Signature of Marlow (Operations) Limited

Cliveden Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 and 23 August 2018. It was an unannounced visit to the service.

We previously inspected the service on the 12, 13 July and 2 August 2017. The service was rated Requires Improvement at the time. We found people were not always receiving their medicines in line with good practice. At the time of our last inspection the provider was working with the Clinical Commissioning Group (CCG) pharmacist to make improvements to the storage and administration of medicines. We have been monitoring the service to ensure improvements were made to the key questions, Safe and Well-Led. At this inspection we found improvements had been made.

Cliveden Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People living in the care home occupied either one or two bedroomed apartments. Accommodation was spread over three floors. A range of communal seating areas were available. People could choose to have a meal in a restaurant, bistro area or in their apartment. The first floor had an activities and library area. The second floor had a unit called 'The Willows', which provided support to people living with dementia.

The care home could provide nursing and care support up to 85 older adults, at the time of our inspection 76 people lived at the home.

The service had a registered manager in post. 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.

We received positive feedback from people, their relatives and staff on how the service was led. Comments included, "Very well run and have a great ability, endless patience," "Splendid, seems to work very efficiently" and "Excellent, proactive, concerned about the residents in their care."

People told us they were supported by staff who were kind and caring. People said "Sweet natured, so good, they put up with so much. Even the cleaners have time for you" and "All staff are so obliging, friendly, kind and compassionate."

People told us staff treated them with dignity and respect and they were encouraged to be as independent as they could be. Comments from people included, "Staff are very good, very respectful and "Oh yes, we are treated very respectfully."

The provider had processes in place to undertake pre-employment checks on staff to ensure they were

suitable to work with people. People told us there were enough staff to provide them with safe care. We observed call bells were answered in a timely manner.

Staff were aware of the need to report any incidents and accidents. Trends in accidents were monitored and lessons learnt when things went wrong were shared within the home and across the provider's locations.

People were supported by staff that had developed a good working relationship with them. Staff were aware of people's likes and dislikes.

People were supported to engage in meaningful activities and keep in contact with family and friends. People were provided with lots of opportunities to visit places of interest in the local area and further away, for example, trips to the seaside, Hyde Park and National Trust properties.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to attend meaningful activities, both within their accommodation and the local community.

Is the service well-led?

Good

The service was well-led.

The service had robust processes in place to monitor the quality of care provided.

There was a clear management structure in place and people told us the management team were approachable.

Cliveden Manor

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 the 22 and 23 August 2018 and was unannounced.

On day one of the inspection, the team consisted of one adult social care inspector, a medicine inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by the same adult social care inspector.

We spoke with ten people who lived at the home, two relatives, the registered manager and regional manager. We spoke with 14 staff which included managers, care supervisors, care workers, activity, catering and support staff. We looked at nine peoples' care and support records. We checked 16 people's medicine administration records and observed medicine administration. We checked the storage and safety of medicine. We looked at eight staff recruitment and training files. We made observations of the delivery of care and support and looked around the home to check the environment. We cross-referenced practice against the provider's own policies and procedures.

We also contacted social care and healthcare professionals with knowledge of the service. Following the visits to the home, we received further feedback from relatives and staff.

Prior to the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Throughout the inspection we gave the registered manager opportunities to share their planned changes for the service with us. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

At the previous inspection carried out on 12, 13 July and 2 August 2017, we found people did not always have their prescribed medicines administered safely. The service was supported by the Clinical Commissioning Group pharmacist to ensure improvements were made. At this inspection we found medicine storage and administration was safe.

We observed part of the morning medicine round. Staff members were caring and gained permission before giving people their medicines. They signed for each medicine after giving it on the medicine administration record (MAR).

We looked at MARs and care plans for 16 people. The provider had recorded important information such as the name, photograph and medicine sensitivities to help staff give people their medicines safely. We found no gaps in the MARs. This provided assurance people were being given their medicines as prescribed.

Medicines were stored securely in people rooms and in designated medicines storage room. Staff members checked and recorded room and refrigerator temperatures daily for rooms where medicines were stored and these were within the required range. However, we found staff had not recorded date open for some liquid medicines held in stock. This meant it would be difficult to ascertain the shelf life of these medicines. The staff recorded and disposed of unwanted medicines appropriately.

Some people were prescribed medicines on a when required basis. There was guidance in place to advise staff when and how to give these medicines. Some people were prescribed creams and ointments to be applied to their body. These were stored in people's own rooms and recorded when applied by staff on separate charts.

Some people took their medicines themselves and stored them in their own rooms. The provider had carried out assessments to assess if people could take their own medicines safely.

We saw evidence that people's medicines had been periodically reviewed by their GP. This meant people were being prescribed medicines appropriate for their health condition.

We found the home had necessary systems in place to manage medicines safely. The home had a medicine policy in place about these systems. The provider provided training and assessed the competency of staff to ensure they handled medicines safely. There was a process in place to report and investigate medicine errors. We saw evidence of medicines audits being regularly carried out to improve the quality of the service. The provider had a system in place to receive and action medicine alerts.

People told us they felt safe and staff promoted their safety. Comments from people and their relatives included, "Feel very safe, security of knowing everyone signs in helps," "Feel very safe, just having someone around," "Yes we feel quite safe" and "Yes I know she is safe. I'm here all the time, come at all different times."

People were supported by staff with the appropriate experience and character to work with them. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Where qualified staff were appointed appropriate checks were in place to ensure they could practise as a nurse.

People told us there was enough staff to support them; this was supported by what staff told us. We observed call bells were answered in a timely manner. Comments from people included, "If you call them with call bell they come straight away," "See the same people again and again. There are enough staff" and "They are mostly regular staff, agency staff are well selected. Not often a shortage." A relative told us "There is 24-hour care. Main carers know my mother well, even the agency staff are familiar faces. In my opinion they are well staffed." This was supported by what other relatives told us. Where gaps in staffing numbers were identified, external agency staff were used. We noted the home used the same agency staff to ensure continuity of care. It was clear from our observed interactions between people and agency staff, they were familiar with people and their likes. Staff and people had access to an on-call manager 24 hours a day. Call bell answer times were monitored by the registered manager on a regular basis. We noted this was also discussed in the resident meetings held by the registered manager.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority. One member of staff told us "I would not hesitate to blow the whistle on poor practice. We are here for the residents, we have to provide good care."

Risks posed to people as a result of their medical condition were identified. Plans were in place to advise staff on how to minimise risk of harm to people. Risk assessment were written for a wide range of aspects affecting people. These included assessing the risk of pressure damage to skin, risk of malnutrition, risk of falling and self-administration of medicines, as examples. The risk assessments were routinely reviewed to ensure they were accurate. Where changes had been identified a new risk assessment was written. People who presented as high risk of deterioration in their health due to an infection were discussed at the daily head of department meeting. On the second day of the inspection we attended the daily meeting. We noted two people who had been diagnosed with a urinary tract infection were discussed. Staff were asked to provide additional checks on them, to ensure they were encouraged to drink frequently.

Information about people was securely stored and only staff who required access had it. We found records were routinely updated by staff and reflected the care and support that had been provided.

Risks associated with the home environment and equipment used to assist with the delivery of care were minimised as a routine and robust maintenance schedule was in place. This included all the legally required water safety checks to prevent and control the risk of Legionella, gas safety checks and routine checks on lifts and hoists. The maintenance records were in good order. We spoke with the person responsible for maintenance and they told us there was good communication amongst staff, and required repairs were reported in a timely manner.

Staff were aware of the need to report incidents and accidents and made sure safety concerns were escalated when needed. Incidents were monitored to identify any trends. The provider had systems in place to share lessons learnt from accidents and incidents this was evident within the home and across all the provider's locations. The home held monthly steering groups to analyse falls, medicine management,

wound care and nutrition. The meetings were held to ensure learning was cascaded to staff to prevent any future mistakes or deterioration in people's health.

The service had support from a team of housekeeping staff. The environment was clean and maintained to a high standard. Staff had access to personal protective equipment (PPE). This included gloves and aprons. Staff who supported people with their meals had received food hygiene training. The kitchen had been inspected by the local authority environmental department and received the highest rating available. Comments from people and their relatives included, "Everything is kept thoroughly clean," "Oh yes, wash their hands, room is kept spotlessly clean" and "Always wear gloves and aprons, hygiene is excellent."

Good

Is the service effective?

Our findings

Prior to people moving into Cliveden Manor their needs were assessed by a senior member of staff. On the first day of the inspection a care needs assessment was being carried out by one of the managers and a care supervisor. The home operated five levels of care support within the main home and three care levels within the dementia unit. The initial assessment gathered important information about people. The information was used to assess if the person's care needs could be met. Topics including, medical history, cognition, life events and expressing sexuality were covered as examples.

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. We noted the staff routinely supported people to make decisions about their care. Throughout the inspection we observed staff asking people what they wanted support with. Staff told us they always included people in decision making people and offered choices to people. One member of staff told us "I always ask people how I can support them." Another member of staff told us "I always ask residents how exactly they like things done, as I understand everyone is unique and like things done a different way, have their own routines."

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were fully aware of the requirement to make DoLS applications to the local authority. We noted applications and decisions had been made for a number of people. The registered manager was aware of the requirement to advise us when a decision had been made.

People were supported by staff who were fully inducted into their role. Staff we spoke with told us their induction, which consisted of shadowing a colleague had helped them. One member of staff told us "[Name of staff] was my mentor, they really helped me." Another member of staff told us, "I had a proper induction, a full two weeks." Staff told us they felt supported by the management. We checked if staff were offered one to one meetings with a manager in line with the provider's policy. We noted there was a clear management structure in place and staff support was monitored by the relevant managers. People told us they had confidence staff were supported in their role and were appropriately trained. One person told us "New staff go through a period of probation before they are allowed to assist."

Staff received ongoing support and training to ensure they had the required skills and knowledge. Staff were required to study topics the provider deemed mandatory. The registered manager monitored staff training. Where additional training needs were identified staff were supported to attend. In a staff survey carried out 96 percent of staff stated the learning they had carried out had helped them to do their job more effectively. Staff we spoke with told us "Training has been excellent, I felt very supported" and "Training is amazing."

Where people required support with eating and drinking this was detailed in their care plan. People's preferences of food were highlighted. People had access to a variety of eating areas and choices of meals. A menu was displayed in the entrance of the restaurant. We observed two meal times. People were served by catering staff. We saw each person was given a menu and then given time to choose a meal option. If they did not want an option from the main menu an alternative menu was available. The chef met with people on a regular basis to seek their views on the food provided. Comments from people included "Food is fine, the chef caters for so many different tastes, fish is excellent and all soups are homemade" and "Foods fine, good variety, plenty fresh vegetables. Drinks are available and snacks from the centres." Another person told us "Quite good actually, plenty of choices, can help ourselves to snacks and drinks." A relative told us "Blooming excellent, she's eating very well, very very well." We observed meal times were social occasions, it was clear people had developed close friendships amongst themselves.

Staff made appropriate referrals to external healthcare when required. For instance, one person had been seen by an occupational therapist as they had presented as being at risk of falling when mobilising, another person had been reviewed by a district nurse. People told us they were supported with keeping healthy. A GP visited the home on a weekly basis. All new residents were seen by the GP following admission to the home. The home had carried out a hydration project. This was to highlight the importance of keeping hydrated. We observed hydration stations were situated around the home. We saw people used the stations. Information boards were displayed in key areas of the home to provide education on the importance of hydration. Staff had access to information in the staff room on how to keep people healthy.

The management team supported staff to work together to promote effective care to people. This included ensuring a handover meeting was made each day. This was an opportunity for important information to be shared amongst staff. Staff told us that they felt communication was good within the team. Where people moved between the home and other services such as hospitals, the staff ensured important information was shared to make sure people were kept safe. An emergency care plan was available for people to take to hospital with them. Each person who was in hospital was discussed at the morning management meeting. Where required, and when significant changes had been identified in a person's level of need. A re-assessment was carried out in the hospital prior to discharge.

Good

Is the service caring?

Our findings

We received positive feedback from people and their relatives. Comments from people included, "Sweet natured, so good, they put up with so much. Even the cleaners have time for you," "Very kind and caring, will take time to sit and chat to my husband when I'm busy" and "All staff are so obliging, friendly, kind and compassionate."

Staff had developed good working relationships with the people. Staff were knowledgeable about people and their complex needs. It was clear when staff were talking about people, they liked working with them. We found staff enthusiastic and keen to provide a good service. We observed staff were kind and caring in their approach to working with people. For instance, staff always knelt down to speak with people. When staff supported people with their meal this was done in a sensitive and professional manner.

Staff were aware of how to provide a dignified service to people. The home had a dignity champion. The member of staff promoted dignity within the home. We spoke with the member of staff and it was clear they were keen to share their knowledge with residents and relatives. An article had been written about dignity in the homes internal newsletter 'Cliveden Chronicle'. We observed staff respected people's space and always knocked on doors and waited to be invited into a person's apartment. People told us they were treated with dignity and respect. Comments from people included, "Staff are very good, very respectful and "Oh yes, we are treated very respectfully." Relatives confirmed their family member was treated with respect. Relatives told us "Very respectful. Treat my mother very well" and "Mum is treated so well."

The home offered people opportunities to express their views about the care they received. People were encouraged to be involved in providing feedback about their care and events within the home. Three forums took place each month; a manager, food and activity meetings. In addition, each day a care supervisor was asked to check nine people's rooms and apartments to obtain people's views and check on medicine practice and overall service delivery. This gave people options on how they chose to provide feedback on their experience of living at the home.

People were supported to maintain important relationship with family and friends. The home celebrated each person's birthday. We received lots of positive feedback about how people had been supported to dine with family members, and celebrate important family events. One person had been celebrating their birthday the same week of the inspection. Decorations had been erected by staff to communal areas. Relatives told us they always felt welcome in the home. We observed positive interactions between staff and relatives. It was clear staff had made efforts to get to know relatives. One relative told us "I do yes, you can always tell by the way they [Staff] treat the little ones when they come in to visit, so sweet." Another relative told us "I'm made to feel very welcome."

Good

Is the service responsive?

Our findings

People received a personalised service. Each person had care plans in place which reflected their individual needs. Their likes and dislikes were well known by staff. Where changes to people's needs were noted a review of their support was held. People told us they were involved in the assessments of their needs. Comments included, "Yes I think I did have an assessment, definitely explained everything when I came in" and "We have assessments often due to changes in overall health." Where people were unable to contribute to their care plan, due to their level of confusion, family members were invited to contribute. One relative told us "I have both Lasting Power of Attorneys (LPA for finances, health and welfare) and attend any assessments and help her make decisions."

When a new resident moved into the home, an information leaflet was given to every department. This gave important information about the person. For instance, Name, room number and a summary of likes and dislikes. One person was moving into the home on second day of our inspection. We noted a link worker was identified to support with the move.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager advised information was available if required in large print and different languages.

People were supported by people who had received training on equality and diversity. The service recognised the importance of challenging discrimination. The registered manager had facilitated discussions in team meetings about how staff could support people with the protected characterises as defined in the Equality Act 2010. The home had supported a previous member of staff who identified themselves as a different gender from birth. The home had provided an alternative uniform to help them identify with their preferred gender.

People were encouraged to participate in meaningful activities. The home was supported by a team of activity staff who worked throughout the week. Activities were focused on what people said they wanted to do. A monthly meeting was held with people where suggested activities were discussed. The activities manager told us, people arranged their own activities and this was very much encouraged. One of the resident led activities was a play reading group and a games group. One person we spoke with said they thoroughly enjoyed the play reading group. They told us "We haven't rejected many, but we did reject a play set in a hospital, it was a bit too close to home."

Future activities were displayed in key areas within the home. A schedule was also sent to each room or apartment. In addition, where requested, relatives received information about the planned events. Relatives told us this helped them support their family member attend events which they were interested. Activities were facilitated both within the home and away from the home. Activities within the home included, movie nights, music appreciation, newspaper reviews and giant crossword as examples. External activities which

had been facilitated included shopping trips to the local town centre, boat trip, a visit to the seaside, visit to national trust properties and Hyde park. People and their relatives gave us positive feedback about the range of activities on offer.

One member of staff told us they had started a music therapy group for the people living with dementia. They had met with a person and their relative to produce a list of music that was played throughout their life. The home had purchased individual tablet style computer devices and cordless headphones. Staff download an individualised play list for people. Staff told us the music had been used to support people when they were distressed as it had a calming and relaxing effect. A member of staff told us "The music therapy project is in full swing now and is used on a daily basis and has spread to many others in the dementia unit. We have seen a great success with the implementation of this project and believe it has been very beneficial to our residents in helping to further improve their quality of life."

The home supported people with dementia to engage in one to one activities. The home had adopted the 'Butterfly' model of care, this is a model of supporting people with short term and targeted meaningful activities. Each day a care worker was identified to carry out short and personalised support to people. In addition, the activities team ensured they provided a one to one session with people in the main care home.

A leaflet describing forthcoming events at the home was distributed to the local community. Local residents attended events and were welcomed by the care home staff. Events included, talks by famous people, afternoon tea with music provided by a pianist and advice sessions by financial advisors. The home was truly integrated into the local community and people were given a wide choice of meaningful events and activities to keep them physically and mentally active.

The provider had systems in place for people and their relatives to provide negative and positive feedback. Complaints and concerns made to the registered manager were used as opportunities to develop the service. People told us they would not hesitate to contact the registered manager. It was clear from the interactions we observed people felt the registered manager was approachable.

Where people had been identified as needing end of life care, this was provided in a dignified and compassionate manner. The home worked with the local hospice and community medical team to ensure people received the required support. One person's health had deteriorated. The home had arranged a meeting with the GP and family to agree the level of support the person needed. Where people had provided it, information about their chosen end of life care needs was recorded.

Good

Is the service well-led?

Our findings

People and their relatives told us the service was well-led. Comments from people included, "Very well run and have a great ability, endless patience," "It's well run" and "[Name of registered manager] is doing very well, he has changed a few things, moving slowly but effecting good changes." These comments were echoed by relatives who told us "Splendid, seems to work very efficiently" and Excellent, proactive, concerned about the residents in their care."

There was a clear management structure within the home and the provider. New staff were supported to understand the culture and values the provider held. The provider held staff recognition schemes. This included a coloured award scheme and long service awards. Staff were encouraged to introduce new staff and received a financial thank you, following successful recruitment. The coloured award scheme recognised when staff went above and beyond their usual duties. Nominations were made by people, their relatives and staff. Each nomination was reviewed by the registered manager and the care service manager. We received positive feedback about the scheme. Staff we spoke with told us they felt valued and were recognised for their hard work. Successful nominations were advertised in the providers quarterly newsletter. One member of staff who had recently left the home to work in another of the provider's location had written the care service manager "It is not often you can say you feel valued as part of a team at work." There was a commitment from the registered manager and provider to help staff develop their careers.

The home had forged good links with the community. They invited local residents to social and informative events, had been visited by the local Brownies and facilitated people to attend church.

Processes were in place to monitor the quality of the service provided to people. This included a programme of audits. For instance, medicine audit, care plan audit. Required actions which were identified in the completed audits were populated into an ongoing service improvement plan. The provider had oversight of the improvement plan and monitored completed actions. In addition to the audits, four steering groups were held each month. The topics covered were medicine, wound care, nutrition and falls. Lessons learnt were shared in the meetings and cascaded to other staff.

The provider had a number of policies and procedures in place to help them manage the service. Policies were updated by the corporate team. Policies were dated and had a date for a planned review.

Throughout the inspection we found the registered manager and staff keen to share information with us. We received information when requested in a timely manner. The registered manager was aware of events which were legally required to notify CQC. These included when a DoLS application had received a decision and when a safeguarding concern had been reported to the local authority. We checked our records and found we had been notified of all reportable events.

People and staff were routinely involved in decisions affecting them. Regular resident meetings took place. Staff had meetings and the daily management meeting ensured important information was shared with people and staff. There was a large display screen in the reception area, which held important messages for

people and their relatives.

The home had carried out a technology project with a sample of relatives. The project allowed relatives to log onto their family members care records. This enabled relatives to monitor their family member. One relative who had been involved in the project told us "Which we feel is extremely useful."