

5 Star TLC Limited

Clifftop 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?	Good ●

Summary of findings

Overall summary

About the service

Clifftop Care Home is registered to accommodate up to 32 people and provides care and support for older people. The service is split over three floors which were all accessible by stairlift, stairs or a lift. There were 28 people using the service at time of inspection.

People's experience of using this service and what we found

People told us they felt safe, supported and happy living at Clifftop Care Home. Since the last inspection improvements had been made to medicines management, accident and incident recording and management oversight of the home.

There was a homely, relaxed, family atmosphere in the home. People were supported by staff who knew how to recognise and raise concerns. The systems in place meant that concerns were raised and referred to the relevant agencies. The home was clean, tidy and comfortable. Staff were recruited safely, and staffing levels were kept under review by the registered manager. Lessons were learnt by the home and it was important to them to continually improve.

The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were respectful, and consent was sought. People had access to a wide range of health and social care professionals to support their general health needs.

People's needs were assessed, and staff had access to care plans which were person centred and involved the person. People's hobbies, wishes and desires were recorded, and staff worked to achieve these for the person. People were occupied and enjoyed the social aspects of the home. People and their relatives thought staff were kind, compassionate and caring.

People were supported to maintain contact with those important to them including family and friends and they felt included within the home. Staff knew people well and gave individualised care and support. People knew how to make a complaint; the home had a complaints policy, and this was followed to people's satisfaction. The registered manager knew it was their duty to be open, honest and transparent when things went wrong.

The management of the service was respected, people and staff had confidence in them. Staff had a good understanding of their roles and responsibilities. The staff team worked and got on well together demonstrating team work. Staff were proud to work at Clifftop Care Home and told us that they were family.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service could continually improve. Audits were robust and helped identify areas for improvement and this learning was shared with staff. The home worked well with external professionals and agencies and continued to build their links within the small community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 5 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

Since the last inspection we recognised that the provider had failed to comply with display ratings requirement under Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Offence under Regulation 22 of the 2014 Regulations. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Clifftop Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Clifftop Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior

care assistant and care assistants. We made observations of interactions between people and staff. We met with one healthcare professional who was visiting the home.

We reviewed a range of records. This included three people's care records, people's daily monitoring charts and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, including accident, incident and safeguarding records were reviewed.

After the inspection

We spoke with the registered manager to validate evidence found and discussed immediate actions carried out following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

Using medicines safely

- Improvements had been made to the management of medicines and they were managed safely within the home. The home had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had received training and had their competency assessed.
- The registered manager was reviewing the medicines policy. The policy included managing people's medicines away from the home which had been an improvement completed following the previous inspection.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often. Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for all aspects of their care and support. There were general risk assessments for the home. Risk assessments were reviewed monthly or in response to people's needs changing.
- Assessments included clear instructions for staff. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks.
- Staff had a good knowledge of people's risks. Records showed that care was delivered in line with people's individual risk plans, this meant the risks to people were reduced.
- Maintenance checks had been completed within the home. All gas and electrical equipment had been tested and lifting equipment had regular servicing. People had personal emergency evacuation plans in place and staff knew what to do in an emergency. Staff had received fire training.

Systems and processes to safeguard people from the risk of abuse

- People, relatives, professionals and staff told us Clifftop Care Home was a safe home to live in. Some of the

comments we received were; "Very safe and happy here". "Safe, all the time". "I am happy, staff are always around, and it makes me feel safe". A member of staff told us, "I feel safe, if something happens, I know where to go".

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally. Staff told us they would not hesitate to report concerns and had confidence in the registered manager to follow them up.
- Safeguarding was promoted around the home and there were posters and contact numbers displayed in various places including the main reception area. The registered manager regularly reminded staff of the process for protecting people and did so during the inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and analysis had taken place monthly to identify trends and used as learning within the service. This had been an improvement since the last inspection and the process was now robust to support better care for people.
- Learning was shared through memo's and staff handovers, these were recorded and took place several times each day. Staff told us they communicated well together within the home.

Staffing and recruitment

- There were enough staff on duty. The registered manager told us they worked within the home and spoke to staff to determine how many staff were needed to meet people's needs. They told us this was kept under constant review. Many of the staff had worked in the home several years.
- The service had a recruitment process and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy.
- There were gloves, aprons, hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.
- The service had received a Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs. This meant that people's rights were protected.
- MCA assessments had been carried out, the home held best interests' meetings for people. Records showed involvement of the person, family members, professionals and the GP.
- Where people had given their family permission to make decisions on their behalf and in their best interests the correct legal paperwork was in place.
- Applications had been made under DoLS as necessary. The registered manager was working on a new system to manage DoLS paperwork and MCA assessments.
- People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines, activities and food.
- Staff had received MCA training and were able to tell us the key principles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. A member of the management or nursing team went to see each person before they moved into the home to ensure they could meet their needs.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and electronic records demonstrated plans had been created using evidence-based practices. This was in

relation to medicines, individual health conditions and nutritional needs.

Staff support: induction, training, skills and experience

- The home had an induction process for all new staff to follow, which included face to face and online training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us that this gave them confidence and were very complimentary about the training available to them.
- Staff received training on subjects such as safeguarding, dementia, infection control and medicines. A staff member told us, "There is enough training here."
- The registered manager had developed staff support further by including individual and group supervision together with practical observations of care. Staff said they felt supported, they could ask for help if needed and felt confident to speak with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. We received positive comments about the food including; "There is always a choice, it's very nice". "We have choices of food, it's good, I've put on weight here". "The food is great here". "They do things that are not on the menu, they always do a specific meal for my loved one [name] because they know they like it".
- People could choose an alternative if they didn't want what was on the menu. Staff told us that they have a menu, but people can choose whatever they want. There were higher calorie foods provided for those who struggled to maintain their weight.
- People's preferences along with dietary needs were passed on to the kitchen. Records showed input from dieticians and speech and language therapists where required.
- We observed the meal time to be a relaxed social occasion with people having various discussions between themselves and with staff.
- The lounge and dining room had tables laid with drinks and condiments. Food looked appetising and plentiful. People were offered both alcoholic and non-alcoholic drinks.
- People were encouraged by staff to eat their meals and have plenty of drinks.

Staff working with other agencies to provide consistent, effective, timely care

- The deputy manager told us they worked closely with other agencies. This promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others. A professional told us that staff contact them in a timely manner when needed. A healthcare professional told us, "We work in collaboration with the home to improve quality of life. They are very good and contact us in a timely manner".

Adapting service, design, decoration to meet people's needs

- The home was accessed by people across three floors using the stairs, stairlift or a lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
- The home had a large lounge, separate dining area, a conservatory and various smaller seating areas and a large garden with sea views for people to enjoy. There was level access to the gardens. Staff told us they used the garden most days in the warmer months.
- The home's décor contributed to the homely feel. People were encouraged to bring their own belongings and furniture into the home. Notice boards around the home displayed information and matters of interest.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists.
- The registered manager said they worked well with all professionals and were comfortable seeking their input when needed.
- Instructions from medical professionals were recorded in people's care plans and they communicated to staff through handover meetings. This meant that people were receiving the most up to date support to meet their health needs.
- A healthcare professional told us, "The home are very good at communicating. We feel we can trust them [staff] to keep an eye on things. They are organised. They communicate well between themselves and keep us in the loop".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included: "Staff are fantastic, they do anything for you". "Staff are lovely". "Staff are very, very good".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care.
- The home had information about advocacy services if people needed support to make decisions and choices.
- The home asked people and their relatives for their views, this was through questionnaires and the registered manager told us they were always around to speak to relatives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We saw many respectful and compassionate interactions during the day. Record showed that staff received training in dignity.
- People were supported to be as independent as they could be. Staff told us this was important to support people with their daily lives and not to take over.
- Records showed that the home had involved the person and family members in recording preferences. We observed staff supporting people to keep independent by assisting them to access the dining room, conservatory and around the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. The registered manager and deputy manager reviewed care plans monthly or as required.
- The home used an electronic care planning system. This meant that they could update the plans immediately as soon as a change was needed.
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes. This included individual plans for specific needs such as catheter care and nutritional needs.
- Care plans and information was available to staff. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- People and their relatives were involved in their care. Reviews were held regularly or as people's health needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.
- The home was able to produce large print and braille versions of brochures and information about the home. We observed staff communicating with people in their preferred and most effective way.
- The home worked with the district nurse and audiology departments for people living with a hearing impairment, this included care of hearing aids and maintenance.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had a programme of activities for people to enjoy. This was organised into a daily planner with additional activities for people to enjoy once a month. The activities were advertised in the home.
- The registered manager told us that activities were always being developed as people's needs changed. The home had activities staff and had external professionals visit the home.
- Activities included; Pantomimes, outings, musical guests, films, religious services, singers and parties.

- People, relatives and staff told us they enjoyed the activities in the home. Some comments were; "We are lucky to get all of this entertainment". "We have garden parties, outings in the summer". "There is always something every day".
- People were able to enjoy activities in communal areas as a group and the home also provided activities on a one to one basis for people who could not or did not want to attend the groups.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a complaints policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the management team about any concerns.
- Records showed that complaints were dealt with within agreed timescales and to people's satisfaction.
- People were confident that their concerns would be dealt with. Comments we received about this from people included: "The registered manager [name] is lovely, if you are unhappy about something then they are there. They will do something about it". "If I needed to I would speak to the registered manager [name] or, the deputy manager [name]".

End of life care and support

- At the time of inspection, the service was not providing end of life care for anyone. The home worked with the district nurses and GP when a person required end of life support. Staff worked with the person and their families.
- Each person had an end of life care plan. Staff worked with people to create the plans to their needs and wishes.
- The home had received compliments about their end of life care. One of them said, 'Just wanted to express our very sincere thanks for the great care our loved one [name] received while they were at Clifftop. They felt so looked after by you all and this helped their last few years be so much more comfortable. Your caring affection for them meant a great deal to us'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made and quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. The home had completed monthly audits, such as care overview, accidents, incidents and infection control.
- Improvements had been made and clear action plans were in place to improve oversight of the service and to support learning and reflection.
- The management and staff understood their roles and responsibilities. The registered manager was supported in their management role by the provider and a deputy manager.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt proud to work at Clifftop Care Home. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "When I am here, I know I can meet a person's needs. I make sure I improve their lives. I am proud that I can do that and that I can help them". "We work well together, we are a team". "I treat them as I would my family".
- Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. Comments included: "The registered manager [name] always honours the residents. She is always there for them". "The registered manager [name] is an amazing person. I come to work, and I feel confident in her". "The registered manager [name] organises everything and sorts things out. Approachable and helpful". "The registered manager [name] has improved this place by 10 or 20 times this year. She never says, 'I am busy'. I appreciate her, she is very helpful. Whatever I need she is there". "The registered manager [name] and deputy manager [name] will always help out".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies

and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The home sought people, relatives' and professionals' feedback through questionnaires. The results of those were positive and 100% of people said their care was good or excellent. The registered manager told us they send these out annually.
- The home held regular meetings for people. Relatives were routinely asked for their views and they told us they felt involved in the home. The registered manager told us they were always available for feedback.
- The home had staff meetings and the registered manager told us they communicated in a less formal way with staff each day. Minutes showed discussions about people, updates, ideas, training and good practice reminders.
- Learning and development was important to the registered manager. They attended regular management, good practice groups and learning hubs. They had update training and had used online guidance and publications.
- The home had good working partnerships with health and social care professionals. A health professional told us about their working relationship with the registered manager and said, "They are caring, good at communicating and knows what is going on".
- The activities staff were working to involve people in their local community. The home was keen to continue its community links and worked with a local schools, organisations and community groups.