Finest Care Limited

Clifton House Residential Care Home

Inspection report

94-96 Clifton Avenue
Hartlepool
Cleveland
TS26 9QP

Tel: 01429223399

Date of inspection visit:
11 December 2017
14 December 2017

Date of publication:
14 February 2018

Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 December 2017 and was unannounced. A second day of inspection took place on 14 December 2017 and was announced.

Clifton House 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. Clifton House provides personal care for up to 28 people. At the time of our inspection there were 16 people living at the home who received personal care, some of whom were living with dementia.

A registered manager was not in place at the time of our inspection. However, a manager had been in post since May 2017 and was applying to register with the Commission to be a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service on 31 October and 7 November 2016 when it was rated 'Requires Improvement' overall. During this inspection, although we found further improvements had been made, some improvements were still needed so the rating remains 'Requires Improvement' overall.

We have made a recommendation about visits from the provider and how the provider acts on people's feedback.

Although the premises were clean, comfortable and free of odours, some areas of the service looked worn and needed renovating. A refurbishment programme was in place for the coming year to address this.

People we spoke with said they felt safe living at Clifton House. Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns.

Risk assessments relating to people's individual care needs and the environment were reviewed regularly. Regular planned and preventative maintenance checks and repairs were carried out and other required

inspections and services such as gas safety were up to date.

Accidents and incidents were recorded accurately and analysed regularly. Each person had an up to date personal emergency evacuation plan should they need to be evacuated in the event of an emergency.

Staff received regular supervisions and appraisals and told us they felt well supported by the manager. Staff training in key areas was up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

There was a welcoming and homely atmosphere at the service. People were at ease with staff. People and relatives said staff were caring. Staff treated people with kindness and compassion.

Each person who used the service was given information about how to make a complaint and how to access advocacy services. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Support plans were well written and specific to people's individual needs.

People and relatives we spoke with knew how to make a complaint. They told us they would speak to a member of staff or the manager if they had any issues.

People, relatives and staff spoke positively about the manager. Staff described the registered manager as approachable. Teamwork and communication sharing were prominent and staff had various opportunities to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The sink and flooring in the laundry room and the flooring in the sluice needed replacing.

Medicines were managed effectively and safely.

People told us they felt safe when receiving care and support.

Staff had completed safeguarding training and understood their responsibilities to report any concerns.

Is the service effective?

Good

The service was effective.

The service worked closely with other professionals and agencies to ensure people's health needs were being met.

People were supported with their nutritional needs.

Staff training in a range of key areas was up to date.

Staff received regular supervision and an annual appraisal to support their learning and development.

Is the service caring?

Good

The service was caring.

People said staff treated them well and they liked living there.

Staff were compassionate, kind and gentle.

People were given information about the service and how to access an advocate.

Staff respected people's choices and rights.

Is the service responsive?

Good

The service was responsive.

People received care which was person-centred and responsive to their needs.

Care plans were person-centred and contained clear information about people's individual needs and risks.

People told us they enjoyed the activities on offer.

People and relatives knew how to complain. Complaints were handled appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not always acted on issues relating to the premises in a timely way.

People, relatives and staff told us the manager was approachable.

There was a positive culture and ethos at the service which was driven by the management team.

Staff had various opportunities to provide feedback about the service.

Clifton House Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 14 December 2017. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

During the inspection we spent time with people living at the service. We spoke with seven people and four relatives. We also spoke with the registered manager, the deputy manager, two senior support workers, four support workers, the activities co-ordinator, the maintenance person, two kitchen staff members and one domestic staff member.

We reviewed four people's care records and three staff recruitment files. We reviewed medicine administration records for six people as well as records relating to staff training, supervisions and the

management of the service. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Due to the complex needs of some of the people living at the service we were not always able to gain their views about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Our findings

During our visit we were shown around the premises which included the laundry room and sluice. The flooring in both rooms needed replacing as it was worn and could not be cleaned thoroughly. The sink unit in the laundry room was dilapidated which was a hazard to staff using it. Racks in the laundry were used to air and store clean clothes but there was no door to reduce the risk of cross contamination from soiled items. When we spoke with the manager about this they said they would speak to the provider and seek advice from the local infection and prevention control nurse. Shortly after the inspection, the manager informed us that following a visit from the local infection and prevention control nurse an improvement plan had been devised and was being worked on as a priority.

The service had a large conservatory which looked out onto the garden. Minutes of residents' meetings from August 2017 showed that people had asked for blinds to be fitted to reduce the glare of the sun, particularly during the summer months. The manager had identified this as an area for improvement in subsequent audits but the provider had not acted on this.

Although some communal areas of the service had recently been redecorated to a good standard, other areas of the service looked worn and needed renovating. When we spoke with the manager about this they said a refurbishment programme was in place for the coming year. The rest of the premises were clean, comfortable and free of odours. Christmas decorations were in place which gave the service a homely feel.

People we spoke with said they felt safe living at Clifton House. One person told us, "The staff are great because they look after us and keep us safe." A relative said, "I'm happy because I know [family member's] needs are well cared for."

Safeguarding referrals had been made and investigated appropriately. A log of all concerns was kept up to date and staff had access to relevant procedures and guidance. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was updated regularly. Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Staff said they felt confident the registered manager would deal with safeguarding concerns appropriately. Staff also understood the provider's whistle blowing procedure.

Some people who used the service displayed behaviour which may challenge themselves or others. We saw staff dealt with such incidents by diverting people in a compassionate way.

The recruitment and selection procedures were mostly effective. Relevant security and identification checks were carried out when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and reduces the risk of unsuitable people working with children and vulnerable adults. The provider's policy was to repeat these checks every three years. However, one out of three recruitment files we viewed a full employment history was not present. When we discussed this with the manager they said they would ensure this was checked in future and they would add a prompt to the interview notes template for staff responsible for recruitment.

People and relatives said there was enough staff on duty. We spent time observing staff responses throughout the inspection. We did not witness call bells ringing for long periods and noted that when people called for assistance this was given within a reasonable response time. This meant there were enough staff to meet people's needs promptly.

Each person's level of dependency was scored and reviewed monthly to establish the staffing levels. The deputy manager told us, and records confirmed, that an analysis of computerised call bell records identified two periods during the day when the demand on staff was increased (between 0800 and 1100 hrs and 1500 and 1800 hours). The provider responded to this by increasing the staffing levels during these times to ensure there was enough staff to support people in a timely way.

The service had a designated 'medicines champion' who spoke to us enthusiastically about their role. A medicines champion is a staff member that had been given specific responsibility for providing advice and support on medicines issues and ensuring medicines records were kept up to date. This person was a senior care worker who had received appropriate training for this role.

People received their medicines safely. MARs we viewed had been completed accurately. Staff who administered medicines had completed up to date training and their competency was checked regularly. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature for them to be considered effective. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly.

Prescribed creams and ointments were recorded as administered on topical medicines application records (TMARs) and body maps to highlight where staff should apply the creams and ointments were in place. This meant staff had access to information about how and where to apply prescribed creams in line with the instructions on people's prescriptions. TMARs we viewed were up to date and had been completed accurately.

For people who were prescribed medicines 'when required' there was clear guidance in place when it should be administered, for example if a person required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. This was particularly important for people who could not always communicate verbally.

Risks to people's health and safety were recorded in people's care files. These included risk assessments about falls, pressure damage and nutrition. Regular planned and preventative maintenance checks and repairs were carried out by a maintenance person employed by the service. These included regular checks of the premises and equipment such as fire extinguishers, water temperatures, emergency lights, falls

sensors and call bells. Other maintenance checks such as electrical and gas safety checks were carried out by external contractors. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. A recent analysis identified that a sensor mat (to reduce the risk of falls) was not appropriate or effective for one person. The manager told us how they piloted a motion sensor to reduce the risk of falls for this person, and it had been effective. The provider had purchased additional motion sensors if other people needed them in the future, which meant they were proactive in terms of reducing the risk of accidents. Appropriate action had been taken in relation to accidents and incidents such as referring a person to the mental health team and monitoring their behaviour after an incident.

Good

Our findings

At our last inspection we found staff appraisals were not up to date. During this inspection we found improvements had been made in this area. Records confirmed staff received an annual appraisal and regular supervision sessions to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. Supervision records were detailed and relevant. The staff we spoke with said they felt supported, they could raise issues at any time and they didn't have to wait for supervisions or appraisals.

The manager used a computer-based training management system which identified when each staff member was due further training. Records showed staff training in key areas such as medicines administration, fire safety and safeguarding was up to date. Staff we spoke with said they had completed training appropriate for their role.

People were supported to maintain a balanced diet and to have enough to eat and drink. Breakfast was unhurried and people received it as and when they wanted it. People were asked individually what they wanted for breakfast and it was made to their specifications. One person said they would like a cup of tea and not have their breakfast until a bit later and this was respected. We heard a staff member say, "Right then [person's name] what can I get you for breakfast? Would you like your usual fry up?" To which the person replied, "Oh yes please."

We observed lunch time during our inspection. There was enough staff to support people to eat. Tables were nicely set with tablecloths, cutlery, serviettes and condiments. On the second day of inspection lunch was a choice of hunter's chicken with mash and vegetables or salad followed by a hot pudding and custard; other options such as soup or sandwiches were also available. Meals were hot, cooked with fresh ingredients and looked appetising. Hot and cold drinks were readily available depending on people's preferences. Staff asked people if they would like an apron to protect their clothes. The dining experience was pleasant and relaxed.

People told us the food was of a good standard and they had enjoyed their lunch. One person said, "No complaints at all. The food is good." Another person told us, "The food is nice here and we get plenty of it."

Kitchen staff we spoke with knew about people's allergies and how to adapt meals, for example if someone was a diabetic. One of the kitchen staff told us, "We always ask people for feedback and get a lot of feedback about what people want. We like to try new things on the menu too. We ask people on a morning what they

would like for lunch but if they've changed their minds by lunchtime it's no bother." People's individual food and drink preferences were documented in their care records.

We reviewed people's records relating to nutrition. People were weighed when necessary, their BMI (body mass index) was calculated and a recognised tool was used to identify and monitor people at nutritional risk. Food and fluid charts were in place for everybody, irrespective of whether they had needs in this area which was unnecessary. When we discussed this with the manager they said they would review which people needed their food and fluid intake monitoring.

People were supported to access appointments with healthcare professionals such as the GP, occupational therapist and community nurse. Referrals to the falls team, dietician and other health care professionals were made appropriately and care plans reflected the advice and guidance provided by healthcare professionals. This demonstrated that staff worked with various healthcare agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Staff told us they had good working relationships with other health and social care professionals. The manager told us, "We've got a good relationship with social workers as they are really supportive. We update them all the time and they visit regularly." The medicines champion told us, "We've got a fantastic relationship with the community nurses and our local pharmacy. They're always there to give advice."

People who used the service had 'hospital passports' in place. These contained specific information about people's individual care needs, allergies, things important to them and their likes and dislikes. This meant important information about the person was easily accessible and could be given to hospital staff should a person need to be admitted to hospital.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that DoLS applications had been made and authorised for four people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with their family members, staff members and professionals. For example, decisions about the use of motion sensors and the flu vaccine. Staff told us how they involved people to make their own decisions where possible, for example when choosing how to spend their time or what to wear. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

There were visual and tactile items to engage people living with dementia throughout the service. Visual and tactile items can help engage people living with dementia and help reduce their anxiety levels. Colourful

written and pictorial signs helped people orient themselves around the home. There was an orientation board in the hallway which displayed the date, time and weather for that day. Sensory cushions, a reminiscence bag and a sensory ball (which lights up and makes a noise) were also available and used by people both with and without dementia. Menus were available in picture format to support people living with dementia to choose their meals, and the activities timetable was available in picture format which was more accessible.

Good

Our findings

People told us they liked living at Clifton House and that staff treated them well. One person told us, "The staff are brilliant. They do anything you ask them and are very caring." Another person said, "The staff are wonderful. They're absolutely brilliant." A third person told us, "The staff are very caring and nothing is too much trouble." A relative commented, "I'm very happy with the care here. The staff know [family member's] needs well and are lovely with them. The staff are marvellous."

Some people were unable to fully communicate their opinions about the care they received, but we observed positive relationships between staff and people living at the service. People's facial expressions and body language showed they were comfortable in the presence of staff and enjoyed a laugh and a joke with them. Throughout our visit staff spoke with people in a kind and considerate manner. Staff knew people's preferences well, particularly those who were not always able to express their wishes. Staff reassured people who were anxious or upset in a kind and gentle way.

Relatives spoke positively about the attitude of staff. One relative said, "I am more than happy with the care here. Every member of staff is so friendly and kind." Another relative told us, "The staff are always welcoming and helpful which is nice."

Staff told us how important it was to respect people's choices and rights. We saw this in practice when staff asked people where they wanted to eat their meals, and where they wanted to sit when they were reliant on staff support for mobility. Staff explained things to people and talked to them while carrying out care tasks. Staff used appropriate touch and showed affection to meet people's emotional needs. A staff member said, "I love it here as staff always put the residents first. They are really caring."

Staff spoke about the people they supported with affection and respect. For example, during the inspection staff told us how a person who used the service had died recently. Staff were visibly upset by this. The manager told us how staff that were off duty came in to see this person beforehand which meant staff were caring.

Each person was given a residents' guide which contained information about all aspects of the service, including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. The manager told us one person who used the service had an advocate.

Good

Our findings

People received care which was person-centred and responsive to their needs. Staff demonstrated a good understanding of the needs of the people who used the service and were effective at responding to those needs. For example, staff told us how one person liked to be supported with their grooming needs every afternoon and how staff put their toiletries out for them in exactly the way they liked. For another person staff had suggested and supported them to use 'Facetime' to maintain contact with their relative who had been unable to visit.

A relative told us, "[Family member] is a different person now to what they were before. They've made such a lot of progress since being here."

People told us how they had asked to change one of the lounges into a 'movie room.' This was done and people were involved in deciding how the room would be redecorated. A dressing up day was held and black and white photos were taken of people posing as film stars. These pictures were displayed on the walls of the movie room. People said they liked spending time in this room and enjoyed seeing the photos of themselves.

People's care and support needs were assessed in a number of areas before they started using the service. For example, people's needs in relation to medicines, eating and drinking, personal care and communication. Where a support need was identified a plan was written based on how people wanted and needed to be supported. For example, one person's care plan set out in detail what clothes and makeup they liked to wear.

Care plans were detailed and personalised and contained risk assessments which were detailed and specific to the individual. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had an 'all about me' document which provided a person-centred snapshot about the individual for staff to refer to. This meant staff had access to key information about how to support people in the right way.

People's care plans also contained personal details such as their life history, hobbies and interests and their likes and dislikes. This helped staff to help understand what was important to the person. Staff told us about people's life history and preferences which they said helped them to provide personalised support and helped them get to know people better. Care plans were reviewed regularly to ensure they reflected people's current needs and preferences.

Each person had a dedicated keyworker of their choosing. The role of a keyworker is to ensure people's care records are up to date and reflect their current needs.

The service employed an activities co-ordinator who organised a range of social events, activities and entertainment. Each person had an activities file which contained records of activities they had participated in. Activities at the service included creative movement and relaxation, newspaper reviews, quizzes, singalongs, pamper days, balloon therapy and bingo. One relative told us the activities co-ordinator was "superb." People told us they liked the range of activities on offer.

During our inspection people told us how much they had enjoyed a visit from the 'miniature ponies' in Christmas outfits and a carol concert by local school children the previous week. Staff told us how they took photos of this and sent them to a person's relative by email, as they had been unable to visit that day. Staff told us that an entertainer was booked for the coming weekend and a pantomime was to be performed the following week.

One person we spoke with told us how the manager brought their children in to see them every week. This person told us, "It's lovely seeing the kiddies, it perks me up."

The provider had a complaints procedure which was included in the residents' guide and given to people when they moved into the home. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed.

Two complaints had been received since the last inspection. These had been dealt with appropriately and in a timely manner in line with the provider's policy. Nobody we spoke with had needed to complain but they all said they wouldn't have a problem speaking to the manager or any of the staff if anything was wrong. This meant the procedures in place to manage complaints were effective.

Requires Improvement

Our findings

The manager and deputy manager carried out regular checks on the quality of the service in key areas such as safeguarding concerns, accidents, incidents and the maintenance of the building. These audits led to action plans with completion dates where necessary. For example, audits over several months had identified that a new sink was needed in the laundry room and blinds were needed in the conservatory. People who used the service had also requested blinds in the conservatory four months ago. However, during our inspection we found the sink had not been replaced in the laundry room and blinds had not been fitted in the conservatory. Whilst the provider made monthly visits to the service there were no records of these visits.

We recommend the provider considers recording their visits appropriately and reviews how they act on people's feedback.

A registered manager was not in place at the time of our inspection. However, a manager had been in post since May 2017. The current manager had worked at the service for nearly 20 years and was in the process of applying to become the registered manager. The manager told us, "Staff have really pulled together since we lost [previous manager] and the deputy manager has really stepped up to the mark."

People, relatives and staff spoke positively about the manager. One person told us, "[Manager] is really good. If ever I've got a problem I can speak to them." A relative commented, "The new manager is doing a good job as far as I can see." A staff member told us, "I get on well with [manager] as they're so approachable."

There was an emphasis on team work and communication sharing. Staff commented that they all worked together and approached issues as a team. There were opportunities for staff to give their views about the service. Records confirmed team meetings were held regularly. At a recent staff meeting staff had suggested keeping topical medicine administration records in people's rooms, as this was where topical medicines were usually applied. Staff feedback on this was acted on and we saw records had improved as a result. Staff told us they felt they could raise concerns with the management team any time, and they didn't need to wait for a staff meeting.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

Feedback from people and relatives was sought regularly via monthly care plan reviews and a survey every six months. The results of the most recent survey in February 2017 were positive as all respondents said they agreed or strongly agreed that good quality care was provided at Clifton House.