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Clifford House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Clifford House is a care home. It does not provide nursing care. It can accommodate up to 21 people. At the time of the inspection there were 19 people using the service.

Rating at last inspection: At the last inspection in April 2018, we rated the service as 'Requires improvement'. That inspection identified two breaches of the Regulations. There had been a failure to ensure controlled drugs were managed in line with legal requirements and the governance systems had not been fully effective at assessing the safety and quality of the service.

People's experience of using this service: Some of the risks associated with people's care had not been consistently assessed and planned for. Some care plans still contained omissions or would benefit from being more detailed.

Improvements were needed to ensure that all of the required pre-employment checks took place.

Opportunities for organisation learning were not being maximised. The system for documenting and investigating incidents and other safety events needed to be more effective.

Improvements had been made to ensure that controlled drugs were managed in line with legal requirements.

There was a more comprehensive range of audits being undertaken and it was evident that these were beginning to drive improvements.

Systems and processes were in place to safeguard people from the risk of abuse.

The home was visibly clean, and staff followed appropriate infection control measures.

There were sufficient numbers of staff deployed to meet people's needs. Staff received an induction and regular training opportunities to keep their knowledge up to date. There was an effective supervision programme in place.

People were offered choice and control over the care they received. Where there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been completed to check whether people could consent to the care and support being provided.

Staff were using evidence-based practice and guidance to enhance the care provided.

People were supported to eat and drink and to maintain a balanced healthy diet.

A range of improvements had been made to the internal décor and to ensure that people had access to a pleasant, well maintained, albeit small, outdoor space.

Where necessary a range of healthcare professionals had been involved in supporting people to maintain good health.

People continued to be treated with kindness, respect and dignity. Staff understood the importance of supporting people to maintain their independence.

People and their relatives told us that a strength of the service was its friendliness, the relaxed and homely environment and the person-centred care provided.

A programme of activities was provided with people told us they enjoyed.

Information about how to complain was readily available within the service and people were confident they could raise concerns and that these would be listened to.

People were supported to live well until their death and to remain at Clifford House if this was their wish.

There was a clear leadership and management structure in place which helped to ensure that that staff at all levels were clear about their role and responsibilities.

People and their relatives had been asked to share their views about the quality of care they received, and we saw that people had opportunities to get involved in influencing their care and environment.

The registered manager had developed links with the local community and key organisations to benefit people living in the home and to help with the development of the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection in April 2018.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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

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 not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Clifford House Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection team included a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Service and service type: Clifford House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had completed a Provider Information Return (PIR). This is information about what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who used the service and four relatives. We spoke with the registered manager and registered provider, one senior care worker, the activities lead and three care

workers. We reviewed the care records of four people. We also looked at the records for four staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

Following the inspection, we received feedback from three health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

● Records showed staff had completed an application form and had a formal interview as part of their recruitment.
● Checks had been made with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post.
● However, one staff member had only one reference provided when they first started to work at the service. It was the provider's policy that two were required. A second one was later obtained.
● One staff member did not have a full employment history noted.
● Whilst the registered manager asked staff about any health conditions that might be relevant to their ability to perform their role, this was not formally documented as part of the recruitment process. They have taken action to ensure this is now in place.
● The numbers of staff deployed during the day and at night had remained the same since our last inspection and continued to be appropriate to meet people's needs.
● People were positive about the availability of staff to manage their needs. For example, one person said, "If I ring my bell, they come quickly and at night someone comes upstairs almost immediately".

Learning lessons when things go wrong

● The system for documenting and investigating incidents and other safety events required improvement.
● Whilst incident and accident forms were now being reviewed regularly by the registered manager to look for themes or trends, these did not provide a true reflection of the number and nature of incidents that had occurred within the service. For example, we found details of a number of safety related events in other records such as behaviour monitoring forms that had not been documented on an incident form. This meant that the opportunity for organisation learning was not being maximised.
● Some of the incidents recorded on the ABC forms involved people, living with dementia, displaying potentially harmful, behaviour toward other people using the service. The registered manager was not aware of these incidents and so no consideration had been given as to whether they needed to be escalated to other agencies. This has now been done.
● A review of medicines administration records (MARs) for one person identified that on the three days prior to the inspection, a medicine had been administered but not signed for. Despite a system of daily checks of

the MAR being in place, staff had not identified the errors or brought them to the attention of the registered manager so that remedial actions could be taken.
● Other incident forms were fully completed and showed that staff had taken a range of actions in response to safety events. For example, following a fall, staff had rearranged furniture in the lounge to prevent similar incidents.
● Since our last inspection, staff had embedded the use of post falls protocols and huddles and these were being effectively used within the service.

Assessing risk, safety monitoring and management

● People's care plans contained risk assessments. These covered areas such as preventing falls, the use of bed rails, risk of isolation and the side effects of medicines.
● However, some of the information about risks to people's safety or wellbeing, was not always clear or comprehensive. For example, one person's nutrition care plan did not fully reflect guidance contained within a speech and language therapy assessment. We have asked that the registered manager take action to urgently clarify this person's needs.
● One person had recently managed to leave the premises. Whilst this was quickly identified and well managed by staff, no updated assessment regarding this emerging risk was in place.
● One person lived with diabetes. Their care plan regarding this asked staff to monitor them for signs of low or high blood glucose levels but did not describe what these might be.
● Two people could display behaviour which could be challenging to others. However, their care plans and risk assessments did not fully reflect the severity of the behaviour or known triggers to this. Another person's care plan did not reflect the extent of their mental health needs. Our level of concern about these shortfalls in documentation was mitigated due to there being a consistent staff team who demonstrated a good understanding of people's needs and since the inspection these documents have been updated.
● A range of checks were made to ensure the safety of the environment.
● Regular tests of the fire alarm system and other fire safety equipment took place.
● A fire risk assessment had been completed in September 2018. The actions required in response had been completed.
● Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home.
● Maintenance staff undertook a monthly health and safety check which looked at range of safety related issues such as whether window restrictors were working properly.
● However, whilst some legionella checks were taking place, these were not well documented and did not cover all of the required areas. The registered manager is taking action to address this.

Using medicines safely

● This inspection found that improvements had been made to ensure that controlled drugs were managed in line with legal requirements and the provider was no longer in breach of this Regulation.
● However, there were some areas where best practice frameworks needed to be further embedded.
● Where staff were administering 'As required' or PRN medicines, a record of the reason why the medicine was required had not consistently been documented. This is important as it helps staff recognise any trends in the use of PRN medicines that might require a referral to their GP.
● Topical medicines administration records did not consistently provide supporting information regarding the location and frequency with which creams should be used.
● The date of opening had not been recorded on two liquid medicines. This had been a concern at our last inspection.

● The temperature of the medicine's cabinet had twice been more than the recommended limits in May 2019. We are concerned that as the weather gets warmer, this could become a more systemic problem and we have asked the provider to explore options for reducing the temperature in this area.
● Staff had undergone training to administer medicines and their competency to do this safely had been assessed.
● The temperature of the medicines trolley was not being not being monitored. Action has been taken to address this.
● People told us they received their medicines on time or when they needed them.
● Medicines administration rounds were observed to be undertaken in a person-centred manner.
● We did observe that staff did not wear a 'Do not disturb tabard'. The home did not experience high numbers of medicines errors, but research has shown that preventing interruptions during medicines rounds can help avoid errors and we recommend that the provider consider adopting this or a similar practice.

Preventing and controlling infection

● The registered manager had continued to embed improvements to ensure there were effective systems in place to prevent, detect and control the spread of infections.
● The home was visibly clean including the communal bathrooms and toilets. There were no malodours.
● Cleaning schedules were in place and were generally fully completed.
● People and their relatives told us they were happy with the cleanliness of the home. One person said, "Yes, it's tiptop every morning, they go through the home and clean it top to bottom. A relative said, "The building is traditional therefore has character rather than all modern conveniences but is always clean, comfortable and tidy, doesn't smell, like some homes, and the laundry is changed regularly".
● Protective clothing, including gloves and aprons, was available and was used by staff to help prevent and control infection.
● An infection control lead was in place and regular infection control audits were being undertaken to help ensure that cleanliness and good practice was being maintained. These also checked the cleanliness of equipment such as wheelchairs and mattresses.
● A healthcare professional told us, "The home manager and the team have worked very hard to improve and maintain standards for infection and prevention control, taking on board feedback".

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living at the service. One person said, "Yes, I'm perfectly safe here" and another said, "Oh yes definitely, they lock the front door, and I feel safe in my room".
● The provider ensured that staff had access to relevant guidance about what they must do if they suspected abuse was taking place.
● Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns.
● Staff were confident concerns would be acted upon by the registered manager to ensure people's safety.

Good

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were offered choice and control over the care they received. For example, two people chose to get up later in the day and had their lunch after other people. Some people chose to eat in the lounge, others in the dining room. People were offered a choice of drink, meal and which activities they would like to take part in.
- Some people had signed forms consenting to the care and support being provided, but this was not consistently in place, even where it had been determined that the person did have capacity to consent to their care. The registered manager assured us this would be addressed.
- Staff had undertaken training in the MCA 2005 and were able to describe some of the key principles of the Act and how this might impact upon people's care.
- Where there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been completed to check whether people could consent to the care and support being provided.
- We did note that staff had not documented best interests' consultations. This is important as it helps to evidence how shared decision has been reached about what is in a person's best interests when they are now longer able to make this decision for themselves. The registered manager assured us action would be taken to document these discussions.
- Applications for DoLS had been submitted where appropriate and had either being authorised or were waiting assessment.

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

● People told us they consistently received a good service that met their needs and this view was shared by the relatives we spoke with. One person told us, "They look after you well here" and another said, "I'm, really happy here". A relative told us, "[person] was in another home at first, it was awful, I managed to get them here, the other place was like a palace, but it was all show and not care, this place is all about the care".
● We observed staff used a stand aid to assist a person to transfer from their armchair to the wheelchair. This intervention was managed effectively and safely.
● When people moved to the home, they, and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they were to receive. Following this initial assessment, staff developed care plans which covered a range of areas such as health and wellbeing, eating and drinking, communication and personal care needs.
● Some of the care plans viewed would have benefitted from containing more detail to ensure they were fully reflective of people's needs. We have described this in more detail in the 'Safe' key questions.
● There was some evidence that staff were using evidence-based practice and guidance to enhance the care provided and to achieve positive outcomes for people.
● Staff used nationally recognised tools to help identify people's risk of developing skin damage and each person had an oral assessment undertaken in line with the National Institute for Health and Care Excellence (NICE) Quality Standard 'Oral Care in Care Homes'.
● Training has recently been undertaken on RESTORE2. This is a national initiative designed to support homes to recognise, using clinical observations, that a resident may be deteriorating and supports staff escalating any concerns quickly to health care professionals.

Staff support: induction, training, skills and experience

● New staff completed an onsite induction which introduced them to their role and responsibilities and provided basic training. The induction included an opportunity to shadow more experienced staff until they were familiar with their role and people's needs.
● Two staff had completed the Care Certificate since their recruitment. The Care Certificate is a nationally recognised set of induction standards which provide staff working in health and social care with essential skills and knowledge.
● Staff received regular training opportunities to keep their knowledge up to date.
● Some of the training was face to face such as moving and handling, first aid, health and safety and fire training. Other training was delivered online and covered areas such as safeguarding, food hygiene, infection control, dementia and mental health and the Mental Capacity Act 2005.
● Records showed that the training was mostly up to date.
● People told us that staff were well trained and had the right skills and knowledge to support them effectively. One person said, "I said to the owner once, you are very lucky, you've got very good staff".
● Staff told us they felt well supported and since our last inspection, the registered manager had continued to embed an effective and robust supervision programme and all staff had received an annual appraisal. For example, one staff member said, "I have supervision regularly or can request it any time. I feel very well supported".

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

● People had access to sufficient food and drink and a menu was available from which people could choose daily.
● Hot and cold drinks were readily available and replenished throughout the day.
● Lunch looked appetising and was nicely presented and staff sat and ate their lunch alongside people. The meal was relaxed and well organised and appeared to be a positive experience for people.

● We observed that staff allowed one person to eat as much of their meal independently, but when they started to tire, they stepped in and provided support.
● One person had expressed a wish to lose weight and so staff were supporting them with healthy meal choices.
● People told us they enjoyed the food provided. One person said, "Todays meal was lovely, I've got a sweet tooth, so I especially enjoyed the pudding". A second person said, "The food is excellent, you get choice every day. They come up with the menu and if you don't want it, you can have salad or soup". One person gave the cook 11 out of 10 saying they were "Very good".
● A relative told us how their family member was eating so much better and putting on weight since they had come to stay at Clifford House. They were very pleased with this progress.

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

● The accommodation was arranged over two floors with both stairs and a passenger lift available to access the first-floor rooms.
● There were adequate communal bathing and toilet facilities and a comfortable lounge and dining area.
● Since our last inspection, the provider and registered manager had undertaken a range of improvements to the internal décor. Many areas had been painted and some tired and worn furniture either removed or replaced.
● The doors to people's rooms had been painted and personalised memory boxes were located outside to assist people with recognising their rooms.
● The flooring in a number of rooms had been replaced and quotes had been obtained to replace the carpet in the lounge and halls.
● The homes hair dressing salon had been updated and new equipment bought such as two new hooded dryers and a mirror. This gave the room an authentic feel and helped to provide more of 'salon' experience for people.
● Improvements had also been made to ensure that people had access to a pleasant, well maintained, albeit small, outdoor space.
● People told us the environment was homely and comfortable and they were positive about their rooms which they had been able to personalise according to their individual tastes.

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

● Where necessary a range of healthcare professionals including GP's, district nurses and community mental health nurses had been involved in supporting people to maintain good health. This was confirmed by a healthcare professional who told us, "They act on our advice and refer appropriately…they are keen to accept training and communicate well".
● There was evidence that staff promptly identified changes in people's health or wellbeing and sought medical advice. For example, staff had recognised that people were suffering from urine infections or from negative side effects following changes to their medicines.
● Staff had sought the intervention of a mental health professional promptly following an acute decline in one person's mental wellbeing.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

● The service continued to provide caring and kind support and people told us they were happy living at the home. Comments included, "I like all the staff, they are all very good to me", "They [staff] are very kind to me", "Yes of course they are caring, we joke together" and "They are very friendly here, I don't think you could have friendlier people".
● People looked relaxed and comfortable alongside staff and it was evident that people and staff enjoyed good relationships. For example, one person told us, "I know some of them better that my own family".
● We saw a number of positive interactions which conveyed to people that they mattered. For example, we saw a staff member respond to one person who was distressed and calling out. They reassured the person and gently stroked their face until they settled.
● The positive impact on people of the kind and compassionate approach of staff was commented on by relatives. For example, one relative said, "They are very good here, the thing I like is if one of the patients is not well, they give them a cuddle" and another told us, "The staff are very caring and always treat mum with dignity and respect. They go out of their way to show kindness and consideration".
● Health and social care professionals also felt that staff treated people with kindness. One professional told us, "I have found staff to be caring, supportive and respectful to residents".

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

● There was evidence that people were encouraged to express their views and make decisions about their care. For example, we saw that one person preferred more mature care workers support them. The registered manager told us, "You have to respect that and always make sure it happens".
● Staff maintained records of all contact with people's families. These demonstrated that relatives were updated promptly when people's needs changed or if they were unwell.
Staff also ensured that families that lived some distance away were provided with regular updates and photos of their family member enjoying activities for example. A relative told us, "[staff member] also sent me photos of mum making an Easter bonnet and enjoying a sing song. When you live many miles away it is such a relief to know [relative] is happy and safe. These little things make a big difference".
● People's relatives and friends felt welcome and could visit without restrictions. One relative said, "The staff are so friendly here, they go the extra mile…we feel welcome here, we are always offered coffee".
● Relatives were invited to share a meal with their family member if they wished and were provided with private space to enjoy this.

Respecting and promoting people's privacy, dignity and independence

● Staff were mindful of people's privacy and dignity and this was confirmed by the people we spoke with. One person said, "They use my preferred name and I feel they are polite and treat me with respect". Another person said, "Yes I wouldn't let them get away with it if they weren't polite, but they are very good".
● Staff spoke with people in a polite and respectful manner and had ensured people were clean and well-groomed and wearing jewellery and make-up if this was their known wish.
● Staff knocked on people's doors before entering their room and doors were kept closed when staff attended to personal care tasks.
● Staff respected people's right to privacy. If people did not wish to spend their time in the communal areas, this was respected.
● Staff understood the importance of supporting people to maintain their independence and were able to tell us about examples of how they encouraged people to retain their skills as far as possible. For example, one staff member said, "We try and encourage [person] to stand on their own before using the stand aid and to wash their hands and face and anywhere she can reach".
● Staff encouraged people to help with household chores. For example, during the inspection, one person assisted a member of staff to undertake the 'Tuck shop' round. The tuck shop was a upcycled medicines trolley and contained fresh fruit, chocolate bars, biscuits and crisps for people to choose from. One person told us, "I don't want to sit in the chair all day, I like to help…. [staff member] is going to be doing the shopping and takes me with her, I like that job". The registered manager told us how they had helped this person to learn how to scan items at the shop and then pay for these which they were proud of achieving.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

● The care plans continued to contain information about people's preferred daily routines. For example, people had a 'My Typical Day, which described how they liked to spend their day and their favoured food and drinks. Some people had detailed life histories which helped staff obtain an understanding of them as a person before they came to live at Clifford House.
● Our observations indicated that staff knew people and their individual preferences well and this was confirmed by the people we spoke with. For example, we saw staff seek out some lemonade to give one person with their lunch knowing that this was their favourite drink. Staff were aware that one person used to be a jockey and used this knowledge to engage with the person in a meaningful way.
● Staff completed daily logs for each person. These noted how the person had been throughout the day, their dietary intake and which activities they had taken part in.
● Daily handovers helped to ensure that staff were informed about any new risks or concerns about a person's wellbeing.
● A keyworker system was in place but was largely confined to having oversight of practical tasks such as making sure clothing was labelled and that the person had sufficient toiletries. There was therefore scope to further develop this system as a meaningful tool to assist staff in developing a special relationship with people.
● There was evidence that care plans were reviewed monthly, but this had now always been effective in ensuring that the plans were comprehensive and fully reflective of people's needs. We have talked about this more in the well led domain.
● An activities coordinator was employed and along with staff, planned and provided opportunities for people to take part in a range of activities.
● The scheduled activities for April 2019 included a sensory session, games, painting, quizzes and reminiscence. Armchair aerobics and more active games were also played. On the first day of our inspection, people were very much enjoying a game of skittles. One person told us, "We have games like this here, I shall have a go in a minute, you get three chances to knock them all over".
● Until recently, a local children's nursery had visited the home on a weekly basis allowing people to enjoy crafts and games alongside the children. The nursery was no longer able to attend and so this had now been replaced with cooking sessions until alternative arrangements could be made.
● Arrangements had been made to provide two minibuses in the summer to take people out on a day trip.
● Activities were planned around people's known interests. For example, staff were exploring options for activities based around people's previous occupations. Sand had been bought ready to create a beach area in the garden as one person had expressed a wish to go to beach but were too unwell to manage this.
● People who did not wish to engage with communal activities had one to one sessions with the activities

coordinator.
● People received information in a way they could understand. For example, staff continued to communicate in writing with one person who was hard of hearing. Picture cards of the menu were available should people need these. This was in line with the 'Accessible Information Standard'. This framework was put in place from August 2016 and made it a legal requirement for all providers to ensure people with a disability or sensory loss could access and understand information they were given.
● We did note that some of the posters displaying the menu and planned activities would benefit from being in a larger font to make these more accessible to people with sight loss. The registered manager agreed to look at ways of achieving this.

Improving care quality in response to complaints or concerns

● Information about how to complain was readily available within the service and people were confident they could raise concerns and that these would be listened to. For example, one person said, "You could talk to [registered manager] about it, but I've had no concerns" and another said, "I'd go to [registered manager], I'm very direct, I'd just tell her what the matter was".

End of life care and support

● No-one using the service was currently receiving end of life care.
● The registered manager was committed to supporting people to live well until their death and to remain at Clifford House if this was their wish and worked closely with community healthcare teams to achieve this.
● The registered manager spoke respectfully and passionately about the importance of end of life care and ensuring that people did not die alone. They nurtured this approach to people's care in their staff team also. For example, a new care worker told us about a person they had helped provide end of life care to. They said, "I was prepared and supported by [Registered manager] to know how to support family. When [person] died, she told me how to prepare her body, we washed her and made her smell nice and treated her like a human still".

Good

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

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

● Our last inspection in April 2018 had found that there had been failure to ensure that there were effective systems in place to assess and monitor the quality of the service. This was breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.
● This inspection found that there was a more comprehensive range of audits being undertaken and it was evident that these were driving improvements in some areas such as infection control and the service was, therefore, no longer in breach of this Regulation.
● It was also clear that the registered manager and staff team were committed to providing good quality, person centred care.
● There were some areas where the governance arrangements could be further developed. For example, staff would benefit from a more detailed care plan audit tool to support them with identifying and addressing weaknesses or omissions in people's care records.
● There was a clear leadership and management structure in place which helped to ensure that that staff at all levels were clear about their role and responsibilities.
● Staff commented positively on the registered manager and of their leadership of the service. One staff member said, "Definitely [it is well led] It's as if she has eyes in the back of her head… She puts things right". Another staff member said, "[Registered manager] supports, helps, leads, she always knows what is going on and interacts with the residents…. we are a good home, everything is done properly, there is good communication, the residents are cared for in a professional manner treated as a human and given dignity".
● The registered provider visited the service regularly and was well known to people and their relatives.
● The registered manager had links with external organisations and attended care forums to ensure they remained up to date with new developments and information which helped to ensure the care and support being provided was based on current evidence-based guidance, legislation and best practice. A health care professional told us, "The home manager and /or a member of the team also regularly attend the [Infection control] care home forums as well as the general care home forums and always participates in discussions and are open to sharing with and learning from the other homes".

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● People and their relatives told us that a strength of the service was its friendliness, the relaxed and homely environment and the person-centred care provided. For example, one person told us, "I wouldn't like it here

if it was strictly run, its relaxed here, homely".
● The service had received a number of compliments. One read, 'It has a lovely atmosphere in the home and seems to be very well organised". Another relative had written, 'I love coming here, the staff are brilliant, and it feels like a home. I would recommend it to anyone'. The views expressed in these compliments would be in keeping with our observations during the inspection.
● People and their relatives felt that the registered manager was a good role model, led by example, was kind, caring and jovial and very much involved in their day to day care. One person told us, "[The registered manager] is very nice". Another person said, "Yes I think it's [the home] managed very well".
● During the inspection, we saw one person become agitated, the registered manager responded effectively using a technique which immediately soothed the person. This demonstrated that the registered manager had an understanding of people's needs and how best to meet these.
● Relatives commented positively on the person-centred nature of the service. For example, one relative told us, "The outstanding thing about Clifford House is the staff. In particular, the Manageress has gone out of her way to support and reassure me that my mother is safe and happy and well looked after. It is a very upsetting time when a loved one can no longer live independently and without doubt [registered manager] and her staff made my decision 100% easier by their obvious kindness towards both my mum and myself at that time and every time since".

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

● People and their relatives had been asked to share their views about the quality of care they received. For example, satisfaction surveys had been completed in 2018. The feedback had been largely positive, but where areas for improvement had been identified a basic action plan had been produced to meet these.
● Resident meetings took place periodically and were an opportunity for people to get involved in influencing their care and environment. For example, the introduction of the tuck shop had been in response to a suggestion made by people at one of these meetings. People had also been involved in deciding how the tuck shop be decorated and what items it should stock. In addition, people had been involved in choosing pictures for the revamped hair salon and the flooring in their rooms when this was replaced.
● Staff meetings were used as opportunities for staff to share ideas about how practice and effective teamwork might be improved. For example, one staff member told us, "Team meetings are used to share learning, ways to move forward, when [person] had just started to deteriorate we discussed how to manage their transfers…we all get on like one big happy family".
● People continued to be supported to maintain links with the local community within which they lived. Some people attended local churches and staff also took people out shopping locally.

Working in partnership with others

● The management team were committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care. This included GP's community nurses and other healthcare professionals.
● The registered manager had developed links with the local community and key organisations to benefit people living in the home and to help with the development of the service. For example, young people from local schools and colleges had been welcomed into the home as part of the National Citizen Service programme. The students had worked alongside people planning and carrying out improvements to the garden, planting flowers, painting the benches and bird tables for the residents to enjoy. We were told of the positive impact this had had on people who had enjoyed the company of the students. The registered

manager told us, "It was having that interaction, not everyone has family, but they relate to the young people, it was very emotional for the residents, it was clear they wanted them to come back".

● Fundraising events were held within the local community and well attended by people, their relatives, staff and members of the local community.

● In conjunction with a local recruitment agency, the service provided practice placements for new care workers, supporting their skill development and assessing their suitability to work in the health and social care sector.