

Mr & Mrs R Awotar

Cliff Court 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

This inspection was unannounced and took place on 11 October 2016. Cliff Court Care Home provides care and accommodation to up to 18 people. The home specialises in the care of older people living with dementia. The home is situated on a cliff top walk and has panoramic sea views.

The home does not provide nursing care and people who require nursing assistance were supported regularly by the community nursing team.

One provider is also the 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.

The registered manager was open and approachable and supported people and staff well.

The manager had robust systems in the home to monitor the quality of the service offered to people.

People told us staff were kind and caring and always respected their privacy and dignity. Several people commented on how helpful staff were. One person said "It's lovely here. We please ourselves and staff are so kind." Another person said "Staff are always kind. We have a laugh."

People felt well looked after and said the home arranged for them to see healthcare professionals according to their individual needs. A visiting doctor informed us the staff monitored people's health and always asked for advice if they had any concerns. They said "I have no concerns about the home. They are responsive. They take action and listen to any advice given"

Care was responsive to people's needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Staff knew the importance of learning about people's preferred ways of daily living and supporting them to continue to be independent when possible.

Staff were aware of how to assist people to make decisions if they lacked the mental capacity to make decisions for themselves. People were involved in discussions about the care and support they received and were made aware of any risks. The staff responded to changes in people's needs and adjusted care accordingly.

People enjoyed the food in the home. They had a choice of food and staff catered for people with specific dietary needs and preferences when required. Food was plentiful and the size of people's meals varied according to their appetite and preferences.

Staff had access to on-going training in health and safety and the specific needs of the people who lived at the home. This made sure staff had the skills and knowledge to safely and effectively support people.

There was a robust recruitment procedure which minimised the risks of abuse to people. Staff had received training in recognising and reporting abuse and were confident that any concerns would be fully investigated to make sure people were protected.

People knew how to make a complaint and everyone told us they would be comfortable to do so. All were confident they would be listened to and action would be taken to address any shortfalls. One person said "The manager listens to us; we can catch her most days. You just mention something and they take it on board."

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.

There were sufficient staff to make sure people received care and attention in an unhurried and safe manner.

People's medicines were safely administered by staff who had received specific training and an assessment of competence to carry out this task.

There was a robust recruitment process which minimised the risks of abuse to people

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People were able to choose from a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and gentle and always helpful.

People's privacy was respected and they were able to make choices about how their care was provided.

People, or their representatives, were involved in all decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received care that was planned and delivered according to their individual preferences.

There was an activity programme in the home; activities were arranged in line with people's interests.

The staff responded to changes in people's needs which made sure they continued to be appropriately cared for.

People knew how to make a complaint and were confident any concerns raised would be responded to.

Is the service well-led?

Good ●

The service was well led by the registered manager.

The manager was a trained nurse with additional qualifications in caring for people with dementia and in training. People benefitted from the manager's knowledge and experience, which ensured care was good. Their early recognition of any health problems meant appropriate professional assistance was requested and complications were prevented.

People told us they found the registered manager open kind and approachable. We saw everyone was very comfortable and relaxed with them.

Staff felt well supported by the registered manager which led to a happy homely atmosphere for people.

Cliff Court 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 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 11 October 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection visit we looked at information we held about the home. This included information regarding significant events that the home had informed us about. At the last inspection carried out on 20 September 2013 there were no concerns about the care and support being provided.

During this inspection we spoke with ten people who lived at the home, two visitors and one GP. We also spoke with four members of staff and the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room. .

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personal files and health and safety records. We looked at satisfaction surveys completed by people who lived in the home and their relatives.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "I have been here for years and years. I can't complain. Safe as houses I am." Relatives who completed satisfaction surveys were very satisfied with the care and support provided. They had no concerns about the service and felt their family members were safe and well looked after.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of how they kept people safe. They knew how to report any concerns. They were confident any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff explained to us how they kept people safe. They said they knew people well and tried to support them to be as independent as possible.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff recruitment files showed all new staff were only offered a job once references had been obtained and a check on their suitability to work with vulnerable adults had been carried out.

People with more advanced dementia were not able to express their opinions verbally. We saw they were supported with respect and kindness. They appeared relaxed and contented with the staff looking after them. Some people liked walking about the home and seemed used to moving freely without restrictions.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The manager and senior carer led the shifts and ensured support was always available to staff and people living in the home. Staff worked as a team and were currently covering some extra hours while the manager recruited a new member of staff. All staff (including the manager and chef) would help if necessary to ensure people were well cared for. People told us they could ask for help at any time and staff would come. One person said "Whenever I ring the bell at night they come. Always a kind face."

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely. People who needed assistance with their mobility had clear support plans. Hoists and slings were serviced and checked according to legal and best practice requirements. Staff had been trained to use hoists and other mobility equipment.

People had been assessed to determine whether they were at risk of falls and pressure damage. Their care plans contained instructions to staff regarding the care they required to minimise their risks. Plans were reviewed regularly and showed the plans in place were effective. For example one person had recently moved from a second floor as their mobility had deteriorated. This had kept them safe and encouraged them to maximise their remaining mobility.

People were supported to live as independently as possible. People had access to a safe enclosed garden with views of the sea. They were not able to leave the garden unaccompanied and appropriate safeguards

were in place to keep them safe.

People's medicines were administered by staff who had received specific training to carry out this task. Records showed people received medicines for both long term and short term health problems. The GP's and Community Psychiatric Nurses reviewed people's medicines regularly and any changes were recorded on the Medication Administration Records.

There were suitable secure storage facilities to make sure people's medicines were kept safe. All medicines which entered the home were checked to ensure people received medicines in line with their prescription.

Medication administration records showed what medicines had been received into the home and were signed when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Where people were prescribed medicines on an as required basis, for example pain relief, these were regularly offered to people to maintain their comfort. We looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found no errors.

Is the service effective?

Our findings

People told us they felt well looked after by competent staff. Comments included; "We are very well looked after. Everything is very nice. I like looking out at the sea. The food is fine. Everything is fine." A comment from a relative in the service user review was typical of many others. "I can find no fault what so ever. It is comfortable and spotlessly clean. Medically it is very good. I feel quite happy when I have to leave my relative there after a visit."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Staff told us they had good access to on-going training which included training in health and safety and subjects relevant to the needs of the people they looked after. Staff had received training from an external company in the care and support of people with dementia. The manager, a qualified nurse and trainer taught staff both formally and informally.

A new member of staff had a thorough induction that prepared them for work in the home. They said they had received lots of support from other staff. If they had needed to ask specific questions the manager and senior carer were "always ready to help."

One member of staff had regular training and had been encouraged to do further training at a higher level. They said the registered manager had encouraged them and told them of sources of information.

Staff received regular supervisions and appraisals. One member of staff said "supervisions are really good. Very helpful." In staff files we saw records of supervisions and appraisals. Future plans for further training were recorded and there was confirmation arrangements had been made to implement them.

The registered manager arranged for people to see healthcare professionals according to their individual needs. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. Care plans showed people were seen by doctors, nurses, chiropodists, opticians and were supported to attend hospital appointments where needed. One person had received care from the community nurse for skin damage. This had now healed and staff continued preventative care to minimise the risk of further damage. Another person received regular monthly injections from the community nurse. People with diabetes received regular health checks including eye screening.

People with dementia were supported by visits from the Community Psychiatric Nurses and when they were not able to attend hospital appointments by consultants. A doctor visiting the home said staff were always quick to ask for support if they had concerns about a person's health. They said care was "very good." Communications between the home staff and surgery staff were good. Staff listened to and acted on any advice given to make sure people received appropriate treatment. People were very pleased with the standard of food served in the home. The chef was also the provider and took a keen interest in people in the home. People told us "The food is gorgeous. Excellent. I look forward to the sweets. They are lovely."

People chose their meal the previous day using pictorial menus when needed. There was a choice of meals each day but if people did not like either, staff would ensure there was something available they did like. The menu was varied and the food served looked appetising. Staff assisted people to eat their meals with kindness and protected their dignity. They encouraged people to be as independent as possible offering discreet encouragement and support. When there were concerns about the amount of food people were eating food charts were completed for monitoring by the manager.

People enjoyed the choice of sweets and were able to have fresh fruit when they preferred it. The content and size of the meals served reflected people's choices. A notice in the sitting room said hot drinks and snacks were available for anyone who wished at all times. However due to physical and mental frailty most people would not have been able to read this.

People chose where they ate their meal. The majority of people ate in the dining room and there was friendly conversation between people and the staff supporting them. One person said " We are very spoilt here. Food is excellent."

Specific dietary needs could be catered for if people needed gluten free and diabetic diets. There was information about people's likes, dislikes and requirements in the kitchen so anyone cooking and serving meals was aware of people's preferences. Cliff Court has a five star Food Hygiene Certificate.

Staff monitored people's weight and sought advice if this raised concerns about a person's well-being. One person had been in hospital and had lost weight. The food they ate was being monitored and they were being encouraged to eat well.

People were always asked for their consent before staff assisted them with any tasks and were able to make decisions about any treatment they received. Throughout the day we heard staff asking people if they were ready to receive care or checking their well-being.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (the MCA.) This made sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's mental capacity had been assessed by health and social care professionals in conjunction with staff in the home and their family representatives. There was clear documentation in the person's files showing how the decisions had been reached.

Care plans stated when people had been assessed as not having capacity they were still able to make decisions and choices around day to day activities. This was good practice and emphasised that people should be considered to have the ability to make these decisions until it was clear they could not. Staff said people were encouraged and supported to make everyday decisions about what they want to wear, eat and drink or how they have personal care.

When complex decisions were made the manager would involve family members and professionals. This showed staff were working in accordance with the principles of the act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty

when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

There were DoLS applications in place for everyone who lived in the home. The registered manager had a policy on this legislation and was familiar with the local arrangements. Peoples' care plans contained the documentation for the authorisation of the restrictions on their freedom, and the date when the authorisation needed to be re-newed.

Is the service caring?

Our findings

People told us the staff who worked with them were always kind and caring. One person told us "It's lovely here. We please ourselves and staff are so kind." Another person said "Staff are always kind. We have a laugh."

Staff knew how to care for people living with dementia. One member of staff said "We have to be alert. People change all the time. From day to day but also throughout the day. While they change we stay calm. We show kindness and patience. This helps them to feel secure." Staff understood that sometimes people appreciated a friendly hand on theirs or hug as much as words.

Relatives who completed surveys either on their own or their family member's behalf commented on the caring nature of the staff. "I have found the attitude of staff excellent. They treat my (family member) and all the people with such kindness and respect. They cheer them up and manage to make the most depressed to smile and feel better."

There was a calm and friendly atmosphere in the home. Professional and personal visitors said they were always made welcome and found the staff to be friendly and helpful. One visitor said "It is always nice here. Always calm and welcoming."

People said they liked the size of the home. They said "It is homely." The manager was flexible whenever possible to accommodate people. A married couple had been accommodated in a large double room until recently. The manager understood how important it was to try and meet people's social and emotional needs as well as their physical care requirements.

One person was unwell and remained in their room during the inspection. They were relaxed and contented waiting for the doctor to arrive. They said staff "kept coming in" to check they were comfortable. They sat comfortably propped up in bed looking out at the sea finishing their breakfast and listening to their wireless. "They are good girls. All very good to me."

All staff interactions with people were professional and caring. Staff took time to listen to people and to make sure they were always comfortable. Staff said of caring for people living with dementia "it is important be calm and gentle."

Throughout the day staff checked on people in the lounge area and in their rooms. We heard staff asking people if there was anything they wanted and offering hot drinks. Staff chatted to people about things that were familiar to them such as family and local events and places. They responded to people at all times and tried to understand what they wanted or how they were feeling.

People made choices about where they wished to spend their time. People were able to move freely around the home and gardens. The garden was secure and people did not leave without staff. One person said they liked to walk along the cliff path and went with staff for safety. People who relied on staff to support them to

get around were always asked where they wanted to go and were assisted accordingly.

Each person had a single room where they were able to see personal and professional visitors in private or spend time alone. People told us their privacy was respected. Rooms were very pleasant and were personalised according to people's tastes and needs. People had been encouraged to bring pictures, photographs and other treasured possessions to make their room "homely."

People who required help with personal care said staff were respectful and always treated them with dignity. One person was pleased to have her own hairdresser coming in to do her hair. "I have known her for years. She is very good." People were well dressed and clean which showed that staff took time to assist them with personal care and their appearance.

People said they were able to express their views about their care. People said they were fully involved in decisions about how their care was provided. One person said "I see the manager every day. Or you can talk to the staff. There is no problem saying what you think."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Whenever possible people were cared for in the home till the end of their lives. Some people did not want to go into hospital at the end of their lives and the manager and staff tried to respect this wish. Staff told us they did their best to keep people as comfortable as possible and sought other professional help when needed. Staff said the manager had taught them how to care for people at the end of their life. They told us about the skilled care they gave including looking after people's skin and mouths and keeping them pain free. People received prompt support at the end of their lives from the GP's and community nurses. One member of staff said "We work together so the person has no worries." Families thanked staff for their "loving care" towards their people. One relative wrote "The family would like to thank Cliff Court for the exemplary care during (our relative's) last few months."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about their daily living preferences. One person said "I can please myself. I like doing a bit of gardening. If I can get out there I am a happy bunny."

Staff told us they knew how important it was to know people's routines such as the variation in their bed-times, whether they liked a light on and how much they wanted their bedclothes tucked in.

The registered manager carried out a full assessment of people's needs before they moved to the home. This assessment included details about the person's health and their preferred routines. The assessment included information about people's short and long term memory and formed a base-line assessment of their orientation in time. From the assessment a care plan was drawn up to make sure all staff knew how to meet the person's needs. People told us they, or their representatives, had been involved in writing the care plan.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. The care plans were based on people's strengths and emphasised what people were able to achieve. Each person had a comprehensive plan that was reviewed and up-dated regularly. If possible plans were signed by people to show their involvement. Some people's plans showed the involvement of family member's in devising appropriate support. The manager and staff had a very good knowledge of each person and were able to tell us about people's preferences.

One member of staff said "The care plans are tailored to each person. They are thought about as individuals. We work with them to find out what they need. Some people start off wanting minimal help. They just want to know we are available. We think about people's personality as well as their care needs."

Staff responded to changes in people's needs. They were aware of the changes people experienced as their dementia became more advanced. When people's memory faltered as their dementia developed the member of staff told us it helped to provide support because they had known what the person liked and already knew them. Staff found ways of communicating with people. Some people were happy to sing and dance and staff were seen to sing one person's favourite song to them. This resulted in smiles and participation from the person.

The activities organiser had been at the home for nine years and knew people well. They said some activities were organised such as the visit of an organist or a song and dance entertainer. Other activities depended on people's interests on that afternoon and were flexible. People liked watching DVDs and there were some good interactions between staff and people when familiar music was played. We saw people watched the DVD closely and tapped fingers and feet in time to the music. This was more enjoyable to people than the musical quiz shown on DVD later. Carers were always aware that people living with advanced dementia needed help and assistance with activities such as bingo, arts, quiz, singing and dancing and other musical exercise. The provider took part in organising parties and outings with the manager and the activity co-

ordinator. The provider also drove the mini-bus to take people on every outing. Photographs in the activities showed people had regularly enjoyed music and dancing events, celebrations of royal events and a visit from an Elvis Presley tribute singer. Some people were able to go on trips to the park or go shopping. People celebrated Christmas and their birthdays with their families in the home or were able to go out.

People were able to choose whether they wanted to access activities. Some people said they preferred to occupy themselves and did not wish to join in with any organised activities. However most people mentioned something they had enjoyed. One person wrote in a survey form "I love all my meals which are freshly cooked daily. I play the key board. I love singing and dancing and listening to music. I love living here."

The registered manager sought people's feedback on an on-going basis and an annual satisfaction survey was completed. People saw the registered manager every day and they always asked them if they were happy with everything. There was a complaints procedure in place but it was rarely used formally. People said they would not hesitate to speak with the registered manager or a member of staff if they had a complaint about their care. People were satisfied with the care they received and one person's comment was typical. "I have no complaints. You could not wish for better."

Is the service well-led?

Our findings

The service was well led by an enthusiastic and committed manager who knew people living at the home and the staff very well. The registered manager was a trained nurse with additional qualifications in caring for people with dementia and in training.

The registered manager had gained the NVQ Level 4 Qualifications in Leadership and Management and was well qualified to run the home. Although the home was not registered to provide nursing care people benefitted from the manager's knowledge and experience. Their knowledge ensured care was good and early recognition of any health problems meant appropriate professional assistance was requested and complications were prevented.

The registered manager was very open and approachable. The main office was located in a central position in the home which meant they were easily available to people who lived at the home and visitors. During the inspection the registered manager spent time in the main areas of the home talking with people and we saw people and visitors went to chat with them. Everyone was very comfortable and relaxed with the registered manager and they had an excellent knowledge of people and their needs and wishes. People told us there were lots of opportunities to speak with the registered manager. One person said "They will sit with us and have a talk." Another person told "She's very approachable."

Staff said the manager was a good leader who was very approachable and easy to talk to. They said they were encouraged to make suggestions about the care of people and the routines of the home. The minutes of staff meetings showed the manager's commitment to high standards of care including infection control.

The registered manager worked full time at the home and shared the on call outside their working hours with the senior carer. One member of staff said "The manager does everything well. They work very hard. People here do seem satisfied."

The registered manager said their aim was to create a homely environment where people were able to live their lives with the support of staff where needed. Their vision and values were communicated to staff through staff meetings and on-going monitoring of practice. Relatives commented on "the friendly warm atmosphere" and the "nice welcome" when they visited the home.

Staff felt well supported by the registered manager which created a warm and friendly atmosphere for the people who lived at the home. All staff received formal supervision and annual appraisals had been introduced. Staff said they could discuss any issues at any time not just during their supervision. One member of staff said "If we have any suggestions for how to improve things she is always keen to listen." Another member of staff said "The manager is always happy and friendly." Supervisions are an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They are also a chance for any poor practice or concerns to be addressed in a confidential manner.

The minutes of one staff meeting showed that the importance of enabling people to make choices was discussed, particularly in relation to what time people went to bed. A member of staff said "I think we all work in a way that treats people fairly and makes sure they are safe. But's it their home not ours and we have to remember that."

The registered manager had developed the quality assurance audits and completed checklists to make sure the environment and practice were regularly monitored.

As well as day to day discussions with staff and the registered manager, people had opportunities to give feedback using satisfaction surveys. The last service user survey was completed in August/September 2016. Comments showed a high level of satisfaction with the quality of the care people received. People's comments included "I have been very happy here. Everyone is very good to us. There could not be a better place." ""Really excellent throughout in all aspects." Some relatives completed the forms and all were very positive and complimentary about the service provided. They commented on the caring attitude of the staff, the comfortable environment and the good food. For example "We are very happy with the care our (relative) receives. Staff are friendly and welcoming. Meals are excellent. The home is warm and comfortable."

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.