

Cliffdale Limited

Cliffdale Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 6 May 2016 and was unannounced.

The provider of Cliffdale Care Home is registered to provide accommodation and personal care for up to 27 people. At the time of this inspection there were 18 people living at the service.

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.

People were kept safe because the registered manager and staff understood their responsibilities to identify and report potential harm and abuse. Risks to people's health and wellbeing were known by staff and well managed. The registered manager and staff maintained close links with external healthcare professionals to promote people's health.

People were cared for by sufficient numbers of staff. The registered manager reviewed people's individual requirements and ensured staffing levels were suitable to meet their needs. The registered manager made all the appropriate checks on new staff's suitability to work at the service. People's medicines were managed, stored and administered by staff who had received the correct training to promote safe practices. Staff understood how to care for people because they received a good induction where they shadowed experienced staff until they knew people well.

People were offered meals which were met their preferences and provided a choice of different meals. People were supported to eat and drink enough by staff who understood the importance of a balanced diet.

People were cared for by staff who knew them well and who they described as kind and caring. We saw very positive interactions between people and staff which respected people's dignity and privacy. Staff responded to people's individual likes and dislikes and supported people to follow their own interests.

People knew how to raise any concerns and who they should report any concerns to. The registered manager was proactive in maintaining communication with people and their relatives so that any concerns were discussed and action taken straight away.

The registered manager was aware of their responsibilities and had developed systems to monitor the quality of the service people received. The registered manager was continually looking at how they provided care for people and how this could be improved. In doing so they showed that they valued people's views about the services provided and used these to improve and further develop the services provided for people.

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 told us they felt safe and staff were knowledgeable about how to reduce the risk of abuse.

People were supported to live their lives safely whilst enjoying their freedom to live as they chose.

There were systems in place to make sure staffing levels were maintained to meet people's needs safely.

People were supported to take their medicines by staff who knew how to manage them safely.

Is the service effective?

Good 

The service was effective.

Staff were supported and received training which enabled them to meet people's needs effectively and in the least restrictive way.

People's choices and rights to make their own decisions were promoted.

Staff understood the principles of the Mental Capacity Act 2005 and actively supported people to be involved in decisions about their life.

People were supported to have enough food and drink and staff understood people's health and nutritional needs.

Is the service caring?

Good 

The service was caring.

People felt that staff were kind and caring.

Staff knew people's likes and dislikes and promoted people's individuality.

We saw that people's dignity and privacy was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

The staff worked to develop many interesting activities which reflected people's wishes and interests.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

The provider had a registered manager in place who was able to lead the staff team and provide good care and support.

There was an open, inclusive and transparent management style in place.

People, relatives and staff told us that the manager was very supportive in all areas.

Staff had a good understanding of their roles and were aware of their responsibilities to share any concerns about people.

The registered manager was able to show systems in place which monitored the care provision in the service.

Cliffdale Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 06 May 2016 and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection we checked the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and any incidents. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority. The local authority have responsibility for funding people who used the service and monitoring its quality.

We spent time in communal areas talking with people living at the service, and also with people who were staying in their rooms. During our inspection we spoke with eight people who lived at the service and two relatives who were visiting at the time of our inspection. We also spoke with the registered manager and deputy manager of the service, five care staff members, the cook and one work experience person.

Is the service safe?

Our findings

People told us, and we saw, that they felt safe and supported by the staff team. One person told us, "All the staff make sure we are safe. They help me to walk and never rush me so I do not fall". Relatives told us that they felt their family members were safe. One relative we spoke with said, "I now feel that I can go home and not worry about [Person's name] because the staff keep [Person's name] safe and are always happy to help". "I would know if [Person's name] was unsafe because they would tell me".

Staff we spoke with had a good understanding of how to keep people safe. They were able to tell us who they would report any concerns to and were confident that any allegations of abuse would be investigated by the registered manager. Staff were also able to tell us which external organisations they could report concerns to, such as the local authority and the Care Quality Commission (CQC). Staff told us that they had received training in how to keep people safe from abuse and how to avoid discrimination towards people. They were able to tell us about the different types of abuse.

The registered manager had a good understanding about their responsibilities towards people living at the service and the staff team. They were clear about when to notify us about any concerns and had notified us appropriately about a concern for a person's safety. We saw that accidents and incidents were analysed and staff involved in discussions as to how to prevent reoccurrence. For example, one person living at the service had fallen and received an injury. The cause of the fall was discussed as a staff team. They talked about how they could work as a team to prevent a reoccurrence. This discussion ensured that all staff understood the importance of vigilance and correct reporting of accidents. One staff member said that this communication was very good because it helped to strengthen team work. Staff were able to tell us how they supported people to ensure risks to their wellbeing and safety were reduced. We saw people using mobility aids, such as walking frames as they moved around the home environment. Staff were seen to support each person to use the aids well. For example, one person was supported by a staff member to walk to the dining room. We saw the staff member speak kindly and encouraged the person to use their walking frame correctly. The person was smiling in response and chatting happily which indicated that they felt safe and comfortable with the staff member. Some people were living with dementia. They were seen to be supported by staff who showed clear knowledge of each person's individual emotional needs. A visiting professional told us, "The staff provide a safe, happy and harmonious environment. They have an in depth knowledge of the people they support. This helps to prevent or reduce anxiety for the people."

People and relatives told us, and we saw, that there was enough staff to meet people's needs. One person told us, "The staff always help when I ask. I do not have to wait". One relative told us, "There is plenty of staff. They are all happy and kind. Nothing is too much trouble." Another relative said, "Because this is a community home, the staff know the residents and families already. They are a marvellous team and work well together." The staff we spoke with confirmed that the staffing levels enabled them to support people well. The manager was able to show how they assessed people's individual needs to ensure staff had the time to provide the required care for people. The manager and deputy manager cover 24 hour on call so there is always support for the staff teams if required. The service has a stable staff team and do not have many changes. One new staff member confirmed to us that they had to supply two references and a

Disclosure and Barring Service (DBS) check before they could start work.

People we spoke with said that they got their medicines when they needed them. Only staff who have undertaken training and have been assessed as competent dispensed medicines. We saw that all medicines were stored safely in line with good practice and national guidance. Controlled drugs were securely stored and checked by two people whenever dispensed. Medicines were seen to be dispensed in a safe and correct manner by the staff member. This included checking of the medicine administration record (MAR) sheets and assisting the persons to take the medicines with water and at their own pace. The staff member confirmed that no medicines are given covertly. This is when medicines are hidden in food. MAR sheets checked showed that correct documentation procedures had been followed. There was a policy and procedure with the MAR sheets for staff to refer to if required. The deputy manager had prepared a file which contained all the drug information sheets for each medicine being dispensed. This enabled staff to learn more about the medicines, the reasons for their use and any side effects. The staff member told us that they found this information very useful to learn about the medicines.

All people had a Personal Emergency Evacuation Plan (PEEP) in their care plan. This plan identified what support each person would need to evacuate the premises in the event of emergency.

Is the service effective?

Our findings

People we spoke with told us that the staff team were knowledgeable about how to look after them. One person told us, "The staff are very caring and know what they are doing". All care staff had undertaken vocational training in health care. Newer staff now undertook the Care Certificate which is a new, updated training process. Induction for new staff involved working through an induction pack with the manager and deputy manager. The information helped new staff to work safely as they learned their role. In addition, they shadowed experienced staff for as long as they needed to. The manager tailored the induction timescales to each person as they felt that people did not learn at the same time. One staff member told us, "Since my induction I have learned how to communicate with people better than before. I was nervous about talking to people with dementia but now I look at their body language as well". One staff member had been on work experience for six months. They told us that they loved working there and that they had received the same training as the other staff. The staff training programme was developed to ensure that staff had knowledge about how to care well for the people living at the home. This included first aid, safe moving and handling, and how to care for a person with dementia. The manager encouraged staff to increase their knowledge by undertaking higher levels of Health and Social Care training. For example, the deputy manager was undertaking the level five management qualification. Senior staff undertook 'Train the Trainer' courses in safe moving and handling. This enabled them to train staff in the safe use of equipment and how to move people safely. The manager and deputy manager worked with staff when providing care for people. This helped them to monitor staff practices and identify any problems. All staff told us that they have one to one supervisions every three months and a yearly appraisal.

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.

Staff demonstrated that they had received training and understood the principles of the Mental Capacity Act 2005 (MCA) in general. They were clear about the need for people to make as many decisions as possible and they demonstrated that they presumed people had capacity. One staff member said, "They can all decide what they want to do, even if they can't speak." Other staff in the group agreed with this comment. We heard staff explaining to people what their choices were. We saw that people responded positively and made their own decisions about where they sat and what they did. One person told us that they were able to do what they want, when they want. They said that they had decided to spend the morning in their room as they felt a little unwell. The staff made sure they had a warm drink and were popping in to see if they were alright. A relative who held power of attorney for their relative told us that they were always consulted regarding decisions about their family member's care. They confirmed that this did not mean that their family member was not involved, but that decisions were made together. Where people did not have capacity the registered manager had made sure decisions were made on people's behalf and involved other people who knew the person and those decisions were in the person's best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of their responsibilities with regard to the DoLS and showed us the documents held for people where they had applied for a DoLS to be put in place. On the day of the inspection there were five people who had an authorised DoLS in place. Three others were being processed. There was a clear monitoring process in place to enable the manager to know the progress of each application.

On the day of the inspection there were no people living at the service who may need restraint. The manager worked very closely with the community mental health and memory team. They gained support and information from people with experience of caring for people whose behaviour may challenge. We spoke with the visiting professional from the memory team who expressed a very positive view of the care and support provided at the service. They said, "The team always look for what has happened before the person was unhappy. They look to reduce any anxiety. The team have every confidence in the abilities of the staff to provide excellent support for people's physical and emotional needs.

People living at the service told us that they enjoyed the meals. Throughout the morning of our visit, the aroma of cakes being baked was very pleasant. One person told us, "They bake every day. We smell it and wait for the staff to bring the fresh cakes for us. It is lovely". We spoke with the cook on duty. They told us, "I am a good home cook. I make what the residents want to eat. We know what everybody likes and make sure it is made for them." We also saw that people's specific dietary needs were clearly identified and meals were provided to support this. For example, people with swallowing difficulties were assessed by the Speech and Language Team (SaLT) and instruction for modification of food and drinks were followed, for instance some people required softer food. We saw that their softer food was presented in an appetising way. The lunch served during the inspection looked and smelled appetising and the staff were organised so that all people received a hot meal. People sitting in the dining room told us, "The meal was lovely – it always is!" Cold drinks were freely available in all communal areas. Staff were seen to assist people to get a drink and made fresh hot drinks as people asked for them as well as when they served mid-morning drinks. People who stayed in their rooms received frequent drinks and snacks also. Staff showed that they knew how different people liked to eat. For example, one person who was living with dementia did not want to eat any of their lunch. The staff member tried some different items which they knew the person enjoyed but they would not eat. The staff member told us that [Person's name] eats a lot when they are hungry but will not eat if not hungry. They said that they had eaten a very good breakfast and would be supported to eat more at teatime. This was confirmed by the person's relative at the time.

People and their relatives told us that they were able to see other health specialists when they needed them. These specialists included the SaLT, district nurses, tissue viability team, chiropodists, dentists and their own GP. The staff monitored people's health and the GP came to see the person at the service as required. We saw that people were supported to attend hospital appointments.

Is the service caring?

Our findings

People we spoke with told us that they felt that the staff were very caring and they were well looked after. One person said, "I am very happy here. I love it. The staff are lovely, very happy and helpful". We were able to join in with a happy and fun interaction between a staff member and person living at the service as they were being supported to walk to the lounge at their own pace. It was apparent that from their interactions that they shared a close and caring relationship. We spoke with relatives who told us that the care provided was exemplary. One relative told us, "[Person's name] initially came for respite care but was not safe to go home. Their relative commented, "Isn't it homely?" when admitted, and has never wanted to go back home." [Person's name] is very settled and safe. It is a big relief to me when I go home that I never need to worry." Another relative told us that two members of their family had been a resident at the service. They said, "There was never any idea that [person's name] would go anywhere else – there is nowhere better". I am very confident that [Person's name] receives the very best of care and support here from very kind and caring staff". Throughout the inspection we saw polite, respectful and compassionate care being provided. One person was very unwell and was being cared for in bed. We saw that the person appeared extremely comfortable and cosy in their bed. They had received personal care and looked very well cared for. Classical music was playing quietly in the room. The staff member told us that [Person's name] loved classical music. One external professional visiting the home told us, "The staff keep people here unless absolutely necessary to move them. That would be the very last resort. They provide the best of person centred care at all times" and "The staff give the very best of care to the people living here".

We saw that, because the service is situated in a small village, most people, relatives and staff knew each other outside the service. This ensured that the staff team already had a lot of knowledge about the people they were supporting on admission. This knowledge was increased by getting to know the people well. One staff member said, "I love getting to know people. I like to talk with them and their families; we usually find that our families are connected in some way".

We observed that staff treated all people in a dignified and respectful way. We heard people being asked by staff what they would like to do and their choices being respected. We also saw staff supporting people by gently prompting them about what was due to happen. For example, one person was kindly reminded that it was nearly lunchtime and they should start to go to the dining room. This person expressed thanks for this prompt. one relative told us, "[Person's name] has always been a respectful and kind person. the staff here treat them just as they have always treated others throughout their life. Dignity in everything they do for them."

Relatives were able to visit anytime. In addition, people were encouraged to go out into the community and maintain old friendships.

Is the service responsive?

Our findings

People who lived at the service told us they received the care and support they needed at the right time and to meet their individual needs. They confirmed that they were involved in deciding what they want to do. Two people told us that they had seen their care plans and had signed some of them. It was confirmed by reviewing a plan that, where possible, people were encouraged to sign care plans and consent forms. Two relatives spoken with confirmed that they had been involved in the planning of their family member's needs. Both people had limited ability to be involved and the relatives were their chosen person to help them make decisions. People's rooms were very personal with many photographs of special family members and sentimental items. Two people confirmed that they were able to be private in their own rooms and that they are enabled to have solitude if they wished.

Staff told us that they read people's care plans and that the information was always being updated as needs changed. The care plans contained much information about the abilities and aspirations of each person as well as their physical care needs. The manager and deputy manager audited care plans to be sure they were being updated. Staff were kept up to date about any changes in people's care needs by in depth care handovers every day. We were told that people and their relatives were involved in attending review meetings. One relative told us, "I am always kept fully informed of the slightest change. I have every confidence that the manager will tell me everything I need to know". People and relatives told us that the manager was always available and happy to talk about whatever may be bothering someone. One person told us, "The manager will always listen to us and sort anything out. They are great".

The staff team worked together to develop activities which identified with each person's hobbies and interests before they came to live there. For example, we spoke with one person who was very keen on horses and had been involved with them all their lives. We were able to see their photographs of their horses and chat about them all. The staff at the service had arranged for horses to visit the premises which the person told us they loved. They said, "It was wonderful to be near horses again". We observed a very positive discussion in the lounge between four people who used the service. They were talking in a very animated way about the stories in the newspaper. Two of these people used to work together and had lost touch until they both came to live at the service. They had re-ignited their old friendship and shared memories of their working time together. One of these people used to work at the local fire station. This person's relative had worked with the staff in the home to arrange for the fire service team to visit the home in their fire engine and meet all the people. The relative told us, "[Person's name] was so happy. All the people were so animated and thoroughly enjoyed the visit".

People and their relatives were involved in planning and risk assessment to ensure they were enabled to do things they wanted. For example, one person enjoyed helping in the garden but occasionally tried to use equipment which they could no longer use safely. The staff had developed small tasks that [Person's name] could enjoy and take pleasure in without the risk of injury. The person told us, "I plant the seeds and pull up weeds. I can mow the lawn with help." When talking to us about the plants in the garden the person was animated and content.

The manager responded positively to any offers of support and guidance which could improve how the people were cared for. A member of the community mental health team told us, "The staff team are very responsive to learning from us. We have put in support staff in the past to help the staff teams in the service care for a person who needed extra input. The staff team here were very open and supportive of our staff and were very keen to learn new things to improve their abilities".

We asked people and their visitors if they knew how to complain. Two people told us that they would talk to the manager but they had never needed to complain. Both were aware of the complaints procedure. A visitor told us that they had never had a reason to complain but would discuss anything with the manager who would sort it out. They said that they were aware of the complaints procedure.

Is the service well-led?

Our findings

People who lived at the service, relatives and staff were very complimentary about the management team. One person said, "I know that [manager's name] will sort anything out for me. They are always checking that I am alright". We saw that the manager and deputy manager spent much time with people and their families. Conversations heard showed that people trusted the manager and deputy to care well for them. One relative told us that the manager was absolutely brilliant filled them with confidence". They confirmed that the vision of the manager and the staff team was to ensure honest and compassionate care with full involvement of the people receiving care and their relatives. Meetings were held with people, relatives and staff. However, the very high level of day to day involvement did mean that any issues of concern were discussed immediately and corrected as required, as opposed to waiting for a meeting. Quality surveys were sent out every six months. One area highlighted in the survey was a request for curry on the menu. This was arranged.

The provider also visited the service monthly and met with staff and people. The manager told us that they were very supported by the provider. As part of their monitoring of the service, the manager and deputy manager provided out of hours 'on-call' support and undertook unannounced visits to the service. This could be at any time including in the night and was undertaken to be sure that care standards were consistent at all times.

Staff told us that they experienced very high levels of support from the registered manager. The staff members we spoke with told us that the manager leads by example, and that they would not make them do something that they would not do themselves. One staff member told us that they had some difficulties undertaking written work. They said that the manager had supported them to be able to undertake their care qualification by helping with the written work. They felt that this helped them to feel content in their job. A staff member said, "We are encouraged to treat each person as if they were our own loved one. The manager also does this. It means that the residents are very well cared for". All staff spoken with felt that they were a part of a close and good team. One said, "We support each other. If someone is feeling uncertain then we help them to feel better. The manager looks after us as well as the residents". Staff told us that they knew what to do if they needed to use the provider's whistleblowing procedure and were confident that the manager would support them and deal with the issues brought forward. They also were able to tell us what to do if they could not go to the manager. The staff agreed, however, that this would be unlikely.

Because the service is in the village, there were strong links with local community. Many of the people, relatives and staff lived in the village which helped to keep the links strong. The local schools encouraged the children to come to the service and entertain the people. The choirs from the primary and secondary schools visited. People from the local church helped to take people to church and to functions in the village hall.

The manager showed that they understood their legal responsibilities as registered manager. They were able to talk knowledgeably about the Health and Social Care Act 2014 and the CQC new standards. Notifications had been sent to us as required. In order to ensure that the managers kept up to date with new

legislation and practices they were members of the local care training partnership which was very proactive in informing services of new initiatives.