Crosscrown Limited

Clifton Court Nursing Home

Inspection report

Lilbourne Road
Clifton-upon-Dunsmore
Rugby
Warwickshire
CV23 0BB

Tel: 01788577032

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23 August 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Clifton Court Nursing Home is a care home providing accommodation with personal and nursing care for up to 40 people. Some admissions to the home are part of the 'Discharge to assess' (D2A) scheme (funded by the Clinical Commissioning Groups). The D2A scheme aims to ensure people are moved out of hospital (when medically stable) to receive a period of rehabilitation/reablement in a residential setting, prior to assessment of their long-term care needs. At the time of our inspection visit there were 34 people living at the home, three of whom were on the D2A scheme.

People's experience of using this service and what we found
At our last inspection in June 2018, we rated the service as good. At this inspection we found the registered manager and provider needed to improve risk management procedures, and demonstrate they were consistently monitoring and mitigating risks to people's safety. Oversight of staffing levels also required improvement.

Systems designed to check on and improve the quality of the service provided were not always effective, as they had not picked up some of the issues we identified.

The service was led by a provider, a part time registered manager and management team which included a part time deputy manager, a nursing team and a care manager. People and staff gave us mixed feedback about whether the management team were approachable and responsive to their concerns and feedback.

We received mixed feedback from people, relatives and staff about whether there were enough staff to keep people safe and respond to their preferences and health needs. Following our feedback, the provider acted straight away to increase care staff on each shift. They also planned to increase management support.

People were not always supported to have choice and control of their care decisions. Improvements were required in how people's consent to their care and treatment was sought and recorded.

People's nutritional needs were being met. However, some records of how staff supported people to eat and drink enough to maintain their health required improvement.

People received kind and compassionate care from care and nursing. The staff team worked hard to promote people's dignity and prevent people from becoming unwell. Staff understood how to keep people safe from the risk of abuse, and embraced team working to reduce potential risks to people.

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 focussed inspection report for Clifton Court was published in June 2018 and we gave an overall rating of good. At this inspection we found the service had not sustained this rating and have rated the

service as requires improvement in all areas.

Why we inspected
This was a responsive comprehensive inspection prompted in part due to concerns received about staffing levels and the leadership of the home. A decision was made for us to inspect and examine those risks. The inspection was also prompted in part by a notification of a specific incident, following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns around safety of people at the home. This inspection examined those risks.

Enforcement
We have identified two breaches in relation to safe care and treatment of people and good governance at this inspection.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Clifton Court Nursing 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team
The inspection team consisted of two inspectors, an Expert- by- Experience and a specialist advisor. An Expert-by-Experience is someone who has personal experience of using, or caring for someone who has used, this type of service. A specialist advisor is someone who has current and up to date practice in a specific area, for example, our specialist advisor had experience in nursing care.

Service and service type
Clifton Court Nursing home is a 'care home'. People in this type of care home receive accommodation, nursing and personal care. 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 (CQC). 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
The first day of our inspection was on the 21 August 2019 and was unannounced. The registered manager and provider were informed we would return to the home on the 23 August 2019 to complete our inspection.

What we did before this inspection
We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We received feedback from the Local Authority quality monitoring officers, commissioners of services and a local government ombudsman. We also received feedback from members of the public. We used all this information to plan our inspection.

During the inspection
We spoke with four people living at the home, and four people's relatives. We received feedback from twelve members of staff, including the registered manager and the nominated individual who was also the provider.

We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including six people's care records and 32 medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints.

We reviewed records of when checks were made on the quality of care provided. We reviewed management information and statistics, including accidents and incidents, training records and staff working patterns.

Following our inspection visit
We received feedback from an additional two members of staff. We continued to seek clarification from the provider to validate the evidence found during our inspection process.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

● Environmental risks were not always managed safely. Some people at Clifton Court were living with dementia, confusion and anxiety. On the first floor of the home some windows lacked window restrictors giving access to a nearby rooftop, where contractors were making improvements to the building. This put people at risk if they attempted to climb out the windows. When we brought this to the attention of the provider, they immediately fitted the window restrictors.

● Cleaning chemicals were not stored safely. A storage area containing potentially harmful cleaning chemicals had been left unlocked. A notice on the door clearly stated the room must be kept locked. Following our inspection visit the provider confirmed they had fitted a new lock to the door of the storage room, which was self-closing and locked automatically.

● Thickeners were not stored safely. Thickeners are added to fluids for those people who have been identified as being at high risk of choking. Thickener was stored one person's bedroom which made it accessible to people and visitors. NHS England issued a safety alert in February 2015 of the need for proper storage and management of thickening powders; this was in response to an incident where a care home resident died following the accidental ingestion of thickening powder. Following our inspection visit the provider implemented new systems to ensure thickeners were stored safely.

● Most care plans guided staff on how to support people safely. However, risk mitigation plans were not always reviewed when incidents occurred that could impact on people's care needs. Plans were not always followed. For example, some people were cared for in bed, which meant they needed to be re-positioned regularly to maintain their skin integrity. Records did not demonstrate people received pressure relief in accordance with their care plans. There were significant gaps in re-positioning/turning charts, often for periods of around six hours.

● One person at the home had developed two pressure sores to their skin whilst living at Clifton Court Nursing Home.

● One person had a special pressure relieving mattress in place to minimise their risk of skin damage. This was not being used correctly. The mattress had been set at 80 kgs and it should have been set at 50 kgs. It is important mattresses are at the right setting to relieve pressure from vulnerable areas. Following our inspection visit the provider purchased mattresses that set to each person's weight automatically, to ensure this did not happen again.

● Although the registered manager assured us people were re-positioned according to their care plan, staff told us this was not always the case, due to a lack of staff resource. Accurate recording of the care people received is important, as people were supported by temporary staff who required clear direction about when each person required care.

Using medicines safely

● Staff were not always following safe protocols for the storage and administration of medicines. Some medicines are required to be stored at specific temperatures to maintain their effectiveness. Medicines were not always stored in a temperature-controlled environment to ensure they remained effective. For example, topical medicines were not always stored in areas of the home where the temperature was monitored.

● One person was prescribed pain relief through a trans-dermal patch which need to be changed every three days. For this patch a chart recorded the location of the patch when applied. Patch sites are typically rotated to reduce the risk of skin irritation and accidental overdose from residual unremoved patches. However, there were no daily checks to confirm the patch remained in-situ. On 12 August 2019 the records showed the person's patch which had been applied on the 09 August 2019 could not be located. This meant we could not be sure the person had received their medicine between the 09-12 August 2019.

● Four people were prescribed a daily patch medicine. However, the charts used for the medicine did not always indicate the application site, which put people at risk of skin irritation if the same sites were used without rotation. Following our feedback, the registered manager introduced the daily checking and increased monitoring of patch medicines.

● The provider did not ensure people always received their prescribed medicine. For example, MAR records were not always completed to show whether people received their medicines.

● Fifteen people who were prescribed 'as required' medicines did not have personalised guidance protocols for staff to follow about when 'as required' medicines should be given. This put people at risk of receiving too much, or too little medicine. Agency nursing staff regularly worked without the support of a second nurse on site. A lack of instruction regarding the administration of pain relief or behavioural medicines for people, put them at risk of receiving inconsistent care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Staffing and recruitment

● Prior to our inspection visit we had received concerns that there were not always enough staff to care for people safely, the use of agency staff had increased, and people were left for long periods of time without support in the communal areas of the home. Following our inspection visit, we received similar concerns from three additional people.

● Some relatives and service users we spoke with during our inspection visits, told us there were insufficient skilled and experienced staff to support people safely. There were concerns raised about the number of agency staff in proportion to the provider's own staff. One person told us "On Sunday there were three agency staff on duty (out of five care staff. " One person told us they thought staffing levels were adequate. Comments from other people included; "There are staff shortages, especially at weekends. "The agency staff are not always used to the procedures here", "I don't feel staffing levels are safe. "Residents don't always get tea and coffee when they want because of a lack of staff, they [staff] are overstretched", "If we sit in the lounge for an hour, no-one [staff] comes."

● Some staff we spoke with during our inspection visits, told us there were insufficient skilled and experienced staff to people safely. Comments included; "Some people don't get their breakfast until 11.00am. We are still getting people up at lunchtime, and sometimes still washing people at 12.00pm or 2.00pm", "Permanent staffing levels are poor, I've told the manager it's not safe."

● Charts and records of the care people received each day, showed care tasks were not always completed according to care plans and the provider's own policies and procedures. Staff told us they tried to prioritise tasks; but staffing levels meant checks on people and turning/re-positioning people, were sometimes delayed. This had an impact on people's wellbeing and impacted on their health.

● We observed periods of 20-30 minutes when there were no staff in the communal lounge areas, or on the

first floor of the home. The risks of not maintaining a staff presence in these areas could impact on people's safety.

● The allocation of staff to each shift did not always match identified staffing levels in the provider's dependency tool.

● Staffing rotas seen did not allow for emergencies, induction and support of temporary and newly appointed staff or to allow for staff to socially interact with people.

● Some staff told us they regularly worked above 48 hours per week which impacted on their personal wellbeing. Rotas showed some staff worked 60 hours each week on a regular basis. Staff who worked more than 48 hours per week had agreed to work those extra hours. However, the risks of staff working overly long hours over extended periods of time had not been considered.

● When we brought this to the attention of the provider they immediately responded by employing an extra member of care staff each day until they could re-assess their staffing levels. They also adjusted their staffing rotas to increase staffing numbers when temporary or inexperienced staff were scheduled to work.

●The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. The provider also checked the registration of nurses with their regulatory body to ensure they maintained their professional registration.

Learning lessons when things go wrong

●Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. However, we found the management team did not always analyse learning from such incidents, to ensure future risks to people were mitigated. For example, when one person had injured themselves on a bed rail, this incident had not triggered a re-assessment of their needs

●Where people had developed bruises and skin tears, there was a lack of recording of what treatment had been provided, and how the cause of such skin damage had been investigated to aid learning and prevention of future incidents.

Preventing and controlling infection

●Nursing and care staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.

●Staff understood the importance of using personal protective equipment (PPE) such as gloves and aprons to reduce risks of cross contamination. We saw staff used PPE during their daily tasks.

●However, some staff told us they were not always made aware people had infectious diseases, before entering their room, and this placed them and people at risk of cross contamination.

●On the days of our inspection visits, the home was clean and fresh with no odours. However, one staff member explained cleaning was not always completed when it was scheduled because staff could not complete their duties in a timely way. They said, "If we [care staff] are behind it affects the cleaners because they can't clean the room, it is going to effect the laundry because you can't get things done on time. If you are behind it is all going to be behind because it is a chain that works round you."

Systems and processes to safeguard people from the risk of abuse

●We received mixed feedback from people about whether they felt safe at the home. This was in part due to a recent incident that had occurred, which made people feel as though the home may not be a safe environment.

●Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse. One staff member said, "I would go straight away to my nurse or my manager." However, one member of staff said although they would report any concerns; they were not sure this would be looked into objectively.

●The registered manager understood their legal responsibilities to protect people and share important information regarding safeguarding concerns with the local authority and CQC.

Requires Improvement

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 some 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 service was not consistently working within the requirements of the MCA and protecting people's rights to make their own decisions where they could. For example, records did not show people had always consented to their care and treatment. Where people were shown to have the capacity to consent to their care, some people's relatives or representatives had signed on their behalf, which is not in accordance with the MCA. One person who was deemed to have capacity to make their own decisions, told us they did not really want to stay at the home. When we checked their care records a relative had signed their care plans., This meant we could not be sure the person had been consulted; or agreed to their care and treatment. We brought this to the attention of the registered manager who agreed to re-assess their consent to care and treatment.
- Information about people's legal representatives was not always checked and documented, to ensure the right people were consulted about decision making.
- People's capacity to make decisions had been assessed and some 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals.
- Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority.
- Care staff understood the importance of gaining people's consent when performing care tasks and explaining what was happening. For example, before supporting them with personal care.

Staff support: induction, training, skills and experience

- People and relatives felt permanent staff had the skills they needed to effectively support people. One person commented, "They [staff] look after me brilliantly." A relative said, "The staff are skilled, and so good with the residents."

● The provider offered permanent care staff an induction that met the standards laid down by Skills for Care, a recognised organisation that provides care staff with training standards.
● Permanent staff received relevant, ongoing refresher training for their roles. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills. One member of staff said, "They [the managers] are always pushing training."
● The registered manager told us temporary staff received a brief induction to the service, and support from permanent staff whilst on their shift. They told us they often used the same agency staff, so they were familiar with the home.
● Permanent staff were offered regular supervision meetings with their manager, to monitor their performance and provide them with an opportunity to discuss their development. However, one member of staff had not received a supervision meeting since they began work at Clifton Court Nursing Home three months before our inspection visit. We were advised the person would receive a supervision meeting by a newly appointed manager within the next two weeks.

Supporting people to eat and drink enough to maintain a balanced diet
●People chose what they ate and drank. People were offered a range of choices at mealtimes, to ensure food met their individual needs and preferences. People were also able to help themselves to snacks as and when they wished from fruit and snacks in the communal areas of the home.
●People's dietary preferences were met and respected by staff. For example, where people required a soft or pureed diet, or were vegetarian, different food options were available. Some people had nutritional support plans in place to inform staff how they should be supported, for example, one person required fortified meals to be prepared with extra calories, butter and cream to improve their weight.
●People told us they enjoyed the food on offer. Comments from people included; "The food is really nice. You can ask for what you like and there is never a shortage."
●Where people required assistance to eat their meal, care staff were on hand to assist people, as they ate their lunch alongside people. Staff showed patience and kindness when assisting people during lunchtime. Some people also had adapted tools to assist them to eat independently, such as plate guards and specialist cups, which promoted people's dignity and independence.
●People were referred to healthcare professionals when dietary guidance was needed, or when people were losing weight. Staff weighed people monthly to monitor whether their nutritional needs were being met.
●Where people were at high risk of dehydration, or were at high risk of skin damage, there were fluid monitoring charts in place to monitor the quantity of fluid people consumed. However, charts to monitor fluids were not always being kept up to date and did not show how much each person required to meet their daily fluid intake target. There was also a lack of analysis to show staff were acting appropriately if a person did not receive enough fluid to maintain their health. We did not find anyone with de-hydration during our inspection visit. When we brought this to the attention of the provider, after our inspection visit, they advised us fluid charts had been updated to show a daily target for each person, and a new monitoring system had been developed to analyse whether people received the recommended daily amount of fluid.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Prior to people permanently moving into the service, the registered manager undertook a needs assessment. This was done in consultation with health professionals, people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
● Where people were admitted to the home through the D2A scheme, (The D2A scheme aims to ensure people are moved out of hospital to receive a period of rehabilitation/reablement in a residential setting),health professionals undertook a needs assessment in conjunction with the provider, to assess whether the D2A scheme was suitable to aid their long-term recovery.

● Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's and staff's rights, regarding equality and diversity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff communicated effectively with each other. Daily care records and handover meetings were used to share information amongst staff. A nurse told us care staff were especially good at alerting the nursing team to any changes in people's health. Comments from staff included; "Communication between care staff and clinical staff is good", "When I go to the nurses and report something they go and check it," "I don't have a problem with the nurses or the head of care, there is good communication there."

● People at the home commented on how well the nursing and care team supported them to maintain their health. Comments included, "The nurses have kept me out of hospital since I've been here", "The nurses keep me informed about my care."

● People had access to health professionals. The registered manager and nursing staff described their relationship with visiting health professionals as good. For people who received care under short term care packages to assess their needs (D2A) health professionals met at the home periodically to discuss the progress and rehabilitation of people.

● However, people did not always receive the treatment they required to minimise the risk of them developing further injury. For example, the wound management records were insufficient in documenting the treatment of people's wounds, to ensure the correct action was being taken to prevent further damage. We brought this to the attention of the provider, who confirmed checks had been implemented to ensure wound management records were accurate and treatment was responsive to people's needs.

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

●Areas of the home were designed to support people with their specific needs. The home provided people with a secure and safe outside garden area and patio area. The large spacious main lounge and dining room meant people had a choice to sit with friends and relatives. We saw people independently walking around the home and using smaller more intimate lounges which were dotted around the home.

●The building was not purposely designed to meet the needs of people who were elderly and frail and were either living with dementia or physical disabilities. However, the home was spacious, and people had room to move around freely.

Requires Improvement

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 deteriorated to requires improvement. This meant people were not consistently 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

- Whilst some staff were kind and caring the provider's systems did not always ensure people felt cared for, or were not exposed to risk.
- We received mixed feedback from people about whether they were treated and supported in a respectful way. One person said, "I would recommend this place." However, other people told us they did not always feel respected, as they often had to wait for support from staff. Staff told us they did not feel they were always responsive to people's needs, saying; "We don't have time to sit with people" and "Care is task driven."
- Staff did not consistently look for opportunities to engage with people during our inspection visit, and people described staff as being busy with tasks. One person said, "A nice young lady came and chatted with me yesterday, that was nice." They then said, this did not often happen. Staff also commented on the time they had to spend with people, "We don't have the time we want to give to them [people]."
- People told us they were supported by caring staff. One person said, "Nine out of ten of the care staff are really lovely." A staff member said, "The people who are working here have heart for sure and they have soul. They try and really make the resident's lives better."
- Staff communicated with people in a warm and friendly manner. People's responses, body language and actions indicated they felt comfortable in the company of staff and each other. One person said, "The staff are very friendly."
- The provider and staff respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs. Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.
- People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met.

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

- Most people could communicate their wishes verbally. Easy read documents, documents in picture format, and information in different languages was available where required to assist them to communicate their wishes.
- People had care records which showed staff how each person communicated and the best ways to

involve people in decision making. This meant people were involved, as much as possible, in making decisions about their care and treatment.

Respecting and promoting people's privacy, dignity and independence

● Care staff respected people's individual privacy in the home by knocking on doors before entering their room, and by providing people with space to be alone when they needed it. Staff understood how to protect people's privacy and dignity. One relative commented, "When doing personal care, the staff will shut the door to respect my relation's privacy."

● People were supported to maintain relationships with those that mattered to them. Friends and families could visit people when they wished. Private areas were available for people to spend time together when needed or requested.

● Procedures were in place to protect people's private information. Information about people was either kept in lockable cabinets in locked offices or on password protected computers.

Requires Improvement

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

● Each person had care records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, daily routines, preferences and risk assessments. Care records were kept on paper and electronic format to ensure accessibility.

● However, care records were not always up to date and did not always show how staff should provide care and treatment to people and mitigate risks to their health and wellbeing. For example, gaps in records documenting people's legal representatives, gaps in the records of the care people received each day. Risk assessments were not always detailed and up to date to instruct staff how people required support.

● We found people did not always receive the personalised care they needed. Risk management plans were not always followed to ensure people received the care they needed.

● People and staff told us care staff were not always responsive to their individual requests for assistance. Information received before our inspection visit indicated sometimes people had to wait to be taken to the toilet. We saw during our inspection visit one occasion where a person called out for staff to assist them but were unable to find a staff member to provide them with personal care. One person told us, "Staff usually come quickly when I ring my call bell, but not always."

● The registered manager was improving the format of the care records at the time of our visit. We reviewed one person's records which had already been put into the new format. The new format had more personalised information about the person than the previous design, risk assessments were easier to read, and records were organised clearly. The provider intended to implement the new style of care records over the next three months.

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

● There were two activities co-ordinators employed by the provider to offer people activities, stimulation and organise events, so people were able to pursue their hobbies and interests. The activities co-ordinators worked together Monday to Friday each week. However, at the time of our inspection visit the lead activities co-ordinator was on leave. This meant activities and planned events were reduced during their absence.

● People were supported to have regular entertainment, organised activities and weekly trips out and about Monday to Friday. However, according to staffing rotas there were no activities co-ordinators employed at weekends.

● We received mixed feedback from people about whether the activities and events on offer to them, offered them the stimulation they needed. One person said, "We have a marvellous entertainment officer." However, other people commented that they would like more things to do. Comments included, "The activities person organises trips out. However, I get bored here", "I like to do things. I do get massages from the staff, and also

visit the hairdresser. I would like to go out more though. It's just nice to talk to someone" and, "I don't understand why we don't have activities during the weekend."

Improving care quality in response to complaints or concerns

● Relatives spoken with told us they knew how to raise concerns or complaints with staff and the management team if they needed to. However, we received mixed feedback from people and staff about whether the registered manager and provider responded to their concerns with a willingness to learn and improve their service.

● A previous complaint had been adjudicated by the ombudsmen, and a decision had been reached in June 2019. The ombudsman had upheld the complaint and found the actions of the care provider had caused injustice to the complainant, which had not been recognised by the provider at the time of the complaint.

● All complaints were recorded in a complaints log. The registered manager responded to complaints according to the provider's policy. However, the ruling made by the ombudsman had not prompted a review of the provider's complaint process, or a review of their fluid and nutritional monitoring systems.

End of life care and support

● People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to meet their individual cultural and religious preferences.

● Nursing staff were supported by professionals and community support workers, who visited people at the home. These included organisations such as McMillan, which could offer people and their relatives support.

● Following a recent death at the home, staff and relatives were also offered advice about how to contact local bereavement services.

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'.

● Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, picture cards and by staff who spoke different languages where people's first language was not English.

Requires Improvement

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 good. At this inspection this key question has now declined to requires improvement. This meant the service was not always consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

●People and staff told us the management team did not always seek and respond to feedback with an openness, which was inclusive and empowering. The lack of openness did not demonstrate a commitment to continuously learn and evolve their service. We received feedback before and during our inspection visit that raised these concerns. Comments included; "The manager is not responsive to concerns, if you are not happy then you are told you can move on", "My concerns is there is a lack of communication", "I've told the manager that it's not safe…. I feel like I'm talking to a brick wall" and, "The management of the home needs improvement, morale is low, even before the recent incident."

●The registered manager and provider told us since a recent incident at the home, which had resulted in the death of a person, the morale at the home had been affected. They were committed to supporting staff through the next few weeks and would ensure extra staff and management were on duty each day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People, relatives and staff told us they were not always asked for their feedback about the home. One relative said, "There are no relatives meetings held." Another person commented, "We don't have resident meetings, and we don't discuss improvements with anyone." However, when we checked we found resident meetings were held every three months at the home. Minutes from meetings showed people's views were gathered, and the provider had acted on the suggestions made. Meetings were advertised around the home beforehand to encourage people or their representatives to attend. The registered manager told us, in a recent survey taken in June 2019 with relatives and people from the home, 99 per cent of people were satisfied with their care.

●The registered manager told us they operated an 'open door' policy, so that relatives, people and staff could visit them at any time (during their 2.5 days per week). They explained when they were not at Clifton Court, the deputy manager was at the home from Monday to Friday, and the care manager was also available for staff to obtain guidance and support. Relatives and people were encouraged to speak with the registered or deputy manager if they had any concerns. However, there was not a sign or information on display to show when the registered manager and deputy manager were available. We saw neither were available during weekends.

● Staff told us they did not always feel valued by the provider and management team. Staff told us they felt the opening of a new home in April 2019, also owned by the provider and situated on the same site as Clifton

Court Nursing Home, had impacted on the management of Clifton Court Nursing Home. Staff also commented that the opening of the new home had also impacted on the staffing levels available at Clifton Court Nursing Home, due to staff being moved across both sites to work. Comments included; "Since opening the new home this has had an impact", "There are not enough care staff as they are taken to cover next door", "Staff are sent over to work at Lilbourne Court leaving Clifton Court short staffed." When we brought this to the attention of the registered manager they explained that staff were sometimes required to work at Lilbourne Court, where staff were absent from that location due to sickness or annual leave.
● The movement of staff between the two locations was not recorded on the staffing rotas for us to review. The provider was not monitoring the impact of the movement of staff between the two homes, how this was affecting the outcome for people and the morale of staff members.

Continuous learning and improving care
●The provider had systems and processes to monitor the quality of the services provided which the registered manager implemented. The registered manager, deputy manager, nurses and pharmacists undertook regular audits. Some audits were planned every six months. For example, care records audits were last undertaken in May 2019. Spot checks on staff performance by the registered manager was last undertaken in May 2019.
● The provider's existing auditing procedures were not effective as they had not picked up areas where the service required improvement. For example, auditing procedures and management checks of medicines had failed to identify medicines were not always administered safely. Medicines were not always stored safely and at the correct temperature, to ensure they were administered in a safe way.
● Quality assurance checks on care records had failed to identify the service was not maintaining an accurate, complete and contemporaneous record in respect of each service user's care and treatment.
● Analysis of accidents, incidents, and feedback had failed to identify areas where improvements were required. For example, incidents where people sustained injuries had not always been analysed to ensure risks were mitigated in the future.
● Your dependency level calculations and management systems had failed to ensure staffing numbers, experience and competency met the levels of service user's needs.
● There was insufficient provider level oversight, and implementation of systems and processes, to effectively ensure the safety of individuals within the service. Service users were placed at risk of harm, because personal and environmental risks to service user's health were not consistently and comprehensively mitigated and managed.
● Openness and transparency in communication needed to be improved to ensure opportunities to improve your service were not missed. Fifty per cent of staff we spoke with told us they lacked confidence in raising feedback and concerns with the registered manager, as they felt they would not be listened to.
● On the day of our inspection visit, the provider told us a new quality assurance manager had been recruited to work at Clifton Court, and was due to start their new role before the end of August 2019. This was to take over some auditing responsibilities from the registered manager.

This constituted a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good Governance

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
●The home was managed by a registered manager who worked 50 per cent of their time at the home, and 50 per cent of their time at another of the provider's services. The deputy manager also split their time between two homes. In addition, the management team consisted of a contract manager, a care manager, the nursing team and senior care workers. Staff told us that they received good support from the care

manager and nurses during their shifts at the home. One staff member said, "If I need something, or something is not right, I go to the head of care or the nurse on shift."

●The staff team understood their roles and responsibilities toward people living in the home.

●The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of serious incidents at the home.

Working in partnership with others

●The service had links with external services, such as government links to renewed best practice guidance, commissioners of services, nurses and health professionals. These partnerships demonstrated the provider sought best practice to provide people with good quality care and support. For example, the registered manager worked with a multi-disciplinary team to support people on the D2A scheme.

●The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local schools and community centres, religious organisations and charities to increase people's opportunities for social interaction.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 2b,c,e The provider did not ensure care and treatment was always provided in a safe way for service users. Risks were not always managed to ensure people were safe. The provider did not always ensure that the premises were safe, and the proper and safe management of medicines.

The enforcement action we took:

Impose a condition of registration to submit a monthly update to the provider's action plan

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 2a,b,c,e The provider had not ensured systems and processes were established to assess, monitor and improve the quality and safety of the services provided (including the quality of the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users; maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

The enforcement action we took:

Impose a condition of registration