

Dr R K Sharma

Mona Cliffe Care Home

Inspection report

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21 April 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mona Cliffe Care Home is a care home providing personal care for up to 23 people. The service provides support to older people. At the time of our inspection there were 13 people using the service. The care home accommodates people across two floors in one building.

People's experience of using this service and what we found

People were safeguarded from abuse, appropriate risk assessments were in place and people told us they felt safe. The home was clean and tidy but did require some modernisation. Some records relating to infection prevention and control (IPC) required updating which was done during our inspection. Moving and handling training had been completed by staff and their competency had been assessed. Adequate staffing levels were in place, but recruitment procedures needed improving. We made a recommendation the service reviews their recruitment process. Some records relating to medicines required updating. The home was working in line with current guidance regarding visiting in care homes.

The registered manager had worked hard to improve the governance processes, however, there was a need for consistent provider monitoring following the COVID restrictions. We made a recommendation the provider ensures appropriate oversight of the service. Improvements were needed in relation to the General Data Protection Regulations (GDPR) policy. We made a recommendation that the provider ensures they are working inline with current GDPR guidance. Staff, people and relatives were kept up to date with any necessary information, however the home had limited examples of lessons learned and had not conducted any surveys for staff or people that use the service. We made a recommendation that the provider seeks regular feedback from staff and people. Staff told us they enjoyed their roles and both staff and people spoke positively about the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made recommendations regarding moving and handling, best interest decisions and obtaining staff feedback. At this inspection we found the provider had acted on two of these recommendations, however there was a continued recommendation around obtaining staff feedback.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at IPC measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service between 8 May 2019 and 24 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mona Cliffe Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mona Cliffe Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mona Cliffe Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 April 2022 and ended on 21 April 2022. We visited the location's service on 13 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers. We also spoke to a healthcare professional , who was visiting the service at the time of inspection. We reviewed a range of records. This included two people's care records and various medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess various risks. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Appropriate environmental risk assessments were in place including fire risk assessments and legionella risk assessments.
- People living at the home had their own risk assessments in place relating to their health conditions and requirements.
- Windows had appropriate restrictors in place, though some windows required replacing. The registered manager held a list of these windows and was in the process of arranging replacement.
- Whilst the environment was safe, it would benefit from some modernisation.
- Although cleaning products were stored safely, sluice room doors required locks on, and some lidded bins required replacing. The registered manager took the necessary action to rectify these concerns.

At our last inspection we recommended the provider completes moving and handling competency assessments to ensure people are supported in a correct and safe way. The provider had made improvements.

- Staff completed moving and handling training and had their competency assessed.

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 MCA 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)

At our last inspection we recommended the provider consider current guidance on recording best interest

decisions and take action to update their practice accordingly. The provider had made improvements.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty and best interest decisions detailed when families were involved.

Staffing and recruitment

- Staffing levels were adequate, however recruitment processes were not always safe.
- Systems and processes were not always robust when the service recruited staff. The service had not retained and ensured completion of all necessary records and checks before some staffs' employment had started. Since the inspection, the registered manager told us they were looking at the processes, procedures and policies around recruitment.

We recommend the provider reviews their process for recruitment and reviews schedule 3 to ensure they are working within the framework set out.

- We reviewed a sample of staffing rotas and enough staff were deployed to keep people safe. The home did not require the use of agency staff.
- Peoples comments included, "I think there is enough staff yes." and "I have one (a call bell), and I use it if I have to, they are quick to come, they can't do enough for me."
- Staff told us, "I think staffing levels are good" and "Yes, I think there are enough (staff) and everybody supports each other."

Using medicines safely

- Some improvements were needed regarding medicines records.
- Some oral medication was not dated when opened, which meant staff were not always aware if they were following manufacturers guidelines regarding storage time frames for these medicines. The deputy manager rectified this whilst we were on site and ensured an appropriate opening date was recorded.
- People's medication administration records (MAR) did not always contain people's allergy information, however, staff knew what people were allergic to and care records detailed this information. The registered manager contacted the pharmacy to ensure this information was updated on people's MAR charts, new MAR charts were put in place following the inspection.

We recommend the provider ensure that medicines records are up to date and fully completed to ensure medicines are managed safely.

- Stock counts matched with records and there were no gaps in administration of medication.
- The service had necessary medicines policies and procedures in place.

Preventing and controlling infection

- The home was clean and tidy and we were able to review necessary cleaning records.
- Records relating to care of substances hazardous to health were not up to date, however, the manager updated these records during our inspection.
- The homes IPC policy was up to date.
- IPC training was up to date and staff were able to show how they appropriately put on and took off PPE.
- The home had good stocks of appropriate PPE and staff and people were regularly being tested.

Visiting in care homes

On the day of inspection, a 'booking in' procedure was in place for all visitors, which allowed people to see their family and friends. For those not able to visit in person, the home supported people to keep in contact via other means including telephone calls. The provider was working in line with government guidance in relation to visiting. This helped prevent visitors spreading infection on entering the premises.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse.
- Necessary safeguarding referrals had been made and records showed appropriate action had been taken as a result of those concerns.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- People who used the service told us they felt safe. One person told us "Oh yes, it's like being at home. I have always felt safe here, they tell you anything you want to know."
- Some lessons learned were taking place. The registered manager acknowledged that there were some improvements to be made in this area and assured us that this would be completed.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant the service management and leadership was inconsistent. 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

At our last inspection, the provider had failed to robustly assess the risks relating to governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager reported accidents, incidents and concerns to the CQC and the local authority.
- Confidential information was being stored in a locked office and people's care plans were in the process of being transferred to an electronic system.
- The homes GDPR policy required updating, the registered manager made some immediate improvements, however, there was still some work to be done to ensure it covered all necessary areas.

We recommend the provider reviews their GDPR policy to ensure it is in line with best practice guidance.

- The registered manager conducted a variety of regular audits to ensure a high standard of care was being delivered. However, the provider had not been able to conduct any recent audits during the COVID pandemic due to them working primarily in a hospital setting and therefore have not been able to cross the threshold. The registered manager advised us that although the provider had not entered the home recently, they were always available to offer support over the phone.

We recommend the provider reinstates the previous level of oversight and quality assurance systems and processes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were taking place, but these were inconsistent. However, due to the small size of the staff team, daily interactions and handovers took place and included all staff. The manager told us they also had an open-door policy and staff told us they felt supported.
- The registered manager did conduct residents' meetings. There had been no recent relative meetings, this

was in part due to the COVID pandemic. However, the registered manager was able to show us examples of how they regularly kept relatives up to date through emails and telephone calls.

- The registered manager had limited examples of lessons learned. They told us they would look to implement more lessons learned going forward.
- Surveys had been sent out to families in September 2021 and the responses were mostly positive. The home had not conducted any surveys for people that use the service or staff.

We recommend the provider completes regular surveys for staff and people that use the service to help drive improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted a positive open culture. A whistleblowing policy was in place and staff knew how to report poor practice.
- Staff told us they enjoyed their roles, staff comments included, "I do think it's a good place to work, my old place of work made me feel rubbish, but I actually enjoy coming to work" and "It's is a good place to work, it's a really good team, I look forward to coming to work."
- Feedback about the registered manager was positive. Staff comments included, "Yes, she (the registered manager) is really good actually, she has been really fair throughout COVID" and "Yes, the manager is really approachable, if we have any issues she sorts it. I have never had any problems here". One person also told us, "I think it's well managed, we don't have any problems."
- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.
- The registered manager was aware of their responsibility under the duty of candour and spoke about being open and honest when things go wrong.