Together for Mental Wellbeing

Clifton House

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

We carried out an unannounced comprehensive inspection of Clifton House over two days on 3 and 4 February 2016.

Clifton House is registered to provide accommodation and personal care for up to 23 people. The home supports people with enduring mental health needs. The premises provide accommodation over three floors, including two self-contained flats for supporting people to prepare to move on to more independent accommodation. At the time of the inspection there were 20 people living at the home.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 current home manager was not registered with the Commission but had applied to register as manager.

At the last inspection of the home in September 2013 the home was meeting Regulations and standards prevailing at that time.

Staff received regular training in safeguarding adults and were aware of how to report any concerns. Procedures and information about potential abuse had also been discussed with people at residents' meetings.

The building had been risk assessed, identifying any potential hazards. Action had been taken to make sure the premises were managed safely.

Risk assessments had also been completed with respect to ensuring that care and support of people was managed safely. There were well-developed systems for both reporting and analysing any incidents or accidents that occurred in the home.

There were robust staff recruitment procedures followed to make sure competent staff were employed to work with people. All the required checks had been carried out with records of checks in place.

The home had sufficient staff deployed to meet the needs of people accommodated.

Medicines were managed safely in the home.

The staff team were well-trained and there were systems in place to make sure staff received training when required. Making sure staff received update training was to be taken forward by the new manager.

The home was meeting the requirements of the Mental Capacity Act 2005. It had not been necessary to

make any referrals to the local authority for people to be deprived of their liberty.

People's consent was gained for how they were cared for and supported.

Staff were supported through one to one supervision and annual appraisals.

People were provided with a good standard of food and their nutritional needs were met.

People were positive about the staff team and the good standards of care provided in the home. People's privacy and dignity were respected.

Care planning was effective and up to date, making sure people's needs were met.

The home provided a programme of activities to keep people meaningfully occupied.

The home had a well-publicised complaints policy and people had confidence that any complaint would be taken seriously and responded to.

There were systems in place to monitor the quality of service provided to people.

There was good leadership of the home and a positive ethos and culture prevailing in the home.

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

People received safe care in a safe environment where risks were identified and minimised through risk management.

There were sufficient staff employed to meet people's needs.

There were robust recruitment procedures followed to make sure suitable staff were recruited to work at the home.

Medicines were managed safely.

Is the service effective?

Good

Staff were well-trained and supported to fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's consent was obtained about the way they were cared for and their treatment choices.

People's dietary and nutritional needs were being met.

Is the service caring?

Good

People were very positive about the home and the quality of the care provided.

Staff demonstrated a kind and caring attitude.

People's privacy and dignity was respected.

Is the service responsive?

Good

People received personalised care and support. Care plans were in place and up to date to inform staff of how to support and

meet people's needs.

Activities, events and outings were provided to keep people meaningfully occupied.

There was a well-publicised complaints procedure with people confident that complaints would be investigated and taken seriously.

Is the service well-led?

Good

There was good leadership of the home.

There was a positive, open culture with management seeking to improve the service where this was possible.

There were systems in place to monitor the safety of the service provided to people.

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 was planned to check whether the provider was 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.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.
This inspection took place on 3 and 4 February 2016 and was unannounced. One inspector carried out the inspection over both days.

The acting manager assisted us throughout the inspection. During our inspection we met with the majority of people living at the home and spoke with six people in more depth about their experience of the home. We also spoke to four members of staff and two visiting health professionals.

We observed care and support in communal areas and looked at the care records for two people, medicines administration records, three staff recruitment files, quality assurance records and other records relating to the management of the home.

Good

Is the service safe?

Our findings

Everyone we spoke with had no concerns about their safety and people were positive about the way they were supported. One person told us that they had a key to the front door and to their own bedroom as well as a lockable area within their bedroom to lock away valuables. Another person told us, "Yes. I trust the staff who are all very kind and supportive".

People were protected from abuse and avoidable harm as staff had been trained in safeguarding adults. Training records showed that the new staff received this training as part of their induction and for long term staff refresher training was arranged each year. Information about how to make a referral to safeguarding was prominently displayed in the office for staff reference. The staff we spoke with confirmed they had received safeguarding adults and whistle blowing training and were aware of how to report any concerns. Information about safeguarding adults and how to report concerns had also been discussed with people living at the home in residents' meetings.

Risks to people's personal safety had been assessed and plans written to minimise these risks. Risk assessments were specific to the person, covering concerns that had been highlighted during assessments or reviews, or in response to previous incidents. Topics included social isolation, aggression or violence, risk of suicide, risks around the taking of medicines and substance abuse, amongst others. A risk assessment had been written, together with a policy with respect to visitors and their impact on other people living at the home, to make sure people were safe.

As well as risk assessments focusing on people's care and support, hazards associated with the premises had also been assessed and actions taken to minimise these. People's rooms had been assessed to make sure window restrictors were fitted to upstairs windows, thermostatic mixer valves fitted to hot water outlets and any other hazard identified. Examples of other risk assessments included, wheelchair access, the garden area and Control of Substances Harmful to Health.
The acting manager had ensured that boilers were serviced each year, the water system tested for the potential of Legionnaire's disease (is a water borne disease that can be harmful to people's health), and the building assessed for the risk of asbestos.

There were arrangements in place to keep people safe in an emergency. Each person had a specific emergency evacuation plan clearly documented within their records, setting out the assistance and equipment they would need if the building had to be evacuated. A fire risk assessment had been developed with a date set for its next review.

There was a system for making sure maintenance issues were addressed. A maintenance book identified faults with dates recorded when action was taken to rectify faults.

There was a system in place to monitor accidents and incidents that occurred in the home to look for trends or particular hazards, which could reduce further such occurrences. Any accidents or incidents were reported to head office so that there was oversight of how safety of the home was being managed.

People we spoke with felt the staffing levels were appropriate to meet the needs of people accommodated, with the exception of one person who felt that staffing levels at the weekend could be increased. We discussed the staffing levels with the home's manager. They told us that staffing levels were provided at a base level but should there be a need, such as a person who needed increased support, additional staffing could be put in place. Generally, there were between three or four care support staff on duty each day with the acting manager being on site office hours throughout the week. During the night there are two members of staff who sleep in the premises and are available in the event that support is required. There was also an out of hours emergency support service should staff need support out of hours. Staff told us that they too felt staffing levels were appropriate.

The organisation had also developed a peer support volunteer service. A peer support coordinator had been recruited who in turn was responsible for recruiting volunteers with lived experience of mental distress to become volunteers to support people at the home. The volunteers provided planned or unplanned one to one support or group support to people living at the home, which was of benefit to both staff and people living at the home.

The service followed safe recruitment practices. Staff files included application forms, full employment history, records of interview, evidence of qualifications and appropriate references. Checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in a care setting. Records seen confirmed that staff members were entitled to work in the UK.

The staff member in charge of medication discussed and showed us how medicines were managed within the home. There were robust and audited systems in place for making sure people's medicines requirements were ordered and checked in when delivered to the home by the pharmacist. There were suitable storage facilities for securely storing any medicines entering the home. As well as medication cabinets, there was a small fridge for medicines requiring refrigeration. Checks of the temperature range were maintained to ensure medicines were stored within the correct temperature range. The medication administration records we looked at showed that people were administered the medicines prescribed to them.

People were assessed as to whether they could self-administered their medicines. One person, with assistance from staff was managing their own medicines. A risk assessment had been completed and a plan put in place to support the person. They had a lockable storage area within their bedroom so that they could store their medicines safely.

Good

Is the service effective?

Our findings

People told us that there was a good staff team in whom they had confidence. They also said that they were always asked for their consent, with this being discussed whenever new goals were set. They were also positive about the standard of food provided. One person told us, "The new chef is very good".

The provider had a system to make sure staff received essential training with dates set for ensuring update training when this was required. Essential training included: food and hygiene, the Mental Capacity Act 2005, moving and handling, infection control, adult safeguarding and health and safety training. Other training courses were available to staff specific to meeting needs of people with mental health needs. Training topics included; mental health awareness, working with people with complex needs, motivational interviewing, alcohol and substance abuse awareness, challenging behaviour and self-harm.

New members of staff received induction training that included shadow working with more experienced staff. They were also enrolled on the Care Certificate, which is the recognised induction standard. New staff spoken with confirmed they had received this training.

All the staff said that they felt supported through the staff supervision system. Staff told us that they received regular one to one supervision and an annual appraisal. They told us there was good staff morale and good support from within the whole team. Records were in place to plan and evidence that staff supervision was provided in line with the organisation's policy.

Staff were knowledgeable about the needs of individuals we discussed with them. We attended a staff handover for one shift and there was good communication between shifts to update the staff coming on duty on events and people's progress.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions or authorisations to deprive a person of their liberty were being met.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the acting manager about DoLS and the MCA who demonstrated good understanding of the legislation. No one at the home had been referred for a DoLS.

From speaking with people and looking at care records we found that people's consent was always sought about the way they were cared for and supported. Agreements and goals were set with people so that staff could support people appropriately with their consent.

People were positive about the standards of food provided in the home and had the opportunity for planning menus at residents' meetings. People also had opportunities for preparing their own meals if this was an identified goal as part of preparing a person to move on to more independence. Assistance and support from staff was documented within people's care plans and reviewed so that people received the assistance they needed. People told us that they helped themselves to breakfast foods and were supported to prepare lunchtime meals. In the evening the main meal of the day was prepared by the chef.

People we spoke with told us that their dietary needs and food likes and dislikes were known.

Good

Is the service caring?

Our findings

People we spoke with had only positive comments about the care and support they received. Comments made included, "The staff are really good", and "I get on well with all the staff and I can trust them".

People had a key to the front door and also to their bedroom so that they could come and go as they pleased. They told us that staff did not enter their bedroom without their permission and therefore had privacy which was respected. There were clear policies and procedures in place for circumstances where staff could gain access to people's rooms if there were concerns for their well-being or safety.

Throughout the inspection we observed interactions between staff and people living at the home. It was evident that staff and people got on well together and that trusting relationships had developed between people and the staff team. We saw staff were respectful with people when they spoke with them and also took time to talk with people who were more difficult to engage.

Staff were knowledgeable about people's individual needs as good information was provided within people's care records about their life history, interests, goals and needs.

Good

Is the service responsive?

Our findings

People we spoke with had no concerns about the way their care and support was managed through the goal and care planning systems of the home. One person told us that there was no pressure to set unrealistic goals.

Before people moved into Clifton House assessments of their needs had been carried out to make sure the home was both suitable and appropriate resources put in place to support people. Admissions were planned at the person's pace to allow them time to settle into the home. Views of other people living at the home were sought before a new person was admitted to the home. Records of pre-admission assessments were held on the files we looked at during the inspection.

On admission to the home, goals and the support a person required in achieving these were developed with the person concerned. Goals were then reviewed individually with the person and their key worker at regular intervals and dates for reviewing progress. Clifton House accommodates people with a range of abilities and also needs. Some people had been living at the home for many years and were developing health conditions related to their age. Many of these people sought stability, routine and access to health services, whilst younger people had goals to move to greater independence. There was a person centred approach in working with people to meet their own varying individual needs.

Examples of goals people had set included, supporting a person with goals to prepare them for moving on to greater independence, assisting one person in reducing their alcohol consumption, maintaining family relationships and one person was working towards improving their maths ability. People could choose to use a goal planning, the 'Recovery Star', developed by the Mental Health Providers' Forum. This is a self-assessment aid to assist people in promoting their independence and recovery from mental illness.

People's physical health needs were addressed through the care planning system. People were registered and supported to attend GP services, dentists or opticians. People were also supported to attend hospital visits. During the inspection we spoke with a visiting professional from one of the mental health teams. They told us that they had confidence in the home and the staff team and that the home worked collaboratively in meeting people's needs.

As well as goals to support people's objectives and support to maintain their physical health, activities were arranged to keep people occupied. Some people liked to take part in quizzes and bingos sessions whilst others enjoyed art. The previous year a camping trip took place, which was very popular and another trip planned for the year ahead. During the summer months, a beach hut was hired for a week, giving people the opportunity of enjoying the beach.

The home had a well-publicised complaints procedure with good information and forms to make a formal complaint on display on the residents' notice board in the dining area. No one we spoke with had any complaints about the service and people told us that they knew how to complain. They also told us that they had confidence that any complaint would be taken seriously. We looked at the complaints log and

found that no complaints had been made within the last year.

Good

Is the service well-led?

Our findings

The leadership and management of the home assured there was delivery of good quality, person centred care that promoted an open and fair culture. Staff we spoke with were very motivated, all working to support people's recovery as best they could. One member of staff told us, "There is a good staff morale and management are open and always available to listen".

There was innovation and development of the service as exemplified by the setting up of the peer support service which has led to better support of people.
The organisation had a well-developed vision and culture of person centred focus on supporting people with recovery from mental distress that was well communicated to staff. A survey of people living at the home was carried out in June of 2015. All of the 21 responses were positive and so there were no actions identified from the resulting analysis of results.

There was oversight of the home by other managers of the organisation who visited the service each month to carry out a quality assurance audit. Copies of the reports made, following these visits, showed good oversight that had also sought views of people living at the home.

Other periodic audits were also carried out to monitor the quality of service provided. These included medication audits.