

Dr R K Sharma

Mona Cliffe Care Home

Inspection report

Black Stone edge Old Road
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Date of inspection visit:

08 May 2019

09 May 2019

22 May 2019

20 June 2019

24 June 2019

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10 September 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Mona Cliffe is a care home providing personal care and accommodates up to 23 people in one building. There are 15 single rooms and four double rooms. Bedrooms are situated on the ground and first floors of the home.

People's experience of using this service:

Not all potential risks around the home had been considered and were being well managed. Risk assessments regarding fire safety and legionella had not been completed.

A range of quality assurance systems were in place: however, these were not always fully effective to ensure risks at the home were well managed.

Confidential information was not always being stored securely.

We have made three recommendations regarding moving and handling, best interest decisions and obtaining staff feedback.

People said they felt safe living at the home, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service.

Maintenance checks of the premises and the servicing of equipment was carried out throughout the year to ensure they were safe to use.

There were enough staff to care for people living at the home.

Accidents and incidents were monitored, and any actions taken to prevent future re-occurrence were recorded.

Deprivation of Liberty Safeguards (DoLS) applications were submitted as necessary.

People told us they liked the food available and we saw staff supporting people at meal times, if they needed assistance. Where people needed modified diets due to having swallowing difficulties, these were provided.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards

people.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

Activities were available for people to participate in if they wished, although if people did not want to take part then their decision was respected.

We received positive feedback from everybody we spoke with about management and leadership within the home. Staff said they could approach the home manager with any concerns they had about their work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published November 2017).

Why we inspected:

The inspection was prompted in part by notification of a safeguarding incident recorded on covert video footage by a family. The concerns included safeguarding people from abuse, management and leadership, infection control, communication, nutrition/hydration, record keeping, pressure care, moving and handling and personal care. A decision was made for us to inspect and examine those risks. We are making further enquiries about this incident outside the inspection process.

We have found evidence at this inspection that the provider needs to make improvements. Please see the safe and well-led sections of the report. You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. In addition, we will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was Effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

Not all aspects of the service were Well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Mona Cliffe Care Home

Detailed findings

Background to this inspection

The inspection:

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

The first three days of the inspection took place in May 2019, and was a focussed inspection looking at the Safe and Well-led domains only. Following this, on review of further intelligence we returned for a further two days of inspection in June 2019 to expand the inspection into a comprehensive looking at all five domains.

Inspection team:

The inspection team consisted of two inspectors from the CQC, on each of the five days we visited the home.

Service and service type:

Mona Cliffe is a 'care home'. People in care homes receive accommodation 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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of the inspection there were 14 people living at the home.

Notice of inspection:

The first and fourth days of the inspection were unannounced. This meant the service did not know we would be visiting on these days. However, we informed the registered manager we would be attending on the other days of the inspection.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). This is a form that enables the home to tell us about things they do well.

Through the inspection period we have had contact with the local authority, who have also visited the home and conducted their own checks to ensure people living at the home were safe and happy with their care and support.

During the inspection we spoke with the registered manager, the provider, eight members of staff (from both the day and night shift), four people living at the home, six visiting relatives and three visiting health care professionals.

We reviewed seven care plans, five staff personnel files, five medicine administration records (MAR) and other records about the management of the home to help inform our inspection judgements about the service. We also carried out standard observation framework for inspection (SOFI). This enables us to determine how staff interact with people who may not be able to communicate their views.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good, although had now deteriorated to Requires Improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always well managed.
- Each person living at the home had their own risk assessment in place covering areas such as moving and handling, skin care and nutrition. Where risks were identified, there were details about how they needed to be mitigated. Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's evacuation needs in an emergency.
- Although a fire risk assessment had been completed by the registered manager, Greater Manchester Fire and Rescue Service (GMFRS) had asked the provider to ensure this was completed by someone who was competent to do so when they last visited the home in August 2018. This had not yet been undertaken.
- A risk assessment regarding legionella (a form of pneumonia) had also not been completed. This meant there could be risk the water system was not safe. The Health and Safety Executive (HSE) recommend a full risk assessment of hot and cold water systems is completed to ensure adequate measures are in place to control the risks. The registered manager and provider arranged for these to be completed following the inspection and we arranged confirmation this work had been completed.
- Whilst we saw all windows were fitted with restrictors, these could be removed as they were only secured with small screws and chains. HSE guidance states windows should only be able to be disengaged using a special tool or key. We raised this with the registered manager and provider and they arranged for additional locks to be fitted.
- Cleaning products were not stored securely around the home and were accessible in sluice room (used for storage). This meant there was a risk that people living with dementia could wrongfully consume them and place themselves at risk of harm. The registered manager told us these would be moved somewhere else.

This meant there had been a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding safe care and treatment.

- People at risk of skin breakdown had appropriate equipment in place such as pressure relieving cushions and mattresses. Records were also maintained by staff when they helped people to change position in bed to relieve the pressure on their skin.
- We looked at how people were supported to maintain good mobility. People had mobility care plans in place, detailing the support they required from staff. People had access to necessary equipment if they needed it such as walking sticks and zimmer frames.
- The premises were well maintained, with records of work completed documented on safety certificates when servicing had been carried out to the building or any equipment. This included areas such as gas safety and electrical installation.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection, we received information of concern regarding the safety of people living at the home following a safeguarding incident. We checked to see if people currently living at the home felt safe and were well treated by staff.
- Another concern included staff not having the knowledge about reporting safeguarding concerns. Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. A log of safeguarding incidents which had occurred within the home was maintained, along with any alerts that had been made to the local authority.
- People living at the home and relatives told us they felt the home was a safe place to live. One person said, "I feel safe and there is no threat me here." Another person said, "It's a safe place to live and I have no safety concerns."

Using medicines safely

- We found people's medication was administered safely. People's medication administration records (MAR) were completed accurately, with signatures provided when medicines were given. Creams were applied as prescribed and with records completed by staff.
- Medication fridges were available to help keep medicines at the correct temperature. Controlled drugs were in use and staff carried out a stock check to ensure all controlled drugs could be accounted for. These were signed for by two staff when administered to confirm they had been given. Creams were stored securely to ensure they could not be accessed and used unsafely.
- Medicines were stored securely in a locked trolley within a treatment room.
- Staff had received training regarding medication and displayed a good understanding about how to ensure people received their medicines safely.

Staffing and recruitment

- There were enough staff working at the home to care for people safely. All care staff spoken with during the inspection told us they felt staffing levels were sufficient to meet people's care needs. People living at the home and visiting relatives confirmed this also.
- Staff were recruited safely, and we found all relevant checks had been carried out prior to them commencing their employment.

Preventing and controlling infection

- We found the home was clean and where any odours were present, measures were taken to minimise these during the day. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring people's bedrooms were fresh and tidy.

Learning lessons when things go wrong

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the necessary mandatory training to support them in their role. Some other courses would be beneficial for staff to complete such as end of life care, equality and diversity and dignity and respect. The registered manager told us these related mainly to new members of staff and were scheduled to be undertaken.
- Staff received supervision to ensure they were supported in their roles, however the policy and procedure needed to be updated to ensure it was an accurate reflection of how often these took place.
- Staff appraisals had been undertaken.
- Moving and handling competency assessments had not been undertaken and we also observed some poor practices from staff when assisting people to mobilise.

We recommend moving and handling competency assessments are carried out to ensure people are supported in a correct and safe way.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "It is about seeing what the

person is like and able to understand".

- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded and DoLS were being applied for and adhered to. However, best interest decisions were not always clear when families were involved in decisions.

We recommend the provider considers current guidance on recording best interest decisions and take action to update their practice accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home and care plans were developed according to people's needs. People were involved in their care planning, which was reviewed at monthly intervals or when people's needs changed. One relative told us, "[Name of manager] spent the first two weeks with my mum, getting to know her strengths and weaknesses. She wrote the care plan out and then handed it over to the carers who review it monthly."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were met, and people were involved in choosing their meals. We found specialist diet types were provided for people to meet their dietary requirements, such as soft food diets. One person told us, "The food is good, very good. [Name of staff] usually asks you what you want. If you don't like something, they doesn't put in on for you." A relative added, "Food is excellent here and restaurant quality."
- During the inspection we observed the lunchtime meals. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people. We also observed staff encouraging people to drink fluids throughout the course of the day and drinks were available in communal areas where people were seated.
- Records of people's food and fluid were maintained where necessary.

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care. Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and GPs. A visiting healthcare professional told us, "Staff are trained in the caring role, none of them are afraid to ask questions and get the job done well."
- Information was available to other agencies if people needed to access other services such as GPs, health services and social services. Health passports (a piece of documentation that details people's health needs and contains other useful information) were used and provided an overview of people's needs.

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

- The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home. There were elements of the home that were 'dementia friendly'. For example, there was signage to identify rooms. One relative commented, "It's homely and they make people feel like they are in their own homes."
- People's rooms were personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. One relative told us, "My mum's room is painted, and she has her memories up."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People living at the home spoke positively about the standard of care provided and that staff treated people well. Staff were described as being kind, caring and considerate. One person living at the home said, "I like the staff, they are kind. They will always try to please you." Another person said, "The carers are kind and caring. I have a good relationship with them. I trust the carers and the staff. Staff talk to me. They sit down and ask how things are going. Staff listen to me."
- Visiting relatives also made positive comments about the care provided. One relative said, "My mum has not been very well and the care she has been getting here is brilliant." Another relative added, "The carers can't do enough for you. Residents are well looked after. Staff are committed, and residents come first."
- Staff were kind and caring and we observed a number of caring interactions between staff and people who lived at the home.
- People's equality, diversity and human rights (EDHR) needs were taken into account and reflected the care provided. Staff told us people would be treated equally regardless of their age, gender and race.
- People appeared clean and well presented. Records were maintained by staff when they had supported people with aspects of their personal care.

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

- Residents' meetings were held so that people could express their views about the care and support they received. Questionnaires had also been sent, seeking people's views and opinions about the service. Surveys had also been sent so that any feedback could be used to improve service delivery.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them. Doors were always closed when personal care was in progress.
- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking around the home on their own using any necessary equipment they may need.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person living at the home had their own care plan in place and we reviewed seven of these during the inspection. They provided information for staff about the care and support people needed.
- The care people received was reflective of their assessed needs and we saw people's preferences being adhered to during the inspection.
- People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.

Meeting people's communication needs

- Care plans contained information about people's communication and if they required the use of any sensory equipment. Where any sensory equipment was needed, we observed these were being worn by people during the inspection. Annual eye appointments were made and attended by people living at the home to help them with their sight.
- The service was meeting the requirements of the accessible information standard (AIS). This is used to ensure people with any particular sensory impairments have their needs met by staff. 'Talking books' were used for people with impaired vision and we saw these being used during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There were different activities available for people to participate in if they wished to. An activity planner was also on display on the main notice board of things that were due to take place during the week.
- People were supported to maintain relationships and we saw people's friends and relatives visiting the home throughout the inspection.

Improving care quality in response to complaints or concerns

- No formal complaints had been made at the time of the inspection. A range of compliments had also been received, where people had expressed their satisfaction about their experiences at the home.
- People knew how to provide feedback about the care they received and information about how to make a complaint was displayed on the back of each person's bedroom door.

End of life care and support

- The home provided end of life care to people as necessary, although nobody was receiving end of life care at the time of the inspection. People's care plans took into account their wishes as they approached the end of their life and how they wanted their care to be delivered.
- Do not attempt cardiopulmonary resuscitation (DNACPR) forms had been completed, to ensure people's

choices were respected regarding being resuscitated during an emergency. Statements of intent (issued by the person's GP when approaching end of life) were put in place with authorisations from the person's GP as needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good, although had now deteriorated to Requires Improvement. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Statutory notifications were not always submitted. In the registered managers absence, the provider had failed to notify CQC of a serious injury following a fall. We are following this up outside the inspection process.
- The registered manager had clear oversight of the service. Audit systems were in place to monitor and maintain a high standard of care for people. Regular audits of people's care plans, medicine records and the environment took place.
- Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. One staff member told us, "The management are really good to work with, we are like a family." Another staff member said, "I can take anything to [Name of registered manager] and they will 100 percent act upon any issues."
- Provider audits were carried out and reviewed a sample of these as part of the inspection. Prior to the inspection, the registered manager had been absent from the home and we received information of concern about management and leadership in their absence. This included having no point of contact regarding concerns and not appropriately assessing people's needs prior to them moving into Mona Cliffe. We found assessments of other people living at the home had been carried out and were available in care plans however.
- We spoke with the registered provider during the inspection and they told us they were now spending more time at the home and had also appointed an assistant manager, who could deputise in the registered manager's absence when people had concerns.
- Confidential information was not always stored securely and we saw people's care plans were stored in the main office which was not locked and was not always supervised. This meant people who were not authorised could access people's personal details.
- Further improvements were also required to overall governance arrangements to ensure they were effective in identifying some of the concerns found at this inspection and that regulatory requirements were met. For instance, regarding risk assessments not being in place, window restrictors and the storage of hazardous products and confidential information.

This meant there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding good governance.

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

characteristics

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were very pleased with the care and service in the home.
- The registered manager told us feedback from staff and their views were obtained from staff meetings, however there were no processes in place to document and analyse staff views such as the use of surveys.

We recommend the provider considers current guidance on obtaining staff feedback and take action to update their practice accordingly.

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

- The registered manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. Care plan documentation was person-centred and empowered people to be independent as possible. For example, one person's care records advised the staff to "Encourage [Person name] to help them self as much as possible to promote independence."
- People told us the staff knew them well and responded to their needs in a person-centred way. One person said, "I have a good relationship with them [cares]." A relative commented, "The staff are committed, and the residents come first."

Working in partnership with others; continuous learning and improving care

- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people living in the home. A visiting professional told us, "[Name of registered manager] is very knowledgeable, she takes on board what you say and passes it onto the carers."
- The registered manager was committed to developing further the skills and knowledge in the team. They were looking at how best to utilise staff skills and were arranging further training for staff in various areas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not always in place to ensure people received safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not always in place to ensure good governance within the service.