Mr Nial Joyce

Clifden House Dementia Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Clifden House Dementia Care Service provides care and support for up to 59 older people most of who are living with dementia. The care needs of people varied, some people had complex dementia care needs that included behaviours that challenged. Other people's needs were less complex and required care and support associated with old age, mild dementia and memory loss. Most people were fully mobile and able to walk around the home unaided. At the time of this inspection there were 53 people living at the home.

We carried out an unannounced inspection 16 and 17 June 2016 where we identified a breach in relation to Regulation 12 because people's support needs in relation to fire safety had not been assessed. Following the inspection, we received an action plan that told us people's individual needs had been assessed. At this unannounced inspection on 05 and 09 May 2017 we confirmed this and that people's needs had been reviewed and updated as and when their needs had changed. The provider had therefore met this Regulation.

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

Record keeping in some areas of care planning was not accurate or up to date. Before our inspection the registered manager had identified some areas where this was the case, for example in relation to Deprivation of Liberty care plans. However, we recommended the registered provider continued to monitor that care plan documentation was continually reviewed and updated to ensure accuracy.

Each person had a personal emergency evacuation plan to be followed in the event of a fire or emergency. The home's policy had been updated based on this and a detailed fire risk assessment had been carried out to ensure people's safety.

A wide range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. External entertainers were provided on both days of our inspection with music to suit a range of tastes and interests. Throughout our inspection we observed people being offered a variety of activities, actively participating and showing that they enjoyed them. For those who liked a quieter life the gardens offered a secure and safe environment to take a stroll. The home kept hens and those who chose to, could assist in their upkeep.

There were safe procedures for the management of medicines. People had access to healthcare professionals when they needed it. This included GP's, dentists, community nurses and opticians.

Staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and knew that people either had or that applications had been made to have a DoLS. (A DoLS is used when it is assessed as necessary to

deprive a person of their liberty in their best interests and the methods used should be as least restrictive as possible).

Staff had the skills and knowledge necessary to provide people with safe and effective care. Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the home. Staff received regular support from management which made them feel supported and valued. They were encouraged to develop their skills and take on additional responsibilities. For example, to be a 'Champion' in a particular area such as infection control, or the management of medicines.

Staff were kind and caring, they had developed good relationships with people. They treated them with kindness, compassion and understanding. They supported people to enable them to remain as independent as possible. Staff showed that they understood how to assist people living with dementia through the use of good moving and handling techniques when they supported people to move about the home. They communicated clearly with people in a caring and supportive manner.

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.

People's medicines were stored, administered and disposed of safely.

There were risk assessments and staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures to safeguard people from abuse.

There were enough staff that had been safely recruited to meet people's needs.

Is the service effective?

Good

The service was effective.

There were training and supervision programmes to ensure staff maintained current knowledge and skills.

The registered manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received food that they enjoyed.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

Staff knew people well and treated them with kindness and warmth.

Staff adapted their approach to meet people's individual needs and to ensure that care was provided in a way that met their

particular needs and wishes.

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs because staff knew them well.

People were offered a varied programme of activities to meet their individual needs.

People's support plans contained guidance to ensure staff knew how to support people.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some record keeping was not accurate and up to date.

There were systems for monitoring and improving the service.

The manager was approachable and supportive and encouraged staff to develop in their roles.

Clifden House Dementia Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 05 and 09 May 2017. The inspection was unannounced and was carried out by two inspectors.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We contacted the Local Authority to obtain their views about the care provided by the service. We looked at the action plan supplied by the provider following our last inspection in June 2016.

During the inspection, we spoke and spent time with six people who lived at the service, relatives of two people, the registered manager, team manager, provider, activity coordinator, laundry assistant, house keeper and a member of care staff. We looked at areas of the building, including people's bedrooms, bathrooms and the lounges and dining room. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at six care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' these people. This

meant we followed the person's life and the provision of care through the home and where possible, obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At our last inspection in June 2016 the provider was in breach of Regulation 12 because people's support needs in relation to fire safety had not been assessed. Following the inspection, we received an action plan that told us people's individual needs had been assessed. At this inspection we confirmed this and that people's needs had been reviewed and updated as and when their needs had changed. The provider had therefore met this Regulation.

People told us they felt safe living at Clifden House. A relative of one person told us that they thought their parent was, "Safe." There were enough staff to meet people's needs. When people requested assistance staff responded promptly in the communal lounges. Two people who spent most of their time in their bedrooms told us they always had call bells close by and could call staff if they needed help.

People's medicines were managed so they received them safely. There was a safe procedure for storing, handling and disposing of medicines. Medicines administration records (MAR) showed people received their medicines as prescribed. MAR charts were not signed until medicines had been taken by the person. Staff could not administer medicines unless they had been trained and there was a policy to support staff to safely give medicines. Some people took medicines on an 'as and when required' basis (PRN). Although protocols were not in place for every PRN medicine, staff had a good understanding about the medicines people had been prescribed and why they may need them. At the time of writing this report the registered manager had confirmed that all PRN protocols had been completed.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding. They told us if an incident occurred they reported it to the management team who were responsible for referring the matter to the local safeguarding authority. Where appropriate, matters had been reported to the Local Authority for further advice and support.

Risks to people's health, safety and well-being had been identified within people's care plans and where appropriate risk assessments had been completed. These included risks of falls, skin damage, nutritional risks and moving and handling. Where people were at risk of falling there was preventative information in their care plan for staff to follow to ensure they were safe. There was guidance about how to support people to move about safely and where people were at risk of developing pressure damage there was guidance for staff to ensure people received appropriate care. Staff had a good understanding of the support required. People's needs were updated regularly and as and when their individual needs changed. For example, one person had lost weight. Advice within the care plan stated that if this continued to be the case they would request that the GP make a referral to a dietitian. Records showed that this had been done.

There were robust systems for the recording of accidents and incidents. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included actions taken to prevent a further accident, such as increased checks and a sensor mat. Where appropriate, advice was given to ensure that the risk assessment

was reviewed and updated.

Staff recruitment checks were undertaken before staff began work at the home. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults.

There were enough staff to meet people's needs safely. Staff told us that they were able to meet people's individual needs safely. The rotas indicated that were between ten and twelve staff on duty throughout the working day and five to six staff at night. Since the last inspection a new administrator was employed to work 30 hours each week. An activity coordinator worked throughout the working week and there were a range of ancillary staff to cover areas such as kitchen, maintenance, cleaning and laundry. Where there were shortfalls due to sickness or annual leave, agency staff were used. A visitor told us they had no concerns about the numbers of staff on each shift. A staff member told us that in addition to the staff on each shift they always had a 'floating staff member' which meant there was always someone to call on for assistance if needed.

There were good systems to ensure that equipment was serviced, checked and maintained. These included checks on stand aid equipment, weighing scales, hoists, wheelchairs and the lift. There were monthly checks of the nurse call system. Water temperatures had been tested weekly and portable appliances annually.

All staff had received fire safety training. There were regular fire safety checks. A fire risk assessment had been carried out in 2016. There was a list of action points following the assessment that had been addressed. The evacuation procedure had been reviewed and updated, taking into consideration people's individual needs, to ensure people could be moved and if necessary evacuated in an emergency.

Good

Is the service effective?

Our findings

People and visitors spoke positively about the care and support they received. People told us that the food was good. There were good systems to ensure people were supported to attend a range of healthcare appointments.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were met, and appropriate documentation completed. All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The manager had considered the least restrictive options for each person.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example some people required covert administration of medicines. Covert administration is when medicines essential to a persons' health are hidden in food if they refuse to take them. Meetings to reach decisions on behalf of people and in their best interests were carried out appropriately. The registered manager had identified that record keeping in relation to consent needed to improve. They were in the process of designing a new consent care plan. This would include issues like consent to sharing a room. Where consent could not be given, the registered manager would ensure best interests meetings were carried out and any decision reached was in the person's best interests.

People received effective care from trained and knowledgeable staff. The home's administrator kept track of staff's individual training needs and ensured that when updates were needed staff were given timescales for completion. Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff showed that they understood how to assist people living with dementia through the use of good moving and handling techniques when they supported people to move about the home.

Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They also received additional training specific to peoples' needs, for example, the management of behaviours that challenged, dementia care and equality and diversity. A staff member told us they liked the fact that they had to complete training before they started and that even though they had several years' experience in care, they still had to shadow staff to learn the routines and responsibilities of their role at Clifden House. There were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care.

There were appropriate systems that ensured staff received on-going support in a variety of different ways. A supervision matrix demonstrated that this included one to one discussions, supervision meetings, group

supervision, attendance at staff meetings, reflections and annual appraisals of performance. A staff member told us the registered manager was, "Very supportive." They said, "I could go to any of the team if I had a problem, they are all very good."

There was a three week menu that was varied and well balanced. We were told that menus were under review. People's view and preferences were sought at resident's meetings. People confirmed they received food that met their individual choices and wishes. There was a main meal choice each day and a vegetarian option. In the evenings there was a choice of soup and sandwiches or a hot meal alternative. During one of the mealtimes we saw that when a person complained that their meal was cold, this was replaced and the staff member checked that it was served at a suitable temperature.

People had a pleasant mealtime experience. The menu was on display in the dining area. A staff member discretely monitored that people had enough to eat and drink. People were offered a choice of drink with their meal and were asked if they wanted any condiments with their meal. Those who needed wore tabards to protect their clothing. Some people had plate guards to enable them to continue to eat independently. Staff prompted some people to eat and where appropriate, they offered support. When they saw some people struggling, they did not draw attention to them but checked that they were ok. For example, they said, "Shall I cut that for you, or would you like me to push your chair in closer." Staff were aware of who needed thickeners in their drinks and this was on the trolley ready to use. People had access to fruit and snacks throughout the day.

People were supported to have access to healthcare services and maintain good health. They told us that they were able to see their GP when they wanted to. People regularly attended dental, optician and chiropody appointments.

Good

Is the service caring?

Our findings

Throughout our inspection staff interacted positively with people and spoke calmly and with respect. A visitor told us, "They know me and always talk to me when I come in." The also said that the "Team manager and the carers are really good." When people needed assistance to move from one area to another, staff explained to people what they were doing and offered reassurance throughout.

Since our last inspection people's door frames had been painted a variety of different colours to assist them in locating their bedrooms. There was a photograph of the person or scenic photograph beside each room along with the room number. The quiet lounge was used by some who enjoyed a bit of time away from people. This area was also used as a hairdressing salon. During our inspection it was used to provide a communion service. We were also told that families often used the area at weekends to spend time privately with their relative.

Staff responded sensitively to people's individual needs. When one person said they didn't feel well, staff responded and reminded them that their GP had been called and was coming to see them. On one occasion when the person was slightly agitated the registered manager arranged for staff to spend time with them, to check their vital signs, to offer a cold drink as it was hot, and to reassure them. A social care professional told us, "there were lots of activities for the residents and staff were very kind and attentive."

People were supported by staff that treated them with dignity and respect. Within each care plan there was advice about ensuring that people's privacy and dignity was maintained and ensuring that people were encouraged to make preferences in how they were supported. Staff gave us examples of how they maintained people's privacy and dignity. A staff member told us, "I knock and wait for an answer before going in." They said, "If someone needs the toilet, I assist and then wait outside until they call for assistance." They also told us that they tried to ensure people maintained their personal care skills for as long as they could. They said we, "Promote and prompt people to do what they can for themselves, it's better than assisting."

During our inspection we observed that people were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. People's relatives were encouraged to personalise bedrooms to reflect the people's individual tastes and interests. People were supported by staff who knew them well as individuals and they were able to tell us about people's needs, choices, personal histories and interests. We observed that staff talked and communicated with people in a way they could understand. A social care professional told us the registered manager had been, "Very sensitive" to a person's anxiety about their relative moving to the home and they had involved them in choosing a room where they felt their relative would be happy.

People's likes and dislikes were referred to within the care plans and there was some guidance that was very specific to people. For example, one person's care plan stated that the person often 'prefers shower to bath but give the choice.' Another person's stated that the person liked to have their 'bedside lamp on all night.' This ensured that staff had information needed to support people in a way that suited them.

Good

Is the service responsive?

Our findings

People told us they liked having the hens in the garden area and the aquarium in the lobby and enjoyed the activities available to them. A staff member told us, "The activities are very good here, there is always something going on." Throughout our inspection we observed people being offered a variety of activities, actively participating and showing that they enjoyed them. People received the support they required and chose. A social care professional told us about feedback they had received from a relative, 'The move had been a blessing in disguise' they had said previous 'behavioural problems were significantly less', this had been due to 'being bored' in a previous placement.

Care plans contained detailed about people's needs in relation to personal care, mobility, skin integrity, nutrition, health and personal preferences. There was guidance for staff about how to support people with their mobility, this included the use of a mobility aids or the support of staff. If people displayed behaviours that could be challenging there was guidance for staff on how to provide support in a way that suited the person.

There was a very full and lively programme that included a variety of activities to suit people's different tastes and interests. The weekly plan was flexible and adapted as needed. For example, on the morning of our inspection a bingo session had been planned, but the people who usually participated chose not to join in, so time was spent with people on a one to one.

There was external music entertainment on the afternoons of both inspection days. Both entertainers provided an excellent repertoire that suited all kinds of tastes. The singers interacted well with people, there was no one sleeping and some people took to the floor to dance to the music.

A staff member told us, "If people appear agitated or a bit stressed out, I take them out for a walk. Sometimes just a short walk around and then I suggest I know a nice place for a cuppa and we come back. It really works and people enjoy just getting out." A visitor told us that their relative didn't mix much with others but said there are, "Some nice quiet places they can sit if they want to sit on their own, the garden is nice."

The programme included regular in-house activities such as bingo, pool, baking, motivation and exercise classes, quizzes and crosswords. In addition there was a regular hairdresser. The activity coordinator supported one person to attend the hairdresser they had used before admission to the home. One person had been supported to do online shopping for some clothing. A weekly communion service was provided and if people could not join the service, the representative from the church visited them in their bedrooms. One person of a different denomination had a regular visit from a representative of their local church. Newspapers were delivered to the home daily. Some people chose to read them and the activity coordinator read sections to others which generated a lively general conversation throughout the morning.

The activity coordinator told us that they arranged trips to places like outdoor bowls at Denton, lunch out, bus trips to Eastbourne. They said that they alternated who went on the trips and used feedback from

people to try and tailor activities to things that people enjoy or used to enjoy before they moved to Clifden House. One person told us they liked to stay in their room and sometimes came out to watch activities.

A new addition to the activity programme was doing 'World from the settee'. The activity coordinator told us this is where they use virtual travel, they start in London, discuss local attractions in the places they travel to, discuss the food available and try to tailor snacks to match where they are. Feedback from the session had been very positive.

There was a secure garden area to the sides and rear of the property. This included a hen run (for the five hens), seated areas, raised flower beds, bowls area, and walk way. Some people used this area independently and those who chose to were supported to use the area.

Since the last inspection a new 'nurses station' had been created in the dining area. Team leaders were based in these areas and this meant there was always a staff presence in this area to assist people or to arrange staff support. They were also able to respond to any questions that visitors might have. A team manager told us, "We go to the main office if we have confidential calls to make."

Residents' forums were held regularly. Records showed that at least 15 people attended regularly. Lots of suggestions for activities were made and it was evident that many of these suggestions had been met. For example, one person had requested a sweet shop and this was now provided. There were close links with a local school, where students had visited the home to spend time with people. They had performed a play for people about Charlie Chaplin. The registered manager had also visited the school to give a talk to students about dementia.

There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People's views were sought and listened to in a variety of ways such as, one to one conversations, resident's meetings and feedback surveys. People were asked about their view of the food and any other issues that were important to them. A visitor told us, "If I have any issues I can go and talk to them and they always sort it out." There were three complaints recorded for 2017. One complaint was on-going and the other two had been dealt with promptly and appropriate actions had been taken by the home.

A compliments folder included over 25 plaudits. Comments included: 'the staff were amazing,' and, 'When she lost her dignity and we were unable to care for her you gave her back her dignity.' Another included, 'Staff treated her with kindness, compassion, and equally important with a sense of humour. For that the family will be forever grateful.'

Requires Improvement

Is the service well-led?

Our findings

People seemed very content and there was a warm atmosphere in the home. A staff member recently appointed told us, "It's very organised here, I know the routines and there are very good carers." They told us, "I like to know what's expected of me and it's very clear here."

Since the last inspection the registered manager left her position and a new manager was appointed and was registered as manager.

Two people wore pain relieving patches that were replaced every 72 hours. Records did not show where the last patches had been applied. This is particularly important as if reapplied in the same area this could affect skin integrity. A recording sheet was available but had not been used. The registered manager confirmed that these forms would be reinstated and checked as part of regular auditing.

Whilst each person had a DoLS care plan the specific reasons why there was a DoLS were not always stated. This had been identified as part of regular auditing and staff had been advised to ensure care plans were updated.

We recommend the registered provider continues to monitor that care plan documentation is continually reviewed and updated to ensure accuracy.

Some care plans did not give specific guidance. For example, one person's behaviour support plan stated that the person could be aggressive but did not state that this could take the form of physical aggression and how this would present. Another person had a diabetic care plan but it did not include information about the blood sugar levels that were normal for them. Following our inspection we received updated care plans detailing more specific guidance for staff.

The registered manager worked hard to develop a positive culture at the home. A staff member told us, "There have been a lot of changes since the new manager took over. Changes for the better. When we make requests they are dealt with. Residents are happier and we get positive feedback." Staff meetings and housekeeping meetings were held regularly. Minutes showed that staff had opportunities to share their views. When new items were requested for example, new bed sheets, records showed they had been bought.

Staff continued to have a say in the running of the home. Minutes demonstrated that staff were given and took up the opportunity to share their views on a range of matters that related to the running of the home. For example, staff discussed recent training and what they had learned from it. Meetings were also used as training opportunities and a recent topic included training on equality and diversity. Discussions had also been held on ways of improving infection control.

The registered manager sent the provider a weekly report on the running of the home. These included updates on a range of matters such as staff training, the outcome of audits, any admissions or discharges,

and complaints. The provider visited regularly and was actively involved in matters related to the home. A management meeting had been held in November 2016. There was a record of the discussions and any action points resulting.

There were a range of audits carried out regularly. Medicine audits were carried out weekly and monthly. The home had recently introduced competency checks for staff with responsibility for giving medicines. At the time of inspection some staff had yet to be assessed. However, following our inspection the registered manager confirmed in writing that all staff had been assessed as competent in the management of medicines.

A staff member had recently made an error with medicines. The staff member promptly sought professional advice, which was to observe the person. Following this, the staff member themselves raised a safeguarding alert about the incident. This demonstrated accountability and responsibility and an open culture within the home. The staff member was taken off the administration of medicines until they had been reassessed in terms of competency.

Kitchen audits were carried out regularly and the system was robust in ensuring that any shortfalls identified were addressed promptly. For example, on one occasion the bin was dirty. The maintenance person was then asked to jet wash the bin and this task had been added as a weekly task.

Accidents, incidents and falls were audited weekly and there were a range of questions to consider to ensure that all matters had been addressed and appropriate actions taken. The format was discussed with the registered manager as this could be improved further to include an overall analysis of the information provided. Room audits were carried out and a list of the actions to be taken had been entered into the maintenance book and responded to promptly. Care plan audits were carried out and all care plans were audited every two months.

The registered manager told us that they we reintroducing staff 'champions' in all areas. For example, one staff member had taken on the role of infection control lead and was going to do additional training in this area. All of the team managers had completed train the trainer courses in moving and handling. The registered manager had previously completed a train the trainer course in safeguarding and she was going to allocate this role to another team manager so they could specialise in this area. Other 'champion' roles to be allocated included dignity and dementia.

The provider maintained links with the local community through contributing to 'Seaford Scene' a local monthly publication. Staff told us the provider often wrote about the home and the activities provided. A copy of this publication was then sent to relatives of people. The local WI had made a number of 'twiddle muffs' for people and a date had been set to present these to the provider and manager at a local meeting. A twiddle muff is a double thickness hand muff with bit and bobs attached inside and out. It is designed to provide stimulation for restless hands.