

Knightingale Care Limited

# Cliff House Care Home

## Inspection report

Cliff Hill  
Clowne  
Chesterfield  
Derbyshire  
S43 4LE

Tel: 01246810246

Date of inspection visit:  
16 November 2018

Date of publication:  
10 December 2018

## 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

We inspected Cliff House Care Home on 16 November 2018. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cliff House Care Home provides personal care and accommodation for up to 40 people in one single building with bedrooms over two floors. The service provides a permanent residence for people and short-term care beds are available for people to access. On the day of our visit 30 people were using the service.

This is the first inspection since the provider registered at this location on 29 August 2017.

The service had 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.

People were supported by sufficient numbers of trained staff who were available to meet their individual needs. People received support from staff who understood their role in protecting them from the risk of harm and reporting any concerns. People were supported to keep safe as individual and environmental risks were assessed and managed. People were supported in a safe way to take their prescribed medicine. The staff's suitability to work with people was established before they commenced employment. Systems were in place to guide staff on the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and their representatives were involved in their care to enable them to make decisions about how they wanted to receive support in their preferred way. People received a balanced diet that met their preferences and assessed needs. People were supported to access healthcare services and received coordinated support, to ensure their preferences and needs were met.

Staff knew people well and understood the support they needed and their preferences on how this support was delivered. People were treated with consideration and respect by the staff team and they were supported to maintain their dignity. People were supported to maintain relationships with those who were important to them; such as family and friends.

People were provided with opportunities to take part in social activities to promote their well-being. The manager and staff team included people and their representatives in the planning of their care. There were processes in place for people and their representatives to raise any concerns about the service provided.

People and their representatives were consulted and involved in the ongoing development of the service. Staff were clear on their roles and responsibilities and felt supported by the management team. The provider understood their legal responsibilities with us and systems were in place to monitor the quality of the service, to enable the registered manager and provider to drive improvement.

## 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 were supported by staff that understood their responsibilities to report any concerns. Up to date risk assessments were in place to minimise the risk of injury to people. People received support to take their medicines in a safe way. Sufficient numbers of staff were employed to meet people's needs and recruitment procedures checked staff's suitability to work with people. The systems to manage infection control and hygiene standards were effective. People's safety was continuously analysed and actions taken as needed, to ensure their safety was maintained.

### Is the service effective?

Good ●

The service was effective.

People were supported by trained staff and were enabled to make their own decisions whenever possible. People received a diet that met their requirements and preferences. The manager and staff team worked with healthcare professionals to ensure people's health was monitored and their changing needs were met.

### Is the service caring?

Good ●

The service was caring.

People received support from staff that showed consideration and kindness towards them and supported them to make choices. People's dignity was valued and respected and they were supported to be as independent as possible. People's right to maintain relationships with those that were important to them was respected and promoted. People's rights to confidentiality were protected.

### Is the service responsive?

Good ●

The service was responsive

People were supported by staff who knew them well and understood their needs and preferences. The provider's complaints policy was accessible to people and their representatives. People were supported with empathy and compassion at the end of their life.

**Is the service well-led?**

The service was well led.

The systems in place enabled the provider and manager to monitor the quality and safety of the service and make improvements where needed. The views of people and their representatives were sought. The provider understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies to ensure people's needs were met.

**Good** ●

# Cliff House 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 comprehensive inspection took place on 16 November 2018 and was unannounced. The inspection was carried out by two inspectors

The inspection was informed by the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used all this information to inform our inspection plan.

We spoke with six people that were using the service and five people's relatives. We also spoke with the area manager, registered manager, deputy manager, three care staff, the activities coordinator, a member of the catering team and a member of the laundry team.

We looked at three people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the registered manager to email copies of their training and staff supervision matrix, their refurbishment plan and newsletters, so that we could see how the provider monitored the service to drive improvements. The registered manager sent these to us within the required timeframe.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe here. I am much safer than I was at home and all the staff are very nice to me" A relative told us, "The staff here are smashing; they go over and above to make sure everyone is okay. I visit a lot and I watch them with people; they are always checking that everyone is alright."

People told us they felt they were treated fairly and were free from discrimination. They were able to discuss any needs that were associated with their culture, religion and sexuality. Staff understood their responsibilities to protect people from harm, and were aware of the safeguarding policy and procedure to follow if needed. Staff could describe the actions they should take, and felt confident to report any concerns. One member of staff said, "I would report it to the manager."

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff felt able to raise any concerns with the registered manager and were confident that they would be addressed. Staff told us they would not hesitate to raise concerns and felt they would be protected by the whistleblowing policy. Staff confirmed they received training in safeguarding and whistleblowing procedures and had access to the provider's policies and procedures for further guidance.

Risks to people's health and wellbeing were assessed and reviewed as needed to ensure they remained relevant. When staff supported people to move using specialised equipment we saw this was done safely and in a considerate way that reassured the person. Where people had been assessed for equipment to help them maintain healthy skin, specialist mattresses and cushions were in place for them. Equipment was maintained and serviced as required to ensure it was safe for use.

Plans were in place to respond to emergencies with personal emergency evacuation plans in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs. Checks were undertaken to ensure the safety of equipment and premises were up to date, such as firefighting and fire detection equipment.

The staff told us there was sufficient staff available to meet people's needs. Our observation showed that requests for assistance were responded to in a timely manner and people told us there was enough staff available to meet their needs. One person told us, "There's always staff around if you need them." A relative said, "There's always plenty of staff."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place

People received their medicine as needed. Medication information plans were in place for each person and provided guidance to staff who administered medicine. This included the level of support the person needed to take their medicine, any health issues that could affect their ability to take their medicine, and the way the way the person preferred to take their medicine. We saw that when people were being supported to take their medicine, this was done at the person's own pace and in their preferred way. One person told us, "They [staff administering medicine] don't rush me but they do wait for me to take my tablets before they go." Medicines were stored securely and were not accessible to people who were unauthorised to access them. Clear records were in place that demonstrated people received their medicine as prescribed and if not, the reason why. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. Staff told us they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

The home was kept clean and we saw that cleaning schedules were in place to support housekeeping staff in maintaining the home. People and their relatives confirmed that the housekeeping standards were good. One person said, "The cleaners are always around and they keep everywhere nice, including my bedroom." A relative said, "The hygiene standards are very good here." We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. The home had been rated five stars by the food standards agency in March 2018. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and wore personal protective equipment to ensure hygiene standards were maintained.

Accidents and incidents were analysed each month by the registered manager to identify any patterns or trends. This enabled the registered manager to act where needed. People had been referred to the community matron to enable the person's health to be monitored; such as their blood pressure. When needed referrals were made to the falls clinics via the person's GP. Where people were assessed as being at high risk of falls, equipment was in place to monitor them. For example, sensor mats were provided in bedrooms, where people were at risk of falls, to alert staff if people got out of bed during the night.

## Is the service effective?

### Our findings

People's support needs had been assessed prior to them using the service and information gathered included the person's preferences, support needs, health and emotional well-being. This information was used to develop the person's care plans and was done in consultation with people's families to gather a picture of the person's life and what was important to them. Relatives confirmed they had been involved. One said, "We were fully involved at the time and have been ever since when [Name] has a review about their care."

Care plans and risk assessments were written and delivered in line with current legislation to ensure best practice was embedded across the home. People and their relatives were happy with the care provided at the service. One said, "I can't fault it. My relative gets the care they need. The staff know what they're doing and look after my relative very well."

The registered manager confirmed that staff new to care, completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment and new staff on duty confirmed they had commenced this. Staff told us they received the training they needed to support people. One member of staff said, "I think the training is pretty good and covers everything. Some training is classroom based like moving and handling as we need to learn how to use equipment." Another member of staff told us, "Our understanding of what we have learnt is tested at the end of the training to ensure we have understood everything." Some staff told us they felt they would benefit from more in-depth training around supporting people that were living with dementia. One staff member said, "We do get dementia training but I think if it could be more geared towards the people we support; it would help us to understand them better and possibly why they do some of the things they do." We fed this back to the registered manager who confirmed they would look at providing further training in this area.

Staff confirmed that they received supervision on a regular basis to support them in their work. One member of staff told us, "We get supervision regularly but we can go to the senior staff at any time if we need to discuss anything. The support is very good." The training and supervision matrix reflected that staff were provided with ongoing training and support to develop their skills and monitor their performance.

Two dining areas were provided, one was smaller for people who preferred to eat in a quieter area. The registered manager confirmed that people could eat in their rooms if they preferred. The lunchtime meal was presented well and there was a choice on the menu. We saw food for specific diets, such as gluten free and diabetic diets, was available. One person said, "The meals are good," and another said of the lunchtime meal, "It tastes good." A relative told us, "[Name] eats well. They've put on weight since being here and are not so gaunt." Another relative told us they thought the dining experience had improved for their family members since they dined in the smaller dining area. The registered manager showed us that snack trays were available for people with a poor appetite and nutritionally at risk. We saw that a range of snacks and drinks were also offered throughout the day to ensure people ate and drank sufficient amounts to maintain their dietary needs.

People's dietary needs had been identified and were met, as kitchen staff were provided with information on people's requirements and preferences. The cook showed us the list of people's dietary needs and preferences that they were provided with. People's food and fluid intake was monitored where needed and weights were recorded to identify any changes. People's nutritional assessments were reviewed to ensure any changing needs were identified and managed. We saw that people were referred to the appropriate health care professional when needed, such as dieticians or speech and language therapists where people had difficulty swallowing.

People were supported to access external health professionals to maintain their health care needs. One relative confirmed their family member had seen the optician and chiropodist whilst using the service. The deputy manager told us the community matron visited people weekly to monitor people's health care needs. The deputy manager said they could also contact the community matron on other days if they needed to. District nurses also visited regularly to support people as needed.

The design of the building enabled access for people that used wheelchairs and we saw that people could walk around with or without staff support as needed. There were outdoor spaces available for people to access and equipment such as hoists were available for people to move safely. There were lifts to enable people to access other floors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that assessments had been completed with best interest decisions where the person lacked capacity to make the specific decision, such as the support the person needed to ensure their personal care needs were met.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. No one had a DoLS which had been authorised at the time of the inspection. Discussions with staff demonstrated they understood the Act and DoLS and we saw they had received training.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions in their daily lives and we saw this was done. Staff gained people's consent first and explained what they were doing, for example, we saw staff offering choices at meals times and when providing beverages. One member of staff told us, "I always support people to choose what they want to wear each day." Another member of staff said, "Most people can make decisions but when they can't I support them in their best interests by following their care plan."

## Is the service caring?

### Our findings

We saw interactions between staff and people were warm and compassionate. For example, on the day of our visit one person who was new to the service was a little distressed and anxious. We saw the staff team spent time with this person, reassuring and supporting them to orientate themselves around the home.

People told us they liked the staff. One person said, "They're all helpful." Another said, "The staff are marvellous." Comments from relatives also reflected this opinion. One relative told us, "The staff are absolutely brilliant. They genuinely care. They take time to sit with people and check they are alright. If someone needs some help, they are there to help them and they don't rush them." We saw that when people were supported by staff, for example with meals or activities, this was done at the person's own pace.

The staff team encouraged people to be as independent as they could be and supported them to make decisions for themselves wherever possible. One member of staff said, "It's important for people to maintain their independence and we do encourage people to do as much for themselves as they can." We saw the staff explained things and used different approaches to ensure people understood and could make informed choices. For example, by spending time with people on a one to one basis to discuss with them what they would like to do and where they would like to go. We saw that staff communicated with people effectively and used different ways of enhancing that communication, for example, by touch, eye contact and altering the tone of their voice appropriately. People could spend time as they wished either within communal areas or in their bedrooms. For example, some people preferred to sit in the smaller lounge with each other as they liked a quieter environment.

People and their visitors confirmed they were involved and consulted in their care. One relative told us, "I attend reviews and if there are any changes to [Name's] care needs the staff ring and let me know." Staff respected people's dignity and privacy. People confirmed that staff always knocked before they went into their bedroom. We saw staff discreetly offering assistance to people when they needed to use the bathroom.

The registered manager told us that one person that used the service was being supported to access an independent advocate at the time of the inspection. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

Staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. A relative said, "Staff are really good, I can't fault them at all," and their family member confirmed that personal care was provided privately with doors closed.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. A relative said, "This place is like a second home. All of the staff are very welcoming."

We saw that care records and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

## Is the service responsive?

### Our findings

Staff confirmed that they read people's care plans and information in people's care plans reflected the support we observed on the day of the inspection. People's care plans contained individualised information. This included details regarding their protected characteristics, for example their race, religion and belief. We saw that people's spiritual needs were met by a visiting minister. A Christmas service had been organised at the home with the local minister and church choir. The registered manager told us, "The services at the home are very popular. We have held them in the smaller lounge so far, but as so many people have attended we are going to hold the Christmas service in the bigger lounge."

Staff knew people's likes and preferences and could describe their daily routines in detail. We saw that support was offered in a way the person preferred. One person told us, "They do things how I like." A relative said of the care their relation received, "I'm hugely satisfied."

Social activities were provided and people told us they enjoyed these. Two activities coordinators were employed over a seven-day period. On the day of the inspection we saw the activities coordinator on duty, supported and encouraged people to participate in a variety of activities. People we spoke with said they enjoyed the range of options available such as exercises, bingo and games. Relatives were also pleased with the activities on offer and one relative described them as "wonderful." Another told us, "There are activities available here every day. There is always something to join in with if people want to." The activities coordinator told us, "I am here Monday to Friday and I often come in at weekends too; although there is another activities coordinator that works weekends as well. I love my job." We saw the provider had recognised the importance of promoting physical activities such as exercise classes; to reduce falls within the home by encouraging people to maintain their mobility. People were supported to go out individually or in small groups and events were organised at the home. The activities coordinator told us about the Christmas fair they were organising and said, "The local community have been very generous and have offered some fantastic prizes." A mobile library was used for people to access a collection of books, including large print and audio books for people as preferred. The registered manager confirmed the library also provide memory boxes with a collection of memorabilia to promote discussions between people.

At the time of the inspection people who used the service could communicate their needs and preferences. The registered manager confirmed if people needed information in a different format such as large print or pictures this would be provided for them. We saw in people's care records that people's communication needs were assessed prior to admission and this was reviewed on an ongoing basis.

People confirmed they would feel comfortable speaking with the registered manager or staff if they had any concerns. One person told us, "The manager listens." A complaints procedure was in place and guidance was available in the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these were addressed in a timely way. Audits of the complaints received were undertaken to identify any patterns or trends. The registered manager confirmed that no trends had been identified since the provider took over the registration of the home.

Arrangements had been made to respect each person's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life; this included information regarding pain relief to ensure people were supported to be pain free and comfortable. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was supporting people who were nearing end of life care and we saw they were comfortable and supported with care and consideration. Staff received training to support them and worked alongside health care professionals to ensure people experienced a comfortable and dignified death.

## Is the service well-led?

### Our findings

There was a registered manager in post and people were clear who the registered manager was. One person told us, "She's very nice and I think she is doing a very good job." A relative echoed these comments saying, "There have been some big improvements under the new owners and the new manager. I am very impressed so far."

The registered manager demonstrated a good standard of leadership and staff confirmed they felt supported by them. A team of support was in place to support the registered manager; this included the deputy manager, senior care staff, care staff, catering and housekeeping staff and maintenance and administration support. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the service. Staff spoke positively about the registered manager and said they received the right support. One described their support as, "Good" another told us, "It's improved under the new management. We get listened to." Another member of staff said suggestions they made were listened to and that teamwork had improved. They told us, "We all work together."

The provider had systems in place to take account of people's opinions of the service and to drive improvement. Surveys had been completed in 2018 by people's relatives, visiting health care professionals and staff. Most feedback was positive with written comments such as, "Care is brilliant", "Very satisfied" and "Staff are very respectful to us and our relative." We saw that any adverse comments were considered. For example, a comment about poor communication between different staff groups had been addressed.

Staff meetings were held regularly and staff told us they could suggest improvements. Meetings were also held on a three-monthly basis for people that used the service and their representatives. We saw from the minutes, that staff from different departments attended these meetings to provide feedback to people as required. For example, a member of the catering team, domestic team and laundry team attended along with the activities coordinators. The minutes of these meetings were included in the newsletters that were produced. Information regarding recent events and up and coming events were also included in the newsletters.

The provider had systems in place to ensure the service was well run and a safe environment to work in. There were audits and checks in place to make sure any risks were identified and action plans were developed to mitigate these risks. For example, where an infection control risk had been identified, action to prevent further recurrence, such as replacing equipment, had taken place. We saw that a refurbishment plan was in place and was ongoing. This showed that the home had been redecorated and refurbished, including a new wet room. People told us they had seen some good environmental improvements since the new provider registered. One visitor told, "The home was starting to look a bit tired and in need of redecoration. The new owners have addressed all of that, it really is 100% better."

The registered manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as community health care professionals.

The provider and registered manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.