Monarch Healthcare Limited

Clifton Manor Nursing 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

We carried out an unannounced inspection of the service on 30 January 2017.

Clifton Manor Nursing Home provides accommodation to older people in the Nottingham area. The home is registered for a maximum of 30 people. There were 21 people receiving care and support at the home at the time of our visit.

On the day of our inspection there was not a registered manager in place. However the manager at the service was in the process of submitting their application to become a registered manager. 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 we spoke with told us they felt safe at the home. They were supported by staff who understood how to report allegations of abuse. Risk assessments were in place to identify and reduce the risk to people's safety. Sufficient staff were in place to keep people safe and medicines were stored and handled safely.

People were supported by staff who received appropriate induction, training, supervision and appraisals. Staff were supported by management team. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion by the staff. People and their relatives reported positive and caring relationships were made with them and the people they cared for. Staff were respectful and spoke in a calm way. People were treated with dignity and compassion by staff who understood the importance of this. Staff gave examples of how they maintained people's dignity when providing assistance.

People received the care they needed. Staff were responsive to people's health needs. Care records were written in a way that focused on people's wishes and respected their views. Care plans provided information for staff so people could receive personalised care. A complaints process was in place, and people felt able to make a complaint and that staff would respond in a timely manner.

People were confident to speak to the manager and felt they were very approachable. People and their families had the opportunity to be involved with how the home was run. People were encouraged to share their experience of the service and feedback on those experiences. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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 we spoke with felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Is the service effective?

Good

The service was effective.

People received effective care that met their needs. People were supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities.

People's rights were protected by the use of the Mental Capacity Act 2005.

People were encouraged to be independent and to make their own choices.

People were supported to maintain their health and had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Staff treated people with dignity and respect and interacted well with people to help to develop caring relationships with them.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's needs in a timely manner.

People were supported to take part in activities.

People knew what to do if they had a complaint or concern.

Is the service well-led?

Good

The service was well-led.

People were encouraged to be actively involved in the development of the service.

The manager was supportive and approachable and was in the process of submitting an application to register with CQC.

The provider had a system to regularly assess and monitor the quality of service that people received.

Clifton Manor Nursing 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 the 30 January 2017 and was unannounced. The inspection team consisted of one inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service to obtain their views about the care provided in the home.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions' We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives, two care staff, one senior care staff, the manager, and the provider's representative.

We looked at the care plans for four people, the staff training and induction records for four staff, four people's medicine records and the quality assurance audits that the manager and provider's representative

completed.

Good

Is the service safe?

Our findings

People were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing harm. People were supported in their daily activities in a safe way. One person, when asked if they felt safe, their response was "Yes of course." Relatives told us they felt their relations were safe living in the home. One relative said, "I have no concerns."

Discussions with staff confirmed they had knowledge of how to protect people from harm. They gave us examples of what constituted as avoidable harm and how they would protect people. One staff member said, "I would report any concerns to the manager or nurse in charge." Another staff member told us they would report any concerns to the management or follow the safeguarding procedure kept in the nurses' station. Staff we spoke with and records we saw confirmed they had received training in how to safeguard people.

We found Information on safeguarding was displayed in the home to give guidance to people and their relatives about what they could do if they had concerns about their safety. Appropriate safeguarding records were kept. The manager discussed the process for reporting concerns of a safeguarding nature. This included how to contact the local authority and the Care Quality Commission.

We observed safe care practices were carried out by staff. There had been a high number of safeguarding referrals reported to the local authority. We saw the service had been proactive in taking action when required to address these areas of concern. We found one safeguarding had been raised in regards to an allegation of abuse. The provider's representative had completed a full investigation and took appropriate action with the support of the local authority safeguarding team and other professionals. The providers safeguarding policy and procedure had been followed and adhered to. We felt assured that issues that arose would be dealt with appropriately.

During our visit we raised a concern regarding access to the front door key pad number. We spoke with the manager and the provider's representative. They completed a risk assessment and found the same concerns. Due to the risk identified the key pad number was changed immediately and a system to ensure people were kept safe was implemented. This told us people were kept safe and protected from avoidable harm.

Individual risks were identified and managed; robust systems were in place to manage accidents and incidents to ensure they mitigated any risk to people. These systems were monitored and information was analysed on a regular basis to address themes and trends of any incidents that may occur .We found appropriate action had been taken when required. There was a culture within the home of learning from these incidents to make sure they did not re-occur. For example, where a person became agitated due to people being nearby them, the service responded to this well. They ensured that staff would not invade the person's personal space to keep them calm, but were within eyesight to ensure that they were not at risk.

Risks were assessed and completed in line with people's care plans. The care plans were electronic and

were created with key domains. People's care records contained a number of risk assessments according to their individual circumstances, including risks of pressure ulcers, falls, bedrails or food allergies. Risk assessments identified actions put into place to reduce the risks to people and these were reviewed regularly. For example, one person who was at risk of falls, but did not like wearing shoes. The falls risk plan stated the person must always wear socks with grips on the bottom to make sure they do not slip. We saw this person was wearing these types of socks.

People had their own personal evacuation plans (PEEP) to ensure they were fully supported in an emergency. The plans informed how many staff were required to support the person to evacuate the building. This meant staff had easy access to information should an emergency arise, such as an outbreak of fire, and could ensure people were evacuated safely. We found the premises were well maintained and the member of staff responsible for the maintenance of the home undertook and recorded weekly and monthly checks, such as, water temperatures and fire tests to make sure people were safe. There was a maintenance book where staff reported any issues. The environment of the home was free from hazards and clutter.

Staff were visible throughout the home. However we received a mixed response from relatives in regards to staffing levels. Two relatives felt there were enough staff on duty. One relative felt there should be a member of staff upstairs at all times. Another relative said, "They can be short staffed, particularly at weekends." The relative gave us an example where their relation required assistance to go to the bathroom. They said "It can take 20 to 30 minutes and by then several other people want to go too." The registered manager told us that they were aware of this incident and it had been investigated. They told us that this was a one off incident and if they received any reports that people were waiting for a period of time this would be investigated.

Staff told us they felt there was sufficient staff to cover all shifts and any absences or holidays would be covered by other members of staff if needed. Staff felt they were deployed appropriately around the home. One staff member said, "One staff covers the lounge at all times and there are two staff upstairs and two down stairs." The manager and providers representative confirmed these staffing levels were correct. They also told us they limited the use of agency staff. However should the need arise for short falls, such as requiring a nurse they requested regular named staff to ensure the continuity of care was continued.

During our inspection one person requested to go to the bathroom; we observed staff were deployed within a couple of minutes to assist the person. Staff rota's we looked at confirmed the level of staff on the day of our visit.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. We found the service followed clear disciplinary procedures when identifying staff who had been involved with unsafe practices. We found action had been taken and recorded when needed. We saw an audit trail and plans had been put in place to ensure people were kept safe. This showed us the provider took appropriate action through their recruitment procedures and when they identified staffing concerns to keep people safe.

People received their medicines in a safe way. People did not raise any concerns about their medicines. We observed the nurse giving people their medicines and saw that they stayed with people whilst they took all their medicines. Each person was asked how they wished to take their medicine and the medicine was given without people being rushed. The nurse described the process they followed. This was in line with the provider's medicine policy and procedure.

We saw the electronic medication administration records (MAR) sheets were completed during each

medicine round. The electronic MAR sheets were used to confirm each person received the correct medicines at the correct time as written on the prescription. Each MAR was identified with a picture of the person, to help ensure they received the medicine that was relevant to them and as prescribed by their GP.

Staff responsible for administering medicines confirmed and records we looked at showed they had received up to date medicine training including the relevant competency test to ensure they were administering medicines correctly. Nurses were responsible for completing any audits of MAR sheets and ordering and disposing of any medicines. The medication system was electronic and it was easier to identify if any medicines were missed and the reason why.

The provider followed professional guidance and there were policies and procedures in place for the administration and disposal of medicines. We found the medicine room was kept secure. The temperatures of the fridge in the clinical room were recorded at the correct temperature. This confirmed to us medicines was managed safely.

Good

Is the service effective?

Our findings

People received effective care, which reflected their needs, from staff who were knowledgeable and skilled to carry out their roles and responsibilities. Feedback from relatives was positive. One relative told us that the service had been very proactive since their relation had moved into the home. They told us that appropriate professional help had been requested when the person was having difficulty swallowing. They also said, "They [service] had books made up of words and pictures." This was to help [name] communicate, as they were unable to talk." This showed us people received effective care which was based on good practice.

Staff felt supported and confirmed they had opportunities to undertake relevant training for their role. They were able to describe the support people required and the level of care needed to ensure they received effective care. The manager told us and we saw a copy of the training programme, this was an electronic system which identified when training was due or completed. We found training was up to date and identified when a refresher course was needed.

People were supported by staff who had the necessary skills and knowledge to provide effective care. Staff told us they received supervision and appraisals of their performance. The provider told us through the provider information return that staff were trained in all areas of care. They also told us staff received regular supervision and personal development was part of the discussion in their supervision. We saw copies of supervision and training certificates on staff files we looked at. This included certificates in moving and handling, equality and diversity, person centred care awareness and the mental capacity act.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were adhered to in that when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interest documentation had been completed.

Staff gave us examples where they had given people choices to make decisions about their day to day care. One staff member said, "[name] likes to be well presented, so we give them a choice of what they want to wear. They like to wear lipstick." We saw in the person's care plan they like to wear lipstick each day. Staff asked the person throughout the day if they wanted their lipstick reapplied. Another staff member described what MCA meant for people. The staff member said, "It is what is best for the person, in their best interest." They gave an example of one person who had the mental capacity to decide that they did not want

thickener in their food, even though it had been advised they should by their GP. The staff member said we offer the person food with and without the thickener in case they change their mind. At the end of the day it is up to them."

Staff told us and records we saw confirmed they had received training in the MCA and DoLS. We saw where required DoLS had been applied for and any that were authorised measures were in place to protect the person's rights. These were identified in the person's care plan and staff were following the terms of the DoLS. The manager told us they were in the process of notifying and updating CQC for the DoLS that had been authorised. We checked our records on the 23 February 2017 and the relevant notifications had been submitted.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. They had been completed appropriately.

People were supported to eat and drink sufficiently and maintain a balance diet. We observed people had good experiences at meal times and could choose what they wanted to eat. When we arrived at the service some people were having their breakfast. Others were still getting up. At lunch time staff sat with people who required support with their meal and engaged in meaningful conversations. One person was having difficulty eating their soup. Staff offered support and encouragement, but the person was still having difficulty. The staff member got a double handled mug and filled it with the soup. This meant the person could drink the soup independently instead.

Relatives felt the meals the home offered were good. One relative told us they were also invited to eat at the home with their family member. They said that they do and this is appreciated by their relation. We saw drinks and snacks were made available, including hot and cold drinks, cakes and fresh fruit. We observed one person requested a particular drink and staff responded immediately and provided the drink. We saw a staff member made one person two cups of tea in different styles of mugs to encourage the person to drink and hold the cup themselves.

Staff told us and records we saw showed people's dietary needs were recorded in their care plan. One staff member said, "We ask people what they want to eat on a daily basis. If we have concerns that a person is not eating sufficient we complete food charts. This is to monitor their intake of food and take action if needed." They went on to explain to us that they would contact an outside professional, such as, a dietician, if they were not satisfied that people were eating sufficient amounts. We saw records that confirmed this action had been taken.

The cook told us and people confirmed they were asked what they would like to eat each day. The cook said they were developing pictorial choices of food and drink to support people with visual choices, but this was to be implemented. The cook had a good knowledge of people's dietary needs and was able to describe what allergies or special diets people required. People were weighed monthly unless at risk of malnutrition, then they were weighed more frequently.

People were supported to maintain good health and had access to healthcare services. This included a GP, dentist and chiropodist. People's needs were tailored to each individual's requirements. Staff were knowledgeable about the people they cared for. People's health was monitored regularly and people were referred to health professionals in a timely way should this be required. The provider's representative told us people were escorted to hospital should the need arise. A visiting health care professional we spoke with gave positive feedback about the care staff provided. This told us people were supported to maintain their health and well-being.

Good

Is the service caring?

Our findings

People experienced caring positive relationships with their family and the staff who cared for them. Everyone spoken with said they or their relative were treated with kindness, care and respect. We observed one person who became upset. Staff were seen throughout the day to try and reassure and comfort the person. This showed us staff cared and showed empathy towards people they cared for.

We received mixed comments from relatives about staff's caring qualities and attitude towards people. One relative commented that they felt staff can be good or bad. When asked what this meant they said, "Some staff are really good, while others have poor attitudes." The relative also felt a number of good staff had left the service. Another relative told us they thought the staff were compatible, sociable and looked after their relation well. The relative had high praise for the staff and appreciated the care they provided to their family member. They said, "Now [relative] is living here they are getting all the care they need."

We observed staff sitting with people at their level and were engaged in meaningful conversation. Staff engaged with people and visitors and initiated conversations about topical subjects. There was a light atmosphere and light hearted comments which were received very positively by people using the service, as they were smiling and participating in the banter. People received care from staff who understood their life history, preferences and needs. Staff interacted with people well and we found they showed compassion for people.

People were supported to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. Care records contained evidence that the person or their relatives had been involved in the development of their care plans, but they were not always signed as the care plan was stored electronically. We spoke with the manager and they said they would address this immediately. They put a system in place for people to sign off their care reviews and upload this to the system.

Care plans contained information regarding people's life history and their preferences. The manager told us there was a plan in place to make sure all care plans were person centred. Care plan audits and reviews had taken place and there was a plan in progress to update the care plans to ensure they reflected people's needs.

Information was displayed on the notice board in the home about how people could access an advocacy service. Advocacy services use trained professionals to support, enable and empower people to express their views.

People told us they received visitors and we saw their friends and family visiting during our inspection.

People told us they were treated with dignity and respect. People communication needs were documented in their care plan. People with limited or no ability to communicate verbally had instructions for staff in how

to communicate with them effectively. For example one person's care plan stated staff should allow the person to speak slowly. Staff should also interpret person's body language to ensure the person communicates effectively. Staff were aware of they were able to do this. We saw instructions in how staff should do this, however these were not detail sufficiently. We spoke with the manager and providers representative. They told us the care plans were still being developed on the electronic system to make sure they would be more user friendly. They also said they were working on how to ensure they incorporated more detail information in to the plans.

People were cared for by staff that were respectful and polite and observed their rights and dignity. We saw examples of staff promoting people's privacy and dignity, such as whispering when they asked a person if they wanted to go to the toilet. When a healthcare professional visited one person they took them back to the privacy of their bedroom to examine them.

Staff told us they closed the door and curtains when providing personal care to maintain people's privacy. We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People were encouraged to be as independent where possible and this was monitored by staff stepping in to provide assistance when it was needed. Staff talked about encouraging people to maintain their independence when able and providing support when people needed assistance.

Good

Is the service responsive?

Our findings

People and their relatives we spoke with gave positive feedback on how responsive the staff were in meeting their needs. One person had difficulty communicating with us, but we saw the doors, drawers and wardrobe in their bedroom were labelled to identify where the persons possessions were kept. One label identified how staff should support them to put on their clothes to minimise pain due to a previous injury they had received. Another person was looking for some equipment, so they could listen to music without disturbing others. The person became agitated, because they could not find what they were looking for. Staff helped to find the equipment. We saw how this changed the person's behaviour when staff found the equipment and gave it to them. They became happier and more content. Another person was being comforted by a member of staff. Staff were seen holding the person's hands and having their arms around them giving them a hug. The positive effect was seen on the persons face with a glowing smile in response to this engagement. This showed us staff were responsive to people needs.

One relative told us about two incidents where they felt the response from staff was positive. They told us they felt the home responded in a timely manner. This showed us the service was responsive to people's needs.

People, or their representatives were actively involved in making decisions about the way their care was to be delivered and arrangements were made to review their care needs. Staff told us they listened to people's choices and everyday decisions. Initial assessments were completed before the person moved into the home. Reviews and assessments took place and there was clear guidance for staff to enable them to meet people's needs.

People were supported to take part in activities. One person was being supported to apply makeup and then continued to read their magazine. One person sometimes visited the adjoining home. They told us they liked to go for a walk. We saw in their care plan that they liked to visit the adjoining home. Staff confirmed the activities that took place in the home. One staff said, "We also go next door and share movie night. This helps people interact with others." We saw an activity programme was available. Activities were identified for people to participate. For example, TV, films night, walks and one to one activities. We spoke with the activities coordinator. They told us they were in the process of looking at different activities, what worked well and what needed to be changed. We found discussions with families about what activities people may like had been recorded in people's care file. This showed us that people were supported to follow their hobbies and interests.

The home environment was dementia friendly. There was directional signage for people with dementia to assist them to orientate around the home. Toilets and bathrooms were marked in a dementia friendly way. We could see the home was working with the Dementia Outreach Team through care plans and referrals that had been made.

People told us they knew what to do if they had a complaint or concern. One person told us they had raised concerns with the manager and these had been responded to appropriately. The manager told us they had

received three complaints and this was confirmed by the complaint log we looked at. We saw complaints were investigated, responded to, analysed and monitored for themes and trends. Action was taken and the provider's complaint policy followed. Guidance on how to make a complaint was made available and displayed in the reception area. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

People were confident to speak to the manager and felt they were very approachable. One relative said, "I would happily raise concerns if I needed to." Through the provider information return they had identified positive feedback from relatives and other healthcare professionals in regards to the current manager. However one relative told us the high number of managers at the home in recent months was a concern and they felt this had led to staff leaving. The provider had also highlighted the problems they had experienced in relation to management of the home and the high turnover of managers. They told us how they were addressing this issue and ensuring the manager was fully supported. At the time of our inspection the manager was in the process of submitting an application to register with CQC. They told us they felt supported by the provider within their role.

People and their families had the opportunity to be involved with how the home was run. We saw meetings were held with people and their relatives. Staff told us people and their relations were always invited to resident meetings. We saw copies of meeting minutes where discussions had taken place in regards to the management of the home, key workers (a key worker is a member of staff who is responsible for a named person's care and development.) and quality assurance monitoring.

We found people and their relatives had participated in completing quality assurance questionnaires. We saw comments from people and relatives who had completed these questionnaires. Comments included, "On the whole a good home," "People are treated with respect" and "Staff are kind and responsive." One relative commented on the staff and how supportive they were, especially for people who may have behaviours that challenge others.

Staff commented on the way the service was run. They told us they felt supported by the management. One staff member said they felt comfortable to report concern to the manager and confident to use the whistleblowing policy the provider had in place if the need arose.

Staff appeared to work together well as a team and had good relationships with each other. This told us staff were motivated and understood what was expected of them. They said that the culture of the home was open and transparent. They said that the manager's door was always open and they were able to discuss any concerns or issues. The provider was actively involved with the day to day running of the home.

We saw the provider had systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing monthly audits, such as, for medicines, bedrails safety, mattress pressure checks and medical alerts. The provider's representative and manager told us they also completed visual checks of the home and addressed areas of concern as and when required. We saw copies of minutes from staff meetings that had taken place. These showed the meetings were informative and helped to keep staff up to date about people's needs, and what was happening in the home.

Incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were responded to. Where needed appropriate referrals were made to the local

authority. This showed there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. The service made referrals when required to, GP, District Nurse and dieticians. We noted the service followed their legal obligation to make relevant notification to CQC and other external organisations.