

Dr R K Sharma

Mona Cliffe Care Home

Inspection report

Black Stone edge Old Road
Littleborough
OL15 0JG
Tel: 01706 372566
Website:

Date of inspection visit: 28 January 2015
Date of publication: 16/03/2015

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 

Overall summary

This was an unannounced inspection which took place on 28 January 2015.

We had previously carried out an inspection in June 2014 when we found the service had breached two of the regulations we reviewed. We made compliance actions that required the provider to make the necessary improvements in relation to: care and welfare of people and safety and suitability of premises.

Following the inspection in June 2014 the provider sent us an action plan telling us what steps they were going to take to ensure compliance with the regulations.

Mona Cliffe is registered to provide accommodation for up to 23 people who require support with personal care. At the time of this inspection there were 13 people living at the service.

There was a registered manager in place at Mona Cliffe. 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.

Summary of findings

People who used the service told us they felt safe in Mona Cliffe and that staff looked after them well. We found there were sufficient numbers of staff on duty to meet people's needs. Recruitment processes were robust and should help to ensure that people who used the service were protected from staff who were unsuitable to work with vulnerable people.

Staff had received training in safeguarding vulnerable adults and were aware of the process to follow should they have any concerns about people who used the service. Staff were also confident to report poor practice and considered they would be listened to by the registered manager.

Improvements had been made to the premises, including the replacement of some carpets and the redecoration of some bedrooms. An on-going refurbishment programme was in place for the service. This should help protect people from the risk of premises which had not been adequately maintained.

Appropriate arrangements were in place for the safe administration of medicines.

Staff were aware of the needs, wishes and preferences of people who used the service. Care plans provided good information about the support people required to meet their needs. Records we looked at showed staff were aware of the action they should take to ensure people's health and nutritional needs were met.

We saw that staff had received the necessary training to be able to carry out their role effectively. Staff also

received regular supervision and an annual appraisal. This should help ensure that people who used the service were supported by staff with appropriate knowledge and skills.

Staff were aware of the principles of the Mental Capacity Act (MCA) 2005; this legislation provides legal safeguards for people who may be unable to make their own decisions. The registered manager had assessed the capacity of people who used the service to consent to the care and treatment they required. Where necessary, applications had been made to the local authority to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Our observations showed that staff were kind and caring in their approach to people who used the service. We saw that positive feedback had been provided about staff in the satisfaction surveys we reviewed.

We saw that people had opportunities to comment on the service they received. We found that staff understood the need to provide personalised support and that adjustments had been made to the care people received in order to best meet their individual needs.

Improvements had been made to care plans to ensure they better reflected people's wishes and preferences. More activities had also been introduced in the service.

There were a number of quality assurance systems in place in Mona Cliffe. The registered manager had plans in place to continue to drive forward improvements in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe in Mona Cliffe and that staff looked after them well.

Improvements had been made to the environment. This meant people should be protected from the risks of premises which had not been adequately maintained.

There were sufficient staff on duty to meet people's needs. Recruitment processes were sufficiently robust to protect people who used the service from the risks of unsuitable staff.

There were systems in place to ensure the safe management of medicines.

Good



Is the service effective?

The service was effective. This was because staff knew people who used the service well. Staff received the necessary support and training to be able to deliver effective care.

Staff were able to demonstrate an understanding of the principles of the Mental Capacity Act 2005. This should help ensure people who used the service were supported to make their own decisions wherever possible. Appropriate arrangements were in place to ensure any restrictions placed on people were in their best interests and legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Staff were effective at taking appropriate action to ensure the health and nutritional needs of people who used the service were met.

Good



Is the service caring?

The service was caring. Staff understood the need to provide care which was centred on the needs of people who used the service.

We saw positive interactions between staff and people who used the service. Positive comments had also been made about staff in the satisfaction surveys we reviewed.

People were encouraged to provide feedback on the care they received.

Good



Is the service responsive?

The service was responsive to people's needs. People who used the service told us they were happy with the care they received.

Care plans included information about how people wished their care to be provided. Records we looked at and discussions with staff showed care was organised to meet the needs of individuals who used the service.

People were provided with opportunities to comment on the care provided in Mona Cliffe.

Good



Is the service well-led?

The service was well-led. The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. Staff told us the registered manager was supportive and approachable.

Good



Summary of findings

Regular meetings were held with staff. These provided the opportunity for staff to discuss any concerns or practice issues in the service.

The registered manager had clear plans in place to continue to drive forward improvements in 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 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.

The inspection took place on 28 January 2015 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. The expert had experience of services for older people.

Prior to the inspection we reviewed the information we held about the service including notifications the provider had made to us and the Provider Information Record (PIR) that they had completed. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the

service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All the organisations we contacted stated they had no concerns about Mona Cliffe.

During the inspection we spoke with five people who used the service, a visiting family member and a professional visitor. We also spoke with the registered manager, the deputy manager, two care staff and a member of the kitchen staff.

During the inspection we carried out observations in the public areas of the home and undertook a Short Observation Framework for Inspection [SOFI] observation during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for five people who used the service and medication records for all the people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

At our inspection in June 2014 we found a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people who used the service, staff and visitors were not adequately protected against the risks of unsafe or unsuitable premises.

On this inspection we found improvements had been made to the environment which meant the required action had been mainly completed. We noted the carpet had been partly replaced on the first floor and the carpet on the ground floor had been deep cleaned. Some of the bedrooms had also been refurbished although furniture in all of the bedrooms was showing signs of wear and tear. We also noted the windows in three of bedrooms we looked at were either ill-fitting or the double glazed unit had failed. Although two of the bedrooms were unoccupied at the time of the inspection there was a risk people might not be adequately protected from the risk of cold weather. We discussed this with the registered manager and provider who told us the windows would be repaired or replaced as a matter of urgency.

We saw the provider had an on-going plan of refurbishment in place for both the interior and exterior of the premises. None of the people we spoke with expressed any concerns about the environment.

All the people we spoke with who used the service told us they felt safe in Mona Cliffe. One person commented, "I do feel very safe. They do a good job looking after me." A relative we spoke with told us, "[My relative] is always dressed properly and appears to like her food. We feel that she is much safer here than she was in her own home."

Staff told us they had received training in the safeguarding of vulnerable adults. They were able to tell us how they would respond to and report any concerns they might have regarding a person who used the service. They also told us they would be confident to report any poor practice they might witness to senior staff and were confident they would be listened to.

The registered manager told us that since our last inspection all staff at Mona Cliffe, including domestic and kitchen staff had completed an accredited training course in understanding dignity and safeguarding in adult health and social care. The registered manager told us this had

increased the knowledge and awareness of staff about what constituted abuse and how any concerns should be raised. One of the staff we spoke with confirmed this training had increased their confidence to report any concerns to the registered manager.

We found there were risk assessments and risk management processes in place. Care files we looked at showed risks people might experience in relation to falls, mobility and nutrition had been identified. Care plans included information for staff to follow in order to manage any identified risks; these records had been reviewed on a regular basis and updated as necessary should people's needs have changed.

Staff told us they considered staffing levels were appropriate to meet the needs of people in the service. This was confirmed by our observations during the inspection. We noted staff responded promptly to any requests for assistance. People who used the service did not express any concerns about the length of time they needed to wait for staff to respond to their needs.

During the inspection we observed staff used lifting belts to assist some people who required support when transferring to a wheelchair. We asked staff about the training they had received in order to use this equipment and they told us this had been in the form of a DVD rather than face to face training. However, they told us they felt confident in using the lifting belts and considered that they and people who used the service were always adequately protected when this equipment was used.

We discussed the use of this equipment, rather than a hoist to assist people in transferring with the registered manager. They told us that, they did have a hoist but that this was not used as they were concerned that it did not best promote the dignity of people who used the service. The registered manager told us there had not been any incidents or accidents through the use of lifting belts but they agreed to contact specialist services to gain advice as to current best practice in supporting people with mobility needs. This should help ensure that people with mobility needs always received the most safe and appropriate care.

We looked at the files for two of the staff on duty, both of whom had been recently recruited to the service. We saw recruitment processes were sufficiently robust to protect people who used the service from the risks of unsuitable staff. We noted pre-employment checks, including

Is the service safe?

references and checks with the Disclosure and Barring Service (DBS) were completed before staff commenced work at Mona Cliffe. This should help ensure applicants who were unsuitable to work with vulnerable people were not employed to work at the service.

We saw that medicines including controlled drugs were stored securely which reduced the risk of mishandling. We looked at the medication administration records of all the people who used the service and found these had been completed correctly. These records included details of the receipt and administration of medicines.

Some people were prescribed medicines to be taken when required for example pain killers. We found that written guidance was in place explaining whether a person was able to tell staff when they needed this medication or the signs and symptoms they displayed if they could not. This should help to ensure that people received their medication when they needed it.

There was a system in place for regularly auditing medicines in order to ensure people had been given their medicines as prescribed. The registered manager also assessed the competence of all staff responsible for managing medicines to ensure correct procedures were followed.

Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Mona Cliffe. A personal evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency. A business continuity plan was also in place to provide information for staff about the action they should take in the event of an emergency. The registered manager told us they had recently made arrangements with another service to use their premises to accommodate people in the event of an emergency at Mona Cliffe. They told us the business continuity plan would be updated to reflect this change.

Is the service effective?

Our findings

Care files we reviewed showed a pre-admission assessment had been completed with people before they were admitted to Mona Cliffe. This should help ensure that staff were able to meet people's needs.

Our observations and discussions with staff during the inspection demonstrated that they had a good understanding of the needs, wishes and preferences of people who used the service. This was confirmed by a staff member who told us, "It's such a small home, we know everyone well. We also know people's families." A visitor we spoke with told us their relative was well looked after by the staff in Mona Cliffe.

Care staff we spoke with told us they had received the necessary training to be able to undertake their role effectively. Records we looked at confirmed this training included moving and handling, food hygiene, first aid, infection control and safeguarding vulnerable adults. In addition some staff had completed training in how best to support people who were at the end of their life. One staff member told us the registered manager was very keen to ensure staff received all the training they required for their role.

Staff received an induction when they started work at the service. This included the observation of more experienced staff as well as being rostered to work alongside a senior member of care staff or the deputy manager until the new staff member felt sufficiently confident in their role. Records we looked at confirmed new staff completed the common induction standards during their first few weeks of employment. Where appropriate staff were also supported to undertake nationally recognised qualifications; this should help staff to deliver effective care.

Records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Staff told us they considered they received the support they required from the registered manager to be able to carry out their role effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked

the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people's rights were protected.

The registered manager told us they were aware recent changes to the law regarding when people might be considered as deprived of their liberty in a residential setting. As a result of this change in the law the registered manager had completed an assessment of the capacity of each person who used the service to consent to their care and treatment in Mona Cliffe. Where necessary, the registered manager had submitted applications to the local authority in order to ensure that any restrictions which were in place to ensure people received the care they required were legally authorised.

Staff we spoke with were able to demonstrate an awareness of the principles of the Mental Capacity Act (MCA) 2005. Staff told us they would support people to make their own decisions and choices as much as possible, including where they wished to sit, what meals they would like and what activities they would like to participate in. One staff member told us, "We always talk with people and find out through general chit chat what they want."

We saw there were systems in place to ensure the nutritional needs of people who used the service were regularly monitored. Care files we looked at showed referrals had been made to specialist services including dietician and speech and language therapists (SALT) to ensure people's needs were met in the most effective and appropriate manner. A referral letter we saw from a member of the SALT team who had visited the service confirmed that, prior to making the referral, staff had put appropriate arrangements in place to try and ensure the person concerned had their nutritional needs met. This demonstrated staff were able to provide effective care for people who used the service.

People who used the service spoke positively about the food in Mona Cliffe. One person told us, "We have a choice of two meals and if I don't like anything, they ask me what I would like in place of it." Our observations during the lunchtime period showed that staff provided appropriate support and assistance to people to eat their meals. The lunchtime experience was relaxed and unhurried with sufficient staff available to meet people's needs.

Is the service effective?

We spoke with one of the people responsible for preparing the meals on the day of the inspection. They told us they used fresh produce wherever possible and that two choices of meals were always available. We saw that the most recent food hygiene inspection by the local authority had awarded a five star rating for the service.

During the inspection we spoke with a professional visitor to the service. They told us staff were kind and helpful and always responded to any advice they gave. This should help ensure people received effective care.

Is the service caring?

Our findings

Our observations during the inspection showed that staff were respectful and caring in their approach towards people who used the service. We noted staff spoke kindly to people and spent time encouraging them to participate in conversations or activities.

People who used the service did not make any comment to us about the attitude and approach of staff although we observed they appeared comfortable and responsive to the interactions of all staff. A visitor told us they considered staff were very kind and caring towards their family member.

Most people who used the service could not tell us about any involvement in reviewing the care they received at Mona Cliffe. However, one person commented, "I do get involved with my care. The manager and the services come here to my room and we talk about everything and any changes. If I don't like anything, then I say so and they do listen." A visitor also told us, "I visit every week and my mother deals with [my relative's] care needs. We do have an input into all aspects and the staff are very good." We noted people who used the service or their representatives had signed their care file to indicate their agreement with the care provided in Mona Cliffe.

The registered manager told us she would spend time with people to ensure they always had everything they wanted. They told us, "Nothing is too much trouble here. If people ask for things I will go out and get them. If it was my family member I know how they would want to be treated."

Staff we spoke with demonstrated their understanding of the need to treat people as individuals and to provide care which centred on each person's particular needs and wishes. Records showed what was significant to each person living at Mona Cliffe was treated as important information by staff. For example, staff had recorded information about people's family life, previous employment and religious beliefs. This information should help staff to form meaningful and caring relationships with people who used the service.

We looked at the responses from the most recent satisfaction survey which had been completed in 2014. We noted the feedback received included positive comments about the staff at Mona Cliffe. Some of the comments people had made included, "Staff are very kind and helpful" and "We are generally very happy with all aspects of care and very grateful to the staff."

Is the service responsive?

Our findings

At our previous inspection in June 2014 we found a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). This was because care plans included limited information about people's wishes and preferences. There was also a lack of proactive engagement with people by staff. On this inspection we found that the necessary improvements had been made.

Care plans we reviewed included information about people's wishes and preferences regarding the care they needed. They also included details about what people were able to do for themselves and how staff should support people to maintain as much independence as possible. Care plans included all aspects of people's lives including communication, personal hygiene, mobility and eating and drinking. We saw that care plans had been reviewed on a monthly basis and updated to reflect when people's needs had changed.

We looked at the record of activities provided in the service and saw that these included armchair exercise sessions, watching films and the use of reminiscence materials to encourage people who used the service to discuss past interests and experiences. The registered manager told us that one of the roles of the newly appointed deputy manager was to increase the range of activities available to people who used the service. On the day of the inspection we noted staff used the reminiscence materials available to engage people who used the service in discussions. They also encouraged people who used the service to participate in general conversation about their families and friends.

People who used the service told us they were happy with the care they received in Mona Cliffe. One person told us that staff would always respond promptly to any requests for support. They told us they were supported to maintain their independence and commented, "I have my buzzer for night times. I stretch it from the bottom of my bed to my bed-table and I don't have a problem getting hold of staff."

We asked the registered manager how they ensured the service was responsive to the needs of people who used the service. They told us they were striving to deliver person centred care and gave the example of how they had changed the meal time for one person who used the service as a result of discussions with their family members and staff. This had resulted in improved nutritional intake by the person concerned.

We looked at the minutes from the most recent staff meeting held in August 2014 and noted that the registered manager had discussed with staff the need to provide personalised care to everyone who used the service.

Staff we spoke with told us they understood the importance of treating each person as an individual. One staff member told us how they had recognised that one person needed more encouragement to eat their meals. They told us that following a discussion with the registered manager strategies had been put in place for staff to follow. This had resulted in the person concerned eating more of their meals.

We saw there was a complaints policy in place and that this was displayed on the back of individual bedroom doors. Although none of the people we spoke with who used the service were able to tell us about their understanding of the complaints procedure, the registered manager told us they had an open door policy for people who used the service and their relatives. They told us this meant they were able to respond quickly to resolve and concerns raised.

We reviewed the complaints log for the service and found there had been no complaints received since our last inspection.

Records we looked at showed regular meetings took place between people who used the service and the registered manager. We looked at the minutes from the most recent meeting held in August 2014 and saw that people who had attended had confirmed they did not have any complaints about the care they received. One person had made positive comments about the attitude of night staff and the fact that they always responded promptly to any requests for assistance they made.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). The registered manager had been registered with CQC since 2010. They were supported in the running of the service by a deputy manager who was appointed in September 2014.

We saw that the registered manager had devised a system to allocate required management tasks to either themselves or the deputy manager. They told us this system was working well and had assisted them to have a better overview of the service provided in Mona Cliffe.

Although people who used the service did not comment about the leadership in the service, we noted both the registered manager and deputy manager were visible throughout the day of the inspection. The registered manager was seen to provide direction and support for staff as necessary during the day.

One of the staff members we spoke with told us the culture in the service had improved since our last inspection. They told us staff morale was good and all staff worked well together. They also told us they felt comfortable to raise any issues or concerns with the registered manager and considered they were always listened to. They commented, "Everything has improved. I can't fault it. The care has improved and everyone is now more confident in what they are doing."

Records we looked at showed regular staff meetings were taking place. Staff we spoke with told us they were able to voice their opinions in these meetings. One staff member commented, "We get our point across in staff meetings and [the registered manager] will listen to us."

We asked the registered manager about the key achievements they felt had taken place in the service since our last inspection. They told us they had improved the way in which people's individual care needs were recorded as well as their wishes and preferences about how they wanted their care to be provided. This was confirmed by our findings during the inspection.

The registered manager told us they had high expectations of staff and would always act swiftly if they considered staff fell short of these standards. Records we looked at showed the registered manager clearly documented the actions they expected staff to take to ensure people received the care they needed, for example clearly recording the nutritional intake of people who used the service where this was assessed as necessary and reporting any concerns. This demonstrated the registered manager was striving to drive forward improvements in the service.

The Provider Information Record (PIR) which had been completed prior to our inspection indicated a key goal for the service to achieve was the improvement of end of life care plans for people who used the service. Our review of records showed that this process had begun and that plans were in place for those people who had expressed that they wanted to discuss their wishes for the end of their life. We noted that the registered manager intended to ensure all staff had completed accredited training in end of life care in the next twelve months. This should help ensure staff felt confident to discuss and respond to people's needs and wishes in relation to care at the end of their life.

There were a number of quality assurance systems in place at Mona Cliffe. These included regular audits completed by the registered manager in relation to the environment, health and safety, dignity in care and medication. We saw that where necessary, action plans were in place to ensure any identified shortfalls were rectified. The registered manager was also completing a monthly audit of staff files to ensure training and supervision records were up to date.

Although people who used the service and their relatives were offered the opportunity to comment on the service provided at Mona Cliffe through the completion of an annual survey, the registered manager was concerned about the lack of response to these surveys. They had identified the need to develop a tool which was more user friendly in order to improve the quality and quantity of the feedback received. They told us they intended to ensure this tool was in place before March 2015 which was when the next survey was due to be issued.