

Avery Homes Cliftonville Limited

Cliftonville Care Home

Inspection report

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Date of inspection visit:
22 November 2021

Date of publication:
22 December 2021

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cliftonville Care Home is a nursing home providing personal and nursing care for up to 106 older or younger adults with a diagnosis of dementia or physical disability. At the time of inspection 80 people were being supported in one adapted building.

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

Staff did not always have the information required to support people safely. Not all risk assessments and care plans contained sufficient or up to date information.

Records were not consistently completed to evidence care and support was delivered. Repositioning, oral care and food and fluids tasks were not always documented.

Unexplained injuries to people had not always been investigated to identify a cause and mitigate any potential risks.

Audits did not always identify when records were not completed or when information was missing or incorrect. The service had a new manager who was in the process of implementing change and improvements, however these had not been embedded into practice.

People were supported by staff who were safely recruited and who engaged with people well. People told us they felt safe at Cliftonville and staff were kind.

Medicines were administered as prescribed and documentation evidenced policies and procedures were followed.

People were protected from COVID-19. Staff wore appropriate personal protective equipment (PPE) and regular cleaning of the service was in place.

People, relatives and staff had not always been asked to feedback on the service. The manager had an action plan in place to make improvements and engage people better.

Complaints had been addressed and responses had been sent to involved parties. The manager was aware and understood their responsibility regarding the duty of candour.

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

Rating at last inspection

The last rating for this service was good (published 11 October 2019)

Why we inspected

We received concerns in relation to risk management, record keeping, staffing and oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cliftonville Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors. An assistant inspector made telephone calls to staff after the site visit.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The provider had recruited a new manager who was on site for the inspection and was planning to register with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with 14 members of staff including the manager, general manager, operational manager, nurses and care workers.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff did not always have the information required to provide safe care. Not all risk assessments were kept up to date or contained all the information required. For example, not all health conditions had documented information regarding what staff should do to mitigate risks. This put people at risk of harm from these health conditions, not being managed safely.
- Support with pressure ulcer care was not always documented. We found people who required support with repositioning within specific timeframes to mitigate risks associated with pressure ulcers, did not always have this need met. For example, one person who had a pressure ulcer and required support with repositioning every three hours had gaps in their repositioning records of up to five hours. We could not be sure people had been repositioned as per their care plan and this put people at increased risks of pressure ulcers.
- People who required regular checks to ensure their safety did not have this need recorded. We found no evidence of hourly checks being completed to mitigate the known risks for people.
- Information recorded was not always consistent. People's care plans held conflicting information to their daily records and advice from health professionals was not always followed. For example, how often they required support with specific tasks or the consistency of their food. This put people at risk of choking or not receiving the support they require to keep safe.
- People were at risk of dental problems. Records of support with oral care were not consistently completed. We found gaps of up to four days with no support recorded. Therefore, we could not be assured these tasks had been completed.
- Unexplained injuries had not always been investigated to identify a cause or to identify a risk that required mitigating. We found records of bruises, cuts and skin tears that had no cause identified and no investigation completed. This put people at risk of abuse.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they felt safe at Cliftonville care Home. People were positive about the staff. One person said, "Staff look after me well, they keep me safe and do what I need them to do." Another person told us, "I feel extremely safe living here, I have no problems at all. They [staff] always come and check I'm okay."
- Staff were trained and understood the principles of safeguarding. Staff told us they knew the signs of

abuse and how, where and when to report any concerns.

Preventing and controlling infection

- We were not fully assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Records did not evidence shared slings used for moving people safely were cleaned between use, to reduce the risk of spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- During the inspection staff levels appeared sufficient. However, there were times when people required support and staff were not available for a short time. For example, inspectors needed to find staff for a person who required support as staff were not present at this time.
- The manager had started to use agency staff to increase numbers of staff on each shift. Staff told us, previously there had not been enough staff. However, since agency staff had been used, the numbers of staff were adequate to meet people's needs.
- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.

Using medicines safely

- People received their medicines as prescribed. Medicine administration records (MAR) were completed and details recorded as necessary.
- Staff administering medicines had the relevant training and had their competencies checked.
- When people had 'as required' (PRN) medicines prescribed, staff had the information regarding when and how these medicines should be administered.

Learning lessons when things go wrong

- The manager reviewed incidents and accidents and identified any trends and patterns to reduce the risks to people. Information was shared with staff to promote lessons learnt.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The provider did not have effective systems and processes in place to identify when care tasks had not been completed, as required. We found gaps in the records of oral care, bowel charts, meals, fluids and hourly checks. This put people at risk of harm from dehydration, malnutrition, impaction, constipation, and dental issues.
- Systems and processes did not identify when records were not completed for skin integrity risks. We found gaps in the recording of repositioning tasks and conflicting information recorded regarding the prescribed time frames. This put people at increased risks from skin pressure damage.
- Audits were not effective to ensure injuries to people were recorded appropriately and causes for the injuries were identified or investigated. This put people at risk of abuse.
- Systems and processes had not identified when incorrect or missing information had been recorded within people's care plans. We found missing information regarding health concerns such as epilepsy and conflicting information regarding nutritional and hydration needs. This put people at risk of not receiving the correct support as staff did not have all the necessary information.
- Processes were not in place to ensure referrals and advice from healthcare professionals were made and followed. For example, advice from speech and language therapists (SALT) was not always recorded or followed. This put people at risk of choking.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relative felt involved in the care planning. However, relatives told us they previously did not feel involved or able to participate in care reviews for their loved ones. One relative said, "For years we were not involved, but we have just had the first formal review with the new manager."
- People, relatives and staff were not always asked to feedback on the service. We received mixed feedback from relatives, some felt they had been given the opportunity to feedback while others stated they had never been asked. However, the manager had identified improvements were needed and was working on an

action plan to engage stakeholders better.

- Staff told us they felt supported by the manager and positive changes were being made. One staff member said, "[Manager] seems quite nice and doing a lot to turn things around. [Manager] is easy to contact if I need to speak to them." Another staff member said, "We [staff] are all getting on well with the new manager, they have a difficult role to bring the home back in line, but we [staff] feel they will do it."
- Staff received regular supervisions and annual appraisals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility.
- People, relatives and staff knew how to complain. A staff member told us, "I would be able to speak to [manager], they seem firm but fair."
- Complaints were recorded and responded to within the providers timeframes.

Continuous learning and improving care

- The provider and manager had an action plan for improvements they wanted to implement. However, these improvements were not all in place and required time to become embedded in practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.