

# Mr & Mrs J P Rampersad

## Clifton House

### 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



#### Overall summary

We inspected Clifton House on 5 October 2015. The inspection was unannounced. At the previous inspection of 9 December 2013 the home had met all the required standards.

Clifton House provides accommodation and personal care for up to 16 older people, including people living with dementia. At the time of the inspection there were seven people living in the home.

The home was managed by a registered manager. 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.

The service provided safe care for people. People we spoke to told us they felt safe and well cared for. Records showed that people who lived in the home had been involved in risk assessments and in planning the support they needed as far as they were able. Safeguarding issues had been appropriately raised with the local authority. However, the provider did not have robust systems in

# Summary of findings

place to demonstrate the audit trail of each safeguarding event. It was not always possible to identify a clear pathway between the time a safeguarding alert was raised and how this had been concluded. This meant that the provider could not ensure that the people using the service had had the most appropriate individual response suitable for them.

You can see what action we told the provider to take at the back of the full version of the report.

We saw that people's health and nutrition were regularly monitored. People were supported at mealtimes and had choice regarding their preferred meal. Food was nutritious and hot. There were established links with GP services, hospitals and local authority.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, and information which would be helpful to hospitals or other health support services.

There were sufficient numbers of trained staff working in the home at all times and staff were supported by the manager and deputy manager. Staff had completed mandatory training and there were clear details as to when this training should be refreshed.

Where people lacked the capacity to make decisions for themselves staff had followed the requirements of the Mental Capacity Act 2005. Staff had received relevant training. The manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and knew how to apply it to people in their care.

There was an open and inclusive atmosphere in the service. People who used the service and staff told us they found the manager to be approachable and supportive. Staff were able to challenge when they felt there could be improvements.

The provider had a clear set of values that included the aims and objectives, principles, values of care and the expected outcomes for people who used the service. The service had quality assurance systems in place. These ensured people continued to receive the care, treatment and support they needed. There were also meetings between the home and people who lived there as well as meetings with relatives.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

There were appropriate safeguarding systems in place and staff were trained in how to report any concerns. There were sufficient numbers of skilled and qualified staff on duty to ensure that people were kept safe.

However, the systems in place for tracking and auditing safeguarding matters were not robust enough to demonstrate that the provider had a clear audit trail from the beginning of a safeguarding referral to its conclusion. This meant that the provider could not always be certain if the outcomes for people enabled them to feel safer or reassured.

Staff were trained in keeping people safe, in the use of specialised equipment such as hoists and in responding to any concern over poor treatment of people.

Medicines were well managed and administered accurately.

Requires Improvement



### Is the service effective?

The service was effective. People who used the service had personalised care plans that were reviewed on a monthly basis. These included health action plans. People were supported by staff who had appropriate training.

Where people lacked the capacity to make decisions for themselves staff had followed the requirements of the Mental Capacity Act 2005.

People were protected from the risks of inadequate nutrition and dehydration. People had a choice of food for every meal and if people did not want what was on offer they would be offered an alternative.

Good



### Is the service caring?

The service was caring. Staff interacted with people in a friendly and professional way. People were supported with dignity and respect.

Care plans were personalised and people had been involved in decisions about their care. Staff knew people's histories, likes, dislikes and religious beliefs. People were supported by caring staff who respected their privacy.

Relatives and friends were encouraged to visit at any time.

Good



### Is the service responsive?

The service was responsive. People received personalised care that was based on their individual support needs. There were risk assessments in place to ensure care was delivered in a responsive and safe manner.

People knew how to make a complaint and raise concerns with the manager.

Good



# Summary of findings

People and their relatives were regularly consulted about their views and asked for their input concerning the home.

## Is the service well-led?

The service was well-led. The provider had a clear set of values that emphasised the person-centred nature of care and included the aims and objectives, principles, values of care and the expected outcomes for people who used the service.

The service had a management structure that had clear delegation of duties and responsibility. The manager was available and approachable to staff and people.

The service had quality assurance systems in place. These ensured people continued to receive the care, treatment and support they needed. There were also meetings between the home and people who lived there.

**Good**



# Clifton House

## Detailed findings

### Background to this inspection

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

The inspection took place on 5 October 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information about the home that we had. This included previous inspection reports, information provided by the home, the provider information return (PIR) form, correspondence and notifications.

We spoke with the manager, the deputy manager and two care staff. We also spoke with four people who used the service.

We reviewed the home's policies and procedures, medicines administration records and four staff records.

# Is the service safe?

## Our findings

People told us they felt safe at Clifton House. One person said, “It’s safe here. The carers look after you.”

Staff told us that they had received sufficient training to keep people safe. They confirmed they had received training in safeguarding adults, moving and handling and the use of hoists.

The registered manager and staff were knowledgeable about safeguarding vulnerable adults and the different types of abuse to be aware of. They were knowledgeable about the reporting process to be followed when suspicions of or actual abuse had occurred. Staff told us, and records confirmed, that staff had received training in relation to safeguarding adults.

However, the systems in place for tracking and auditing safeguarding matters were not always robust enough to demonstrate that the provider had a clear audit trail from the beginning of a safeguarding referral to its conclusion.

For example, we saw that there was good communication between the service and local authority and that referrals were made to the local authority in a timely and appropriate manner. However, the follow up to these referrals and the conclusion of the investigation by the local authority was not always formally on record in the home. This meant that the provider could not always be certain if the outcomes for people enabled them to feel safer or reassured.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to systems and processes which must be in place.

The manager explained that sometimes a matter would be concluded over the telephone for non-serious matters. The manager acknowledged, however, that complete records,

including the outcome, of each safeguarding matter should be held in order for the service user to have the most appropriate response from staff in accordance with their needs.

Risk assessments had been undertaken that ensured people could take part in activities, or do things independently in a safe manner. Risk assessments had been carried out in respect of people’s mobility, vision, health conditions and emotional needs. This enabled people to remain as independent as possible whilst receiving appropriate support, for example when moving from one area of the home to another.

There were enough staff on duty to care for people. In addition to the manager there were two people on duty at all times of the day. At night there were one waking and one sleeping-in staff. The manager described how overall staff numbers were decided based on overall number people living in the home and their individual needs.

Staff recruitment procedures ensured that people were protected from having unsuitable staff working at the home. The recruitment process included details of previous employment, checks made under the Disclosure and Barring Scheme (DBS) and reference checks.

The home had a good system for the management of medicines and staff were able to demonstrate how people received their medicines safely. Medicines administration records were accurately kept and medicines were safely stored in a suitable cupboard.

The premises were free from hazards and equipment was well maintained. Staff had been trained to use specialised equipment, such as hoists, safely. This helped people to feel reassured when using such equipment.

There were procedures and policies in place to control infection. Inside the main entrance to the home there was an anti-bacterial facility located with a request for visitors to use it., in toilets and bathrooms there was adequate soap and anti-bacterial cleansers.

# Is the service effective?

## Our findings

People were cared for in a way that aimed to help them live their life as they chose. One person told us “I am free to spend my time how I want to.”

Staff induction included becoming familiar with the home’s vision of person-centred care, care planning and people’s specific needs. Staff also received training in dementia awareness and mental capacity. Staff were positive about the home and their work. Some staff had worked at the home for several years. Staff told us that they received regular support from managers on a day to day basis, as well as through regular supervision and appraisal. This was confirmed by a review of records.

Records were kept of the training undertaken by staff. The manager showed us the system they used to monitor staff training. From records provided we noted training included care and administration of medicines, fire safety, first aid, food safety, infection control, safeguarding and the Mental Capacity Act. Some staff were new to the service and had completed the provider’s induction process. Overdue training had been identified and training refresher plan had been developed. Staff who had not yet undertaken training did not carry out related tasks. For example, one new member of staff had not yet undertaken medicines administration training and did not carry out this task.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in

people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and they ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Staff had undertaken relevant training on the MCA and DoLS. Records confirmed that applications had been made to the supervisory body for people who lacked the capacity to make particular decisions, this included decisions about lawfully depriving people of their liberty so that they would get the care and treatment that they needed. We saw that four people were in the process of having authorisations processed.

People had enough food and drink, and meals were hot and attractively served. People told us that they enjoyed the meals at the home. One person told us, “The meals are good here and I always have enough to eat.” People were consulted about their choice of meal and staff supported people attentively during their meal. A menu was clearly displayed in the dining room in easy read and pictorial format,

People had access to community health services and the home ensured people’s health care needs were met. As part of people’s overall care planning separate sections on people’s health needs were recorded which provided information about people should they need to visit hospital or other health services. The staff monitored people’s weight, nutrition and fluid intake.

The home ensured that referrals were made when needed and provided support to people in accessing health services.

# Is the service caring?

## Our findings

People told us that they thought the service was caring. One person told us, “I’m well looked after – the staff are lovely.”

Staff knew each person, and each person had a care record that accurately detailed their history, likes and dislikes. Cultural and religious preferences were also recorded. People’s care records were written from the first-person perspective and included details such as family relationships, how the person preferred to be helped, information regarding their personal care and leisure interests. People’s care was reviewed monthly by the care home staff and details recorded.

We observed staff interaction with people and observed people interacting with each other. People were treated with respect and kindness, for example, by ensuring that people’s clothing was properly arranged and by knocking on doors. We saw that people were comfortable around the

staff and that staff spoke to them in a friendly but respectful way. Staff were able to tell us about people’s individual needs, preferences and interests. There was a relaxed atmosphere in the home.

People were involved in decisions about the running of the home as well as their own care. This happened mainly through daily contact with people as well as monthly meetings. We saw people making choices about their day to day life; for example, during our inspection one person decided to spend some time in their room and have their meal there instead of the main dining room.

When staff prepared social activities such as reminiscence group people were supported to take part or withdraw according to preference. One person told us, “I enjoy it when they play the music of the old days.”

Care plans recognised all of the people involved in the individual’s life, both personal and professional, and explained how people could continue with those relationships.

One staff member told us, “I like to try to make things comfortable for people. It is their home.”



# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. People's needs and level of dependence were accurately assessed and kept up to date. One person told us, "If I need anything I just ask and they help."

People's needs were fully assessed prior to becoming resident in the home and at monthly intervals thereafter with a full review taking place annually. We looked at care records and saw that they contained assessments relating to mobility, healthcare including medicines, eating and drinking, behaviour and independence.

People's diverse needs were understood and supported. These included food preferences, interests and cultural background. All staff had undertaken training on equality and diversity which enabled them to respond to people's needs in a way that was most appropriate to the person.

People could rise and go to bed as they wished and arrange their day as they pleased. The home had its own transport for group outings and staffing levels were such that they could respond to people's individual support needs.

People were supported to maintain their relationships with family, relatives and friends and the home had an open policy for visitors. We saw in people's care records that the views of family and significant people were welcomed while planning or reviewing people's care.

In order to listen to and learn from people's experiences the home had monthly meetings with people, where people's experiences and views were discussed as well as providing an opportunity for the manager to share relevant news about the home and forthcoming events..

The service had a complaints procedure and we saw that there had been no complaints made in the previous 12 months.

# Is the service well-led?

## Our findings

The service was well-led, with a clear management structure that promoted the delivery of person-centred care and an open culture.

The service demonstrated good management and leadership through ensuring that it complied with the requirement to have a registered manager in place. There was a clear staff structure and hierarchy which was underpinned by clear policies and procedures and regular supervision of staff. People and staff were comfortable approaching the manager and general conversations were friendly and open.

People and staff were encouraged to raise concerns and to share ideas. There were service user meetings which were held every two months, as well as an annual relatives meeting. The manager explained that the purpose of these meetings was to seek the feedback and suggestions of people and their families and covered all aspects of the

care at the home as well as topics on food, activities, safeguarding, complaints and activities. We saw the minutes of the most recent meetings for both service users and relatives.

Staff told us they felt supported. One staff member told us, "I enjoy working here. I get my training and I want to learn more about looking after people."

Notifications of incidents, accidents and concerns over care were recorded appropriately and the relevant authorities notified. There were clear lines of accountability within the home and clear delegation of duties. The service worked well in partnership with local authorities, health services and local services such as pharmacy services.

There were quality assurance systems in place to ensure the safety of the premises and equipment. Audits included the general running and maintenance of the home but also included care issues.

Records were held securely and confidentially.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who use services were not always protected against receiving care or treatment that is inappropriate or unsafe because the systems and processes in place were not always operating effectively.

Regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.