

Clifton View Ltd

Clifton View Care 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?	Requires Improvement ●

Summary of findings

Overall summary

Clifton View Care Home is registered to provide accommodation, personal and nursing care for up to 76 people. At the time of this inspection there were 53 older people living in the home.

.Accommodation is located over three floors. The first floor provides intermediate care (where people require assessment and support to return to their own home following hospital admission) which is managed Monday to Friday by City Care Services which is part of the NHS.

We carried out this unannounced inspection of the home on 2 August 2016.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us that they felt safe living in the home and they were cared for by staff in a respectful and dignified manner. Their rights to privacy and to be able to express their views and opinions were respected and supported by staff.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. The registered manager had submitted five applications for a DoLS to the supervisory body (local authority) and they were awaiting the outcome.

Staff received regular training, in order for them to provide care to people in a way which ensured that their needs were met. Staff knew how to manage any identified risks to people and they provided the care needed as described in each person's care record. People were supported to access a range of health and social care professionals and their health needs when people required both routine and more specialist help. Clear arrangements were in place for ordering, storing, administering and disposing of people's unused medicines and people received their medicines as prescribed.

People were provided with a varied choice of meals. When necessary, people were given any extra assistance they needed to eat or be provided with fortified snacks and drinks to make sure that they had enough to eat and drink to keep them healthy.

There was a warm and welcoming atmosphere in the home and staff worked closely with people and their families to ensure each person was supported to maintain their individual interests and to have a meaningful and enjoyable life. In addition staff provided a varied programme of communal activities for those who wished to participate in them.

The registered manager ran the home in an open and inclusive way and encouraged people, their relatives and staff to speak out if they had any concerns. The provider and registered manager listened and took action to resolve any issues or concerns identified. Formal systems were also in place for handling and resolving formal complaints.

The provider and registered manager worked together as a team in order to regularly assess and monitor the quality of all the services provided. This approach ensured that any shortfalls in quality would be quickly identified and actions taken to improve and develop the services people received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff knew how to keep people safe from harm and knew the correct procedures to follow if they thought someone was at risk.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and satisfactory checks had been completed before new staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff had a good knowledge of each person and received ongoing training and development so they had the right level of skills and knowledge to provide effective care to people.

Staff ensured people received care in a way which respected their rights.

People were helped to eat and drink enough and they had their healthcare needs met in a timely manner.

Is the service caring?

Good ●

The service was caring.

Care and support was provided for people in a warm, friendly and patient way which took account of each person's personal needs and preferences.

People were treated with respect and their diverse needs were met. Their choices and preferences about the way they wanted to live and how care was provided were respected and their dignity maintained.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

There was a range of interests, hobbies and activities available to people.

People were able to raise any concerns about the home and the provider had clear policies and processes in place to address any formal complaints raised with them.

Is the service well-led?

The service was not always well-led

The provider had failed to notify the CQC of notifiable events that had occurred.

There were various opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Requires Improvement 

Clifton View Care 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 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.

We inspected Clifton View Care Home on 2 August 2016. The inspection was unannounced and the inspection team consisted of two inspectors.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about. We also reviewed information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered provider.

During our inspection we spoke with twelve people who lived at the home and one relative who visited. We also spoke with the registered manager, one of the registered providers, five care staff, the activity co-ordinator, a housekeeper and the cook.

We spent some of our time observing how staff provided care for people.

We also reviewed the information available in four care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

Other information we looked at as part of our inspection included; two staff recruitment files, staff duty rotas, staff training and supervision arrangements and information and records about the activities provided. We also looked at the process the provider and the registered manager had in place for continually assessing and monitoring the quality of the services provided at the home.

Is the service safe?

Our findings

People said they felt safe living at the home. One person told us, "I feel safe because they lock the doors at night. There is always staff around" Another person said, "They keep me safe. I pin my call bell to me and they [staff] come quickly if I need them."

Staff demonstrated a clear understanding of the provider's safeguarding policy and procedure and how they would follow these if they identified any concerns related to the safety of people. The registered manager showed us records and staff confirmed that they had received training and appropriate updates about how to keep people safe from harm. Staff were clear about who they needed to report any concerns to. This included the local authority safeguarding team, the police and the CQC. Staff said they were also confident that if required, any concerns or allegations would be investigated fully by the registered manager.

Staff we spoke with described the actions they undertook to keep people safe. One member of staff explained how they ensured communal areas of the home were free from any trip hazards. They described how they applied any moving and handling techniques needed to help people move safely. We observed staff helping people to move as independently as they wished to. Some people used equipment such as wheelchairs and walking aids and staff gave them guidance in their use as required.

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw documented 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their weight loss, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, where a person had had a number of falls they had sought additional advice about the use of a walking aid where this was deemed appropriate.

Staff confirmed that they did not start to work at the home until their pre-employment checks including a satisfactory criminal records check had been completed. One member of staff told us they had completed an application form. The registered manager had then sent off for their references, one personal and one from their previous employer. The registered manager applied for criminal record check (Disclosure and Barring Service (DBS)). The member of staff confirmed they did not start work until their DBS had been returned and was clear. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that

staff they employed were suitable to work with people living at the care home.

People and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs both during the day and at night time. One person told us, "The staff are patient and they never hurry me. As I can be a bit slow at times. I call and they come as quickly as they can." We observed staff worked together well and had the time to speak with people and to notice and respond when people called for help or assistance.

The registered manager told us they had an established staff team and had systems in place to enable them to maintain and when needed to increase staffing levels. Staff rotas we looked at showed the registered manager had established how many staff needed to be on duty for each shift and that this had been decided by assessing the level of care each person needed. The rotas were planned in advance and those we looked at showed the registered manager had considered the mix of skills and experience required for each shift so staff could work in safe ways to support people and each other.

We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. One person said "the staff come and ask me during the day if I require any pain relief. Then they will get it if I need it." Another person told us, "I have seen the doctor recently. He changed my medicine and the staff arranged for it to be delivered."

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help ensure people were safely administered their prescribed medicines. We noted that medicines that are given as required medicine did not have detailed protocols in place. Where people were able to self-medicate detailed plans needed to be in place. Although the recent audit had identified these as areas for improvement.

Is the service effective?

Our findings

People and relatives we spoke with told us they felt the staff team had the experience and the right amount of skills to provide the care and support they needed. One person said, "They [staff] do a great job. They are always around and help me do the things I can't do for myself." Another person commented that, "They made sure I saw the doctor and attended my appointments."

People's care needs were identified and had been reviewed. Care records showed actions taken to respond to any increase or decrease in the support given. For example, when people needed to be cared for in bed any changes to the specific timings for support to be provided had been updated in order to manage those changes. People told us how they had been part of a review of their care. One person said, "I have a care plan and I have signed it." Records showed when people had been seen by healthcare professionals such as local doctors, community nurses, dentists and opticians.

The registered manager said us they had developed good working relationships with external health and social care professionals and that communication between them was good.

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. The registered manager and staff were aware of the legal requirements of the MCA and demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about the processes for making decisions in people's best interest and how they should also support people who were able to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training and demonstrated their understanding of DoLS guidelines. The registered manager had submitted five applications for a DoLS to the supervisory body (local authority) and they were awaiting the outcome.

Staff told us they received an induction when they started to work at the home. The induction included shadowing more experienced care staff and time to read and understand the policies and procedures for the home. The registered manager confirmed that new staff were working towards the new national Care Certificate as part of the induction process. The Care Certificate sets out the key common induction standards for social care staff.

Information was available about the training staff had received and the future training the registered manager had planned for staff. The training records showed staff skills were reviewed regularly and developed in line with the needs of the people who lived at the home. We observed staff applying their skills in the right way when they did things like helping people with their personal hygiene needs and to move

around.

Staff said that they were well supported by the registered manager and deputy manager. They told us that they received regular supervision sessions which gave them the opportunity to discuss their day to day work role and any personal issues. The registered manager and staff said they also used the sessions to identify and agree any additional training or development needs for each staff member.

People told us that they enjoyed the range of food and drinks that were made available to them throughout the day. Comments from people using the service included, "On the whole the food is very good." "The food is always hot and tasty." "I always get a choice and if I don't like the choice they always get me something else."

Records confirmed that the cook catered for a range of individual tastes and varied menus had been developed through asking people about their preferred meals. A number of people were on soft diets and their meals were planned and delivered in the way the people had been assessed. Care records showed where people were at risk of poor nutritional intake, their weight was checked regularly to help make sure it was maintained. Staff also told us when it was needed they understood how to make referrals to specialist services such as dieticians in order to request any additional support and advice they required.

Is the service caring?

Our findings

People told us they knew the staff well and that the staff team were caring. One person said, "The staff are always there. They are wonderful and help me when I need it" Another person said, "I couldn't ask for more lovely staff. They are always around to help. Nothing is too much trouble."

Staff knew people's preferred names, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care they wanted and needed. We observed people interacting with the registered manager and all the staff team openly. Communications between staff and people were warm and friendly with lots of laughter and chatting about the day and the things that people liked to do. One person told us, "I love sitting listening to music and staff will sometimes sit with me and we can sing along together. It's great." Another person added, "The staff are very caring. They are gentle and make sure I have everything I need."

Staff gave people choices and listened for the responses people gave before carrying out their wishes. We saw that staff asked people for their consent before they provided any personal care or assistance. Staff explained the support they were going to provide before giving it. Where we saw one person decline the assistance offered. Staff respected the person's wishes and then returned a little while later to offer the support again and on this occasion the person was ready to accept the assistance offered.

When staff were supporting people with care they gave them time to independently do what they could for themselves. Staff quickly noticed and offered any support needed if people required assistance. For example to move from one room to another. Rather than making any assumptions staff always asked people where they would like to be and where they would like to sit. We saw a member of staff member gently speak and walk with one person who had chosen to take a walk outside. The person responded well to having someone with them and told us, "I like when the staff are able to take me outside and are there when I need them."

We saw that staff knocked on the doors to the rooms and waited for a response before entering. Staff then checked and asked for the person's permission before carrying out any personal care. One person told us, "The staff always ask me what help I need and follow my instructions. I like my own privacy and staff respect that." We also saw staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care.

During lunch time we saw people were able to be as independent as possible with eating and drinking. People had access to aids such as straws to help them to drink as much as they wanted and utensils and plate guards in order to assist them eat their food in the way they wished and at their own pace. Staff regularly checked that people were enjoying their meals and offered additional help whenever they felt this might be needed. The meal time was unhurried and staff sat next to people they were providing support to. Some people chose to eat their meals in their rooms and this was respected. We saw staff had also ensured people in their rooms had the same access to utensils to help them eat and drink independently and that they also had access to condiments.

The registered manager and staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. We saw staff bring a person their mail. They asked the person if they required assistance to open it. The person said, "yes please". The staff member opened the envelope and gave the person the contents to read. Another person told us, "The staff are very respectful and keep anything I tell them to themselves I don't want everyone to know my business." Staff confirmed that the provider had a policy and guidance in place for confidentiality. They were also able to demonstrate how they put it in to practise. We saw that peoples' care records were stored securely. These arrangements helped ensure people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

Pre admission assessments had been completed with people before they had moved into the home so that they were confident that staff could meet their needs. The information was then used to complete a detailed care plan. Staff told us the records provided them with the information they needed in order to respond to people's on-going care and support needs. People told us staff knew how to meet their needs. One person said, "The staff work with me. They help me if I need support and they ensure they keep checking with me that everything is okay." Another person said, "The staff always check that I have everything I need. They help when I ask for it."

Reviews of people's care were carried out regularly by the senior staff. People we spoke with told us they were involved in the reviews when it was needed and in any decision making about their care needs. People who were supported to manage their diabetes or pressure care had their records in their room which they and staff could refer to. A person described the support they had received regarding a recent health matter they said, "The staff let me know when I have any appointments coming up and we decide if there are any questions I need to ask. This helps me to think before the appointment so I can plan. "

People we spoke with told us they had access to a range of interests, hobbies and activities. They told us they had been involved in choosing activities which were meaningful to them. Activities included a variety of indoor games and board games, trips around the town and outings during the summer to places of interest. A few people had been on a canal boat and told us they had thoroughly enjoyed it. Another person was looking forward to the next one. A group of people were taking part in a sing along. Some people were having a dance whilst others would wave their arms and sing. People said they enjoyed the activities and we saw they were relaxed and sharing laughter with the activity co-ordinator and other members of the staff team.

People were comfortable with each other and were able to relate to the things people had been involved in before they moved to the home. One person said they enjoyed going to visit the local shops and that staff went with them. The person said, "Me and some of my friends who live here like to get out and staff help us get there." We saw that staff took their time to sit with people and to listen to and talk with them about any subject they chose to speak about. The activity co-ordinator took their time to visit each person to ask if there was anything they would like to do and just to chat. The activity co-ordinator told us this could be a challenge at times as they worked alone to support up to 76 people. The registered manager told us they would speak to the providers about employing another activities co-ordinator to provide additional support.

People were supported to follow their spiritual and religious beliefs. Various people from local churches visited the home and conducted services. People were supported to attend local churches if this was their preference.

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at this home. There was a complaints procedure which was available in the main reception area of the home. We looked at a recent complaint and saw that it had been

investigated and responded to satisfactorily and in line with the provider's policy. The registered manager had also discussed the issues with staff at the team meeting. This showed us that the service responded to complaints as a way of improving the service it provided.

Is the service well-led?

Our findings

Records, and our discussions with the registered provider, showed us that notifications had not been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered provider did not have a full understanding of their role and responsibilities.

This was a breach of Regulation 15 of the Care Quality Commission Registration Regulations 2009 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post at the time of this inspection. People said that they knew who the registered manager was. One person said, "She's a lovely person and always ask if I am ok". Another person said, "They [Registered Manager] are a hands on manager and knows each of us well." A third person told us, "she keeps us well informed about what is going on. She is very good."

The registered manager was very knowledgeable about what was happening in the home including the improvements to be made to the environment, which staff were on duty, people whose health required a GP visit or other professional support such as the dietetic nurse. This level of knowledge helped them to effectively and safely manage the home and provide leadership for staff.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The registered manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. Some improvements that had been identified were to decorate an area for people living with dementia. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

Staff told us that they felt supported by the registered manager. One staff member said, "The [registered] manager encourages us to let them know our views". Another said, "She is very approachable. They [registered manager] sort things out quickly and are not afraid to tell us how things have to be done". Staff all said that the [registered] manager was approachable and had an open door policy. All said they could speak freely at team meeting and during supervision.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. The [registered] manager takes action if they are told that a staff member is not treating people right".

Staff felt there was good teamwork. One of them said, "We help each other out, the atmosphere is good and we laugh a lot with each other and the people who live here". We observed this to be the case during our inspection.

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. Staff said that their senior informed them of incidents when issues occurred and that they were discussed to ensure did not happen again.

People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views.

There were effective quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety. Records we saw confirmed this

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the nurses regularly 'work alongside them' to ensure they were delivering good quality care to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change
Personal care	The Registered Provider had failed to notify Care Quality Commission of important events that have taken place or are proposed to take place.
Treatment of disease, disorder or injury	