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Mona Cliffe Care Home

Inspection report

Mona Cliffe Care Home
Black Stone edge Old Road
Littleborough
Lancashire
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Tel: 01706372566

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30 October 2017

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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 30 October 2017 and was unannounced. Mona Cliffe is a care home providing personal care and accommodation for up to 23 people. At the time of the inspection there were 20 people living at the home.

There was a registered manager in place. 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.

There were sufficient staff to meet the needs of the people who used the service. The recruitment procedure was robust and measures were taken to help ensure employees were suitable to work with vulnerable people.

There were appropriate safeguarding and whistle blowing policies and procedures in place. Staff had undertaken training in safeguarding and were confident of the reporting procedure.

General and individual risk assessments were in place and health and safety records were complete and up to date. There was an appropriate medicines policy and procedure in place and medicines were managed safely at the home.

New staff undertook a thorough induction programme. Staff were up to date with training and refresher courses were undertaken on a regular basis.

Care files included appropriate information about people's health and well-being. Referrals were made to other agencies when required and there was good partnership working with other disciplines.

People's nutritional and hydration needs were met via a choice of good, nutritious home-made food. The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who used the service told us staff were kind and treated them with respect.

We observed care at the home and saw that interactions between staff and people who used the service were friendly and respectful. Staff were mindful of people's dignity and privacy.

Appropriate information was given to people who used the service and their relatives. Staff demonstrated a commitment to offering care in a way that respected people's diversity.

There were regular residents' meetings where people who used the service had the opportunity to make

suggestions and raise any concerns. People were encouraged to be as independent as possible and were involved in care planning and reviews.

People who used the service felt their needs were responded to in a timely way. Care plans were person-centred, included people's preferences and were reviewed on a monthly basis.

There were a number of activities at the service for people to access if they wished to. People were supported to continue to follow their spiritual and religious beliefs.

There was an appropriate complaints process which was displayed prominently within the home. There had been no recent complaints made. The home had received a number of compliments and thank you cards.

People told us the registered manager was approachable and very visible around the home. She was available to be called when she was off duty.

Staff we spoke with told us they were well supported. Staff supervisions were undertaken regularly and we saw evidence of annual appraisals. We saw minutes of regular staff meetings

There were a number of regular audits and monitoring to help drive improvement within the service. Annual quality assurance forms were sent out regularly to ascertain people's level of satisfaction with the service.

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.

There were sufficient staff to meet the needs of the people who used the service. The recruitment procedure was robust.

There were appropriate safeguarding and whistle blowing policies in place. Staff had undertaken training in safeguarding and were confident of the reporting procedure.

General and individual risk assessments were in place and health and safety records were complete and up to date. Medicines were managed safely at the home.

Is the service effective?

Good

The service was effective.

New staff undertook a thorough induction programme. Staff were up to date with training and refresher courses were undertaken on a regular basis.

Care files included appropriate information about people's health and well-being. Referrals were made to other agencies when required and there was good partnership working with other disciplines.

People's nutritional and hydration needs were met. The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and treated them with respect. We observed respectful interactions between staff and people who used the service. Staff were mindful of people's dignity and privacy.

Appropriate information was given to people who used the

service and their relatives. Staff demonstrated a commitment to offering care in a way that respected people's diversity.

There were regular residents' meetings. People were encouraged to be as independent as possible and were involved in care planning and reviews.

Is the service responsive?

Good

The service was responsive.

People who used the service felt their needs were responded to in a timely way. Care plans were person-centred, included people's preferences and were reviewed on a monthly basis.

There were a number of activities at the service and people were supported to continue to follow their spiritual and religious beliefs.

There was an appropriate complaints process which was displayed prominently within the home. There had been no recent complaints made. The home had received a number of compliments and thank you cards.

Is the service well-led?

Good

The service was well-led.

People told us the registered manager was approachable and very visible around the home. She was available to be called when she was off duty.

Staff were well supported with regular supervisions and annual appraisals. We saw minutes of regular staff meetings.

There were a number of regular audits and monitoring to help drive improvement within the service. Annual quality assurance forms were sent out regularly to ascertain people's level of satisfaction with the service.

Mona Cliffe Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 30 October 2017 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make. We also contacted the Local Authority safeguarding team, the local commissioning team

During the inspection we spoke with the registered manager, the administrator, three members of care staff, five people who used the service, five relatives and a visiting health professional. 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 looked at three care files, three staff personnel files, training records, staff supervision records, meeting minutes and audits.

Good

Is the service safe?

Our findings

We asked people if they felt there were enough staff at the home. One relative told us, "There are enough staff always". Another said, "Yes, there are enough staff". A third told us, "There is always someone around". We saw a sample of staff rotas which evidence sufficient numbers of staff and we saw there was a dependency assessment within people's care files. On the day of the inspection there were sufficient staff to meet the needs of the people who used the service.

We looked at three staff files and saw that their recruitment procedure was robust. Each file included an application form, record of interview, job description, contract of employment, two references and Disclosure and Barring Service (DBS) checks. DBS checks help employers ensure employees are suitable to work with vulnerable people. We saw, from the files, that disciplinary procedures were followed appropriately when required.

There were appropriate up to date safeguarding and whistle blowing policies and procedures in place. Staff had undertaken training and regular refreshers in safeguarding and those we spoke with demonstrated an understanding of the issues involved. All were confident of the reporting procedure.

General risk assessments regarding the environment and health and safety were in place. There were also individual risk assessments within people's care plans for issues such as mobility and falls. These were reviewed and updated, if required, on a monthly basis. Accidents and incidents were recorded appropriately and audited and monitored monthly to look for any patterns or trends and address these.

There were personal emergency evacuation plans (PEEPs) in place for each individual at the home. These were updated when changes occurred and outlined the level of assistance each person would require in the event of having to be evacuated.

We looked at health and safety records and saw an up to date fire risk assessment, liability insurance certificate, gas and electrical safety certificates. A number of health and safety checks were undertaken regularly, such as alarm and emergency lighting tests, means of escape checks, extinguisher checks, equipment maintenance and servicing and regular water temperature tests. The passenger lift had been maintained and serviced regularly and the nurse call system was regularly tested for efficiency. Health and safety audits were undertaken on a six monthly basis. There was a business strategy for 2017 – 2018 and a continuity plan to be used in the event of an emergency situation.

There was an appropriate medicines policy and procedure in place. Medicines systems were in place for ordering, storing, administering and disposing of medicines. The service used the Biodose system. This is where medication is stored in a pod. Each pod contained either tablets or liquid. The systems were robust and there were protocols in place for recording times of medicines given as and when required (PRN) to help ensure they were given at safe intervals. Medication Administration Record (MAR) sheets included a photograph of the individual to help minimise the risk of mistakes and these were complete and up to date. Controlled drugs were stored appropriately and the book signed and countersigned as required. There was

a policy in place for medicines errors and staff were aware of the procedures. Fridge temperatures were recorded to ensure they were within required parameters and the records were complete and up to date. Thickening agents, added to liquids for those with swallowing difficulties, were stored appropriately and signed for each time a drink was given. All staff were required to undertake appropriate training and assessments in medicines administration.

Good

Is the service effective?

Our findings

New staff undertook a thorough induction programme on commencement of their employment. The Common Induction Standards were completed and staff were then required to shadow more senior staff until they were considered confident and competent in their roles. One staff member told us, "I spent the first day with the manager and went through a check list. I shadowed for a few shifts, helping and observing people's routines. I'm now beginning to work on my own".

We saw evidence via the training matrix and within staff files of a range of mandatory and supplementary training undertaken. All staff were up to date with training and refresher courses were undertaken on a regular basis to help ensure staff skills and knowledge remained current. A staff member told us "I've done quite a lot of training. I am doing safeguarding at the moment". Another said, "The training is good and you are encouraged to do lots".

We spoke with a visiting health professional who visited the home on a daily basis. They told us, "The staff are efficient and always willing to help. I have no complaints from patients and staff refer appropriately and follow instructions".

Care files included appropriate information about people's health and well-being. We saw evidence that referrals were made to other agencies when required and there was good partnership working with other disciplines. Where there were issues, such as weight loss, monitoring charts were completed and appropriate actions taken to follow up concerns identified.

We looked at menus, which offered a choice of nutritious home cooked food. A staff member told us, "People get their preferences, for example, one person loves tomato soup and likes lots of gravy with a meal so we give them to him". We observed the lunchtime meal, which was the main meal of the day, and the food looked and smelled good. There were two choices given, but people told us they could have something else if they wished. The tables were nicely set and people were offered clothes protectors if they wanted them. Some people sat at the dining tables, others in the lounge, as was their preference. Plate guards and other equipment were used where required to help people be more independent. Assistance was given discreetly and sensitively to those who needed it. People were clearly enjoying the food and could have second helpings if they wanted them.

We looked in the kitchen and saw that food temperatures were taken to ensure all food was safe to be served. Kitchen staff and care staff were aware of special diets, such as soft diet or diabetic diets. Fridge and freezer temperatures were also taken and the kitchen and equipment were clean.

A health professional told us, "The home always smells of home cooking". We asked people who used the service about the food. Comments included; "The food is nice, you get exactly what you want"; "It's good food and you can choose". Relatives' comments included; "They all say the food is excellent"; "You can ask for a drink at any time and get one. Our relative likes to drink lots of tea and is given as many cups as she wants. There is also a good choice of food"; "It's good home-made food".

The environment was pleasant, clean and tidy, with no unpleasant odours. There was signage to help people to orientate around the home. Appropriate pictures and photographs were displayed around the home to aid reminiscence.

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 so that they can 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).

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

We saw consent forms within people's care files, for issues such as the use of photographs and the sharing of information. These were signed by the person who used the service or their representative, whichever was appropriate. All files included a document outlining people's level of capacity to make decisions. Where they did not have capacity we saw that best interests decisions were made, with the input of appropriate professionals and family members. Staff members we spoke with were able to demonstrate an understanding of the principles of the MCA. One staff member said, "I'm aware of those who can make decisions and those who need help".

We looked at the DoLS documentation which was appropriate. A staff member told us, "[Name] is on a DoLS. If she tries to leave we chat to her and encourage her back, offer her a cup of tea and to sit with her friends. Sometimes we take her for a walk". Another said, "We use encouragement reassurance and distraction techniques to help people who want to leave". There was a matrix to help the registered manager keep track of when reviews and renewals were required. Staff were aware of which people were subject to DoLS authorisations and what this meant. All staff had undertaken training in MCA and DoLS.

Good

Is the service caring?

Our findings

People who used the service told us; "It's smashing. They [staff] are lovely, all of them. They treat us with respect"; "Anyone who says they are not happy should think themselves lucky"; "I wouldn't like to be anywhere else"; "We are well looked after. All the staff chat to you".

Relatives comments included: "I am thrilled to bits. [Other relative] was in previously. Any problems, they will tell you. There is excellent communication. All are immaculate"; "[Relative's] care is fantastic. I'm really glad I got him in here. This is one of the best care homes I have been to"; "Really good staff, always friendly. [Relative] is very happy"; "We chose the home for location and personal recommendation. [Relative] has settled well and we are 200% happy. Can't say enough about the staff. We are always made very welcome. Staff treat everyone as an individual and I would recommend the home to anyone. We have peace of mind". "Carers are just lovely, as soon as you walk in you can see they are kind. When we take [relative] out she feels she is coming home when we come back"; It's everything you could want. We feel so blessed to have found it".

A visiting health professional told us, "All the staff are pleasant and helpful and people seem happy and content". A staff member told us, "I like the home. There is a real nice homely atmosphere".

We observed care at the home and saw that interactions between staff and people who used the service were friendly and respectful. Staff were mindful of people's dignity and we saw that dignity in care was reviewed monthly to ensure this was maintained. People's rooms were personalised with their own furniture, family photographs and belongings.

We saw within the care plans that people had signed, where appropriate, to indicate their agreement to their care plan. This demonstrated the inclusion and involvement of people in their care planning.

There was an appropriate statement of purpose which included information about the manager, training, other agencies, relatives, aims, activities, care plans, health and safety, the philosophy of care and the complaints procedure. There was a service user guide which included information about the service.

There were appropriate and up to date policies in place for issues such as dignity, equality and diversity and confidentiality. Staff we spoke with demonstrated a commitment to offering care in a way that respected people's diversity.

We saw evidence of regular residents' meetings where issues such as staff, response, food and activities were discussed. This gave people who used the service the opportunity to make suggestions and raise any concerns.

People were encouraged to be as independent as possible by the use of equipment that helped them mobilise or eat independently. There was evidence of people being made to feel valued and respected. For example, some people 'helped' with tasks such as washing up and folding laundry. Staff told us this made

them feel useful and involved.

Questionnaires were sent out regularly to ascertain people's level of satisfaction with the service. We saw that 8 of 18 were returned last time and were all positive about the level of care, attitude of the staff professionalism, food, activities and overall service.

All senior staff had undertaken training in End of Life Care. End of life wishes and preferences were discussed with people who used the service and their relatives at an appropriate time.

Good

Is the service responsive?

Our findings

We asked if the staff were responsive to people's needs. People who used the service felt their needs were responded to in a timely way. A relative said, "They [staff] respond very quickly". A staff member told us, "I am very happy to work here. We have time to chat with people and do one to one activities like nail care. We do gentlemen's nails as well as ladies and they seem to really enjoy it".

Care plans were person-centred and included people's preferences with regard to routines, food, bathing or showering. We saw evidence that people's preferences were respected. There was background information about people's family, childhood, work, hobbies and interests". Care plans were reviewed on a monthly basis and updated as required. Daily routines were designed to be responsive to the choices of each individual.

There were a number of activities at the service, including chair exercises, entertainment, knitting, cards, hairdressing, singalongs, dominoes and film shows. There was a monthly church service and visits from local churches. A dementia group visited with music therapy for people living with dementia.

Some people who used the service told us they enjoyed the group activities. Others liked the one to one chats with staff. A relative told us, "[Relative] doesn't join in with activities, but likes entertainers that come in. They had a lovely Christmas dinner last year". Another said, "[Relative] likes to plant things and has a bird feeder in the garden. It means a lot to [relative] to have this".

The complaints process was outlined in the statement of purpose and the service user guide. There was also a poster on the back of each bedroom door outlining the process. There was a complaints log, but there had been no recent complaints made.

People who used the service told us, "No complaints whatsoever". Relatives said, "We could complain if we wanted to. We have an easy relationship"; "We could complain but have no complaints, not one"; "No complaints".

The home had received a number of compliments and thank you cards. Comments included; "Thank you for making [Name's] time at Mona Cliffe as comfortable and enjoyable as possible"; "We would like to say a huge thank you for the care, love and warmth you gave to our dear [relative]"; "Just a note to thank you all for the kindness and care shown during my [relative's] stay at Mona Cliffe".

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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 told us the registered manager was approachable and very visible around the home. She was available to be called when she was off duty. One person who used the service said, "[Manager] is lovely. You can tell she really cares about people". Relatives said, "You can get hold of [Manager's name]. We have a good rapport"; "[Manager] is very, very good, really nice – always available"; "[Manager] is very thorough. She lets us know of health issues straight away and starts medication the same day"; "[Manager] will phone if there are any concerns. Communication is good". A visiting professional said, "You can find the manager if you need to. Someone always knows where she is".

Staff we spoke with told us they were well supported. One said, "[Manager is approachable and we are supported with meetings and supervision". Another said, "We are well supported. Any problems just ask and the manager sorts it out for you. We have supervisions and meetings regularly and [manager] is very approachable. If she is not here you can get hold of her by phone any time. You can put your input in and [manager] will sit and listen and if your idea is suitable she will go with it. She is open-minded". A third said, "I feel I can speak to [manager] and I look forward to coming in each day".

Staff supervisions were undertaken regularly and we saw evidence of discussions around personal development and training needs. There were also annual appraisals where staff had a chance to reflect on the previous year and identify any personal development needs for the coming year. We saw minutes of regular staff meetings, where discussions included key workers, cream charts, recording and PEEPs.

We saw that issues such as safeguarding, accidents and incidents and falls were monitored and audited regularly. There were action plans produced if issues were identified. Care plan audits were undertaken quarterly and kitchen, health and safety, cleaning and environmental audits and mattress checks were undertaken 6 monthly. Staff files were audited annually and spot checks were undertaken on an ad hoc basis.

Annual quality assurance forms were sent out regularly and suggestions from people who used the service or their relatives were discussed and actioned if possible.