medical conditions such as diabetes. It was clear the training had been effective as staff were able to discuss in detail individual's care and behavioural needs and knew how to help people manage them properly. We observed staff putting this knowledge into practice while we were in the home. Staff understood people's needs and behaviours specific to their mental health condition. People and staff were relaxed with each other, and staff were very natural when they were caring for people. People trusted the staff to support them and we could see people were happy and comfortable.

All of the staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS)." Staff knew that everyone living in the home had the capacity to make their own decisions and that no-one was subject to a DoLS. People were always asked for their consent by staff. We heard staff using phrases like, "how about..." and "would you like to". Staff then gave people the time they needed to make a decision.

People were supported to have enough to eat and drink and to maintain a balanced diet. Food was homemade and nutritious and people gave us positive feedback about the quality of the food. People were able to have an alternative meal if they did not like the food available at a particular meal. Staff ensured people had access to drinks throughout the day and food and fluid intake was monitored, and appropriately recorded if it were needed. If a person was identified as at risk of malnutrition, an appropriate referral was made, and staff knew what they should do to help people maintain their nutritional intake.

People were supported to maintain good health and had access to healthcare services such as the dentist or optician. People were supported to see their GP or mental health professional if they needed to and the registered manager spent a lot of time advocating on behalf of people, to make sure they got all of the health care support they needed. Staff and the registered manager demonstrated a clear understanding of how poor physical health can affect people's mental health, for example, a chest or urine infection. They knew what symptoms individuals may have if they had an infection and took the proper action if this ever

happened. This helped to prevent people's mental health deteriorating. Staff also understood how people might behave if their mental health were deteriorating and what they should do to make sure the person stayed as mentally well as possible.

Is the service caring?

Our findings

People experienced a good level of care and support that promoted their wellbeing and encouraged them to enjoy a fulfilled life. People gave us positive feedback about the staff including, "The staff are sweethearts" and "The staff are really kind and helpful". People and staff had built strong relationships and staff demonstrated dignity and respect when providing support for people. Their individual needs were understood by staff, and staff made sure they met people's needs in a caring way. People commented, "everyone really does get on" and another "The manager is my saviour". One staff member told us "staff know the residents and residents know the staff" and "resident's morale is really high and no-one is stressed. It's a happy place." Staff were caring, kind and considerate and regularly encouraged people to take responsibility for their own lives and independence, where they were able.

People's privacy was protected and people could come and go from the home as they chose. People could have a key to the front door if they wanted to, and everyone's bedroom was treated as their own private space. People were supported to be well dressed and to get their hair cut when they wanted to. People's personal histories were well known and understood by staff. Care workers knew people's preferences well, and what they should do to support people who may have behaviours that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. The staff members used techniques to distract people or support them to manage their anxiety before it escalated.

Each person was involved in making decisions about their care as much as they wanted to be. People's care plans reflected their individual needs and the kind approach of staff supported people's well-being. Staff knew people well and could tell us everything about people including their backgrounds, family history, likes and dislikes. For example, staff knew about when people liked to get up in the morning or how to support people to go to the shops. People were able to make decisions about their day to day care such as when to go out or what activities they would like to take part in. Staff described how they would support people in a person centred way to make day to day choices. People were supported to be as independent as they wanted to be and were free to come and go from the home as they chose.

The registered manager acknowledged that people living in the home were aging, and had arranged for staff to complete training in end of life care, so they could support people to remain in the home at the end of their life if they wanted to.

Is the service responsive?

Our findings

People were supported to make their own choices and the registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery was an important part of the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. People had regular reviews of all of their care needs and care plans and risk assessments were amended if necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted to be. One member of staff said, "the communication is really good, there is not a single person who doesn't know anyone."

People had the choice to join in activities both in and out of the home. For example, people could attend a day centre, take a train journey or just pop to the shops in the local village. People regularly went out for a meal with each other, or with the support of a member of staff, depending on their preference. One person said, "I can get out without any hassle. I go out as I please". Arrangements for activities were flexible and staff made sure people could go out as regularly as they wanted to. People were supported to maintain relationships what were important to them and family and friends were regularly welcomed into the home. Staff had also encouraged people to develop friendships within the home and we saw people chatting to each other, watching TV together and playing card games.

People told us that staff were always responsive to their individual needs and communicated well. Staff were aware of their needs, responded well to requests for support and helped them be as independent as they wanted to be. One person told us how they had needed help in their room during the night. "Once I couldn't breathe. I rang the bell and they came really quickly". People were also supported with their religious and spiritual needs and some were supported to attend a place of worship of their choice. One person had been able to arrange for a priest to visit the home to provide a religious service, which anyone could attend if they wanted to.

The provider had a complaints procedure in place, which people and staff were aware of and knew how to use. The registered manager knew what they should do to support a person who uses the service to make a complaint and how to manage a complaint properly. No formal complaints had been raised with the provider. Staff were confident people would raise any concerns before a formal complaint was made and these would be resolved quickly. One member of staff said, "we all get on so well, they would tell us of they had any worries".

Is the service well-led?

Our findings

The service was well led. The registered manager had made sure the care people experienced was consistently good. They ensured there was a person centred, open and caring culture in the home. They provided excellent support to staff through training and good supervision, as well as ensuring staff felt comfortable and able to raise any concerns they may have. The registered manager and staff reflected on their practice to ensure they maintained the good standards of care they had already achieved in the home.

The registered manager understood the culture of the home and the attitudes and values of staff. They clearly understood what they needed to do to ensure the high levels of compassion and dignity already achieved were maintained. Staff said "everyone's different" and "you can put people in categories of (mental) illness, but that doesn't tell their story". The registered manager had an excellent understanding of their role and responsibilities and ensured that they supported staff to understand what was expected of them.

People and staff gave very positive feedback about the registered manager. A member of staff said of the registered manager, "probably the best ever" and "She's brilliant with the residents. Always making sure they've got everything they need and that they're happy". Another member of staff said, "the manager gets involved and doesn't hide away" and "she is very dedicated to the team".

People experienced a good quality service because staff were inspired by the registered manager and each other to do so. Staff frequently mentioned how everyone worked as a team to achieve positive outcomes for people, and that levels of communication and motivation were good. Some staff said they had worked in other care homes and this was the best one they had ever worked in.

There was a suitable quality monitoring system in place which included health and safety checks, medicines audits and standards of cleanliness. Any areas identified for improvement were addressed. For example, the registered manager had noted a medicines error had occurred. They reviewed the medicines administration procedure and made changes to reduce the risk of this happening again.

People, and their relatives where appropriate, were regularly asked for their opinion about the quality of service during regular residents meetings and in surveys. Areas covered included the quality of food, types of activities available and cleanliness. One person told us, "we have residents meetings where we make changes". If any suggestions were made these were acted on. For example, at one meeting, people said they would like to play more games together such as cards, and this was facilitated by staff and the registered manager.

Although the home was well maintained people and staff commented that the décor was dated and would benefit from a refurbishment. We discussed this with the provider and they told us after the inspection this was something they would consider for the future.

Records were robust. They were up to date, accurate and kept securely. All of the registration requirements

were met and the registered manager ensured that notifications were sent to CQC when required. Notifications are events that the provider is required by law to inform us of.