London Borough of Hounslow

Clifton Gardens Resource Centre

Inspection report

59 Clifton Gardens
London
W4 5TZ

Tel: 02085835540

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of Clifton Gardens Resource Centre on 22 February 2018.

Clifton Gardens Resource Centre is a care home and is run by the London Borough of Hounslow. It provides accommodation for up to 43 older people in single rooms. The majority of people at Clifton Gardens Resource Centre are older people living with dementia. The home is situated within a residential area of the London Borough of Hounslow. At the time of our visit there were 29 people using the service with one person in hospital.

We previously inspected Clifton Gardens Resource Centre on 1 and 2 June 2017 and rated it Requires Improvement. We identified breaches of regulations in relation to safe care and treatment (Regulation 12) and good governance (Regulation 17). We carried out a focused inspection on 7 and 8 September 2017 following a large number of notifications of incidents and accidents being submitted by the provider during July and August 2017. During this inspection we looked at the key questions of Safe and Well-led. We found repeated breaches of Regulation 12 and Regulation 17. The overall rating for the location remained as Requires Improvement. We issued two warning notices in respect of these repeated breaches telling the provider to make improvements by 15 December 2017.

A registered manager was in post at the time of the inspection. 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 provider had made improvements in the recording of incidents and accidents. There were records of any actions taken and any changes to the person's support needs to ensure the care being provided met those needs.

Most of the staff interactions with people were positive and showed staff respected people. Staff praised the positive atmosphere in the home. There were a few instances where staff did not demonstrate they showed respect to people.

People told us they felt safe when receiving care. Medicines were managed safely and risk management plans were in place providing guidance for care workers on how to minimise risks for people using the service.

The provider had a robust recruitment process in place and there were enough care workers on duty to provide support. Care workers received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

Assessment of peoples support needs were carried out before the person moved into the home. People

were supported to eat healthy meals that met their dietary, cultural and religious needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

The care plans identified the person's wishes as to how their care was provided and were up to date. A range of activities were organised and we saw people enjoyed taking part in these.

Improvements had been made to the quality monitoring system including audits. All staff we spoke with told us that the senior management team was approachable and supportive.

Further information is in the detailed findings in the main body of the report.

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

The service was safe.

The provider had made improvements in the monitoring and recording of incidents and accidents to help prevent reoccurrence. Where risks were identified as part of the delivery of care, plans were in place to mitigate these.

People told us they felt safe when receiving care. Medicines were managed safely and risk management plans were in place providing guidance for care workers on how to minimise risks for people using the service.

Is the service effective?

Good

The service was effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

Care workers received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

Assessment of peoples support needs were carried out before the person moved into the home.

People were supported to eat healthy meals that met their dietary, cultural and religious needs. They were also supported with their healthcare needs as required.

Is the service caring?

Requires Improvement

The service was not always caring.

Most of the staff interactions with people were positive and showed staff respected people. There were a few instances when this not happen.

Staff praised the positive atmosphere in the home.

People were supported with their cultural and spiritual needs.

Is the service responsive?

Good

The service was responsive.

The care plans identified the person's wishes as to how their care was provided and were up to date.

A range of activities were organised and we saw people enjoyed taking part in these.

The provider had a complaints process and people were aware of how to raise concerns.

Is the service well-led?

Good

The service is well-led.

The provider has made improvements to the quality monitoring systems including audits to ensure any areas for improvements were promptly identified and addressed.

All staff we spoke with told us that the senior management was approachable and supportive.

Clifton Gardens Resource Centre

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 comprehensive inspection took place on 22 February 2018 and was unannounced.

The inspection was carried out by two inspectors.

The provider had completed a Provider Information Return (PIR) in June 2017. 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 information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with four people who used the service, the registered manager, the deputy manager, six care workers and two ancillary staff. We also looked at records, including six people's care plans, three care worker records, medicines administration records and records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection we found that there had been a number of falls at the home. These had not always been monitored to identify trends and patterns for action to be taken to prevent or minimise reoccurrence. Where people were at risk of falls, sometimes these risks were not reflected in appropriate care planning for the person to reduce the risk of falling. We issued a warning notice in respect of this telling the provider they must make improvements by 15 December 2017. At this inspection we found that improvements had been made.

Where people were at risk of falling from their beds we saw that there were appropriate control measures in place to help protect people from the risk of harm. We observed a number of height adjustable beds that could be lowered near to the floor. There were also crash mats that were used for people who were at risk of falls and sensor mats to alert staff if people got out of bed so staff could support them promptly. Appropriate risk assessments with evidence of best interests decisions, were in place in people's records where sensor mats were being used to make sure people's freedom was not being unduly restricted.

We saw new processes had been introduced to ensure information recorded as an incident and accident following a fall was also updated on the falls record sheet the person had in their care plan folder. Information was also recorded on the care plan and risk assessments if a change in how the person needed to be supported had changed. This information also included any referrals to health care professionals or other services to help assess any changes in need. The incident and accident records were reviewed regularly to identify any actions required to reduce the risk of reoccurrence.

One senior care worker told us, "I have noted improvements since the last inspection and we have improved the way we deal with accidents and incidents and the management of falls and we can see progress." There were fall monitoring forms that were escalated to the management team so they had oversight of the falls occurring in the home and could monitor them for any trends.

We asked a member of staff responsible for cleaning if they were aware of where the Control of Substances Hazardous to Health (COSHH) data sheets for the various chemicals used for cleaning were kept. The data sheets provide important information about the chemicals, associated risks and their properties. They could not find them and were unsure as to what we were requesting. These were later provided by their line manager and showed that these were in place. The line manager said they would speak with the domestic staff to ensure they understood the information contained in the COSHH data sheets.

There were a number of stairs in the home linking the first floor to the ground floor, that people using the service had full access to. We found there were no risk assessments in place or control measures in relation to risks posed by the stairs such as the risk of falling down these, particularly if someone was disorientated to time and place and had poor mobility. We discussed this matter with the manager and they confirmed this issue had not been raised previously and would make sure it was addressed. They sent us evidence following the inspection that they had addressed this matter and that there were now a risk assessment and control measures in place.

One person said to us when we asked them if they feel safe in the home, "I trust the staff to look after us." Staff were aware of the processes to follow where they suspected people might have been abused. They told us they had received safeguarding adults training and knew about the different types of abuse. They were aware of the signs to observe that might indicate abuse and they told us they would raise concerns with the relevant people where necessary. One care worker saw their role as "protecting people from abuse". Another care worker told us, "If I see a resident with a bruise, I will inform the duty manager." A third member of staff also said they would make sure relevant healthcare professionals were involved if there were allegations of abuse. During the inspection we looked at the records for safeguarding concerns and we saw copies of investigations and evidence was kept on the computer system and sent to the local authority safeguarding team.

The provider had enough staff deployed to meet the needs of people using the service at the time of the inspection. Staff told us there could be occasions when the service might be short staffed but the managers do everything possible to cover the units, including working on the floors themselves.

During the inspection we saw staff taking their time and supporting people appropriately. They did not rush people. Where there were emergencies, the senior staff stepped in to support the staff team. A care worker told us, "If I need help I go downstairs and ask for help and they [seniors] help".

Staff told us there were familiar with people's care plans and risk assessments. One care worker said, "I read them as needed."

We saw general risk assessments had been completed for each person, which included those for moving and handling, falls, nutrition and the risk of developing a pressure sore. Where a specific risk had been identified through the assessment process, for example, epilepsy, a risk management plan had been developed to provide care workers with guidance as to how to reduce the risk. The risk management plans related to medical conditions included information from the NHS Choices website to provide additional information for care workers.

The provider had a management of medicines policy and procedures. We found medicines were stored securely and safely with the room temperatures being regularly checked and recorded to ensure they are within the required levels. The registered manager confirmed that only specific care workers were permitted to administer medicines and they had completed training and had their competency assessed to ensure they understood how to administer medicines safely.

A medicines audit was carried out twice a week by the registered manager and deputy manager to ensure medicine administration record (MAR) charts had been completed accurately and medicines were stored appropriately. We saw records of these checks that had been completed over the previous weeks, which confirmed the checks were taking place.

Where people required their medicines to be administered covertly we saw this had been discussed with their GP and their relatives where appropriate and clear guidance was in place to ensure it was carried out in a safe way.

Where medicines had been prescribed to be administered 'as required' there were clear protocols in place to provide care workers with guidance as to when they should be administered. There were separate stock level sheets used to record when these medicines, such as paracetamol, had been administered. During the inspection we carried out a review of the medicines on one unit and found where they had been provided in original packaging, the stock level matched that recorded on the MAR charts.

When a controlled drug (CD) had been prescribed it was kept in a separate secure cabinet and it was recorded in a CD book when administered. The CD book was signed by two care workers to confirm it was administered appropriately. During the inspection we saw a care worker who was administering the medicines on one unit explain to a new care worker the reason why they had to observe the CD being administered and sign the book. This meant the new care worker understood the importance of following the procedure for CD's.

Care workers were provided with appropriate equipment to reduce the risk of infection which included gloves and aprons and records showed they completed training in relation to infection control. During the inspection we saw the building was clean, tidy and there were no malodours. The housekeeping staff ensured the home was clean. The cleaning products used were kept in locked cabinets when not in use so people could not access them.

The provider had a robust recruitment procedure in place. The registered manager explained all recruitment was now organised by an external company contracted by the provider. The recruitment paperwork for care workers was held by the external company but we saw they provided an information sheet for the registered manager with a summary of the recruitment process. This included details of the checks carried out in relation to criminal records, right to work in the United Kingdom and proof of identity as well as confirming two suitable references had been received. An interview would then be arranged and the registered manager and deputy manager would use the information provided by the external company to assess if the applicant was suitable for the role.

The registered manager told us requests for agency care workers were now dealt with by a new external company that would receive their request for a care worker which would be arranged from an agency. Under the request process they did not receive any background information regarding the agency care worker when they were allocated, for example their skills and training history. The registered manager confirmed the external company was closely monitored by the provider and clear criteria for the skills and experience expected from an agency care worker was in place.

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person in case of an emergency which provided guidance on how the person should be supported to evacuate the home. The PEEP included information on the person's mobility and health needs and identified the support they would need in order to leave the home safely.

Good

Is the service effective?

Our findings

We saw a detailed assessment of people's support needs was completed before they moved into Clifton Gardens Resource Centre. The registered manager explained they carefully assessed the person's needs to ensure they could be met in a residential home setting and were not better suited to a nursing home. They also reviewed the needs of people already using the service to ensure the additional support needs for the new person would not impact on the current provision for people already living there.

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.

All staff told us they have had training on the MCA and DoLS. They were aware of the need to get consent from people before providing care and knew that if people could not give consent, then best interests decisions needed to be made for people. One care worker said, "If people cannot make decisions and cannot give consent, you involve others such as the GP and relatives in making decisions." Another member of staff said, "We cannot say someone is lacking capacity as someone may not have full capacity, but we can still offer them choices."

The registered manager provided records to show when applications for DoLS had been made for people using the service. The records also identified when they had been authorised and when a review was due.

In each person's care plan folder there was a care plan in relation to consent to care providing care workers with guidance on how to support the person make decisions. There was also a care plan in relation to DoLS where it had been authorised, which identified when a new application was due and if any conditions had been made as part of the authorisation, so these could be met.

Staff received an induction and training when they started work with the provider. The induction was comprehensive and included staff working to the standard of the care certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. One new member of staff was satisfied with their induction that was in progress at the time of the inspection. They told us they had been shown around the home and had met the people who used the service. They also had a mentor to support them through the induction process and to help them

complete the Care Certificate. A more senior member of staff in the home told us how each new care worker had objectives to meet within their probation and how they were supported to meet these.

Once staff had been in post or started working at the service, they received regular training updates some of which were considered mandatory by the provider. These included the usual training expected for staff who worked in care services such as moving and handling, infection control and safeguarding but also included training on dementia and managing challenging behaviour. Where people had specific needs, staff received the training to enable them to care for the person. For example staff who cared for a person who had specific needs in relation to elimination, had received training in regards to meeting the needs of that person. On the day of the inspection staff were starting training on End of Life Care, so they developed better skills in looking after people with these needs. In addition care staff were supported to complete vocational qualifications in health and social care for their personal development.

One care worker said, "The training is very good. We get all the training we need." A second explained how they had become more experienced and skilled since working at the home as a result of all the training and support they had received.

All staff we spoke with were satisfied with the support they received from their line managers. They said they attended regular one to one meetings with their immediate managers where they could discuss any individual concerns or issues such as their performance, training or any additional support they might need. In addition staff told us they also received group supervision where they could discuss general issues and received updates about the organisation, the service and discussed how to better meet the needs of people. A senior care worker confirmed this and explained how they maintained a 'planner' to monitor and ensure that supervision of staff took place as required.

The home had a number of agency staff that worked quite regularly in the home. As they worked quite often in the home, we asked about their supervision arrangements. There were some mixed answers and it did not seem that supervision for them or training was organised as consistently as for permanent staff. When we raised this with the registered manager, they agreed to look into the supervision and training arrangements for agency staff so this could be addressed.

The premises were appropriately maintained and the home was in a good state of decoration. The registered manager explained the flooring on the first floor had been replaced and there were plans to redecorate the communal areas. People were able to access all the units and the garden with care workers providing support when necessary.

People who were able to talk with us told us the meals were very good in the home and they could make choices about what they ate. There were choices for mealtimes and people were asked what they wanted to eat and this was respected. One person said, "I like the food and there is always choices". When one person did not want anything that was on the menu for the day at lunchtime, staff asked the person what they wanted to have and this was prepared for the person. We saw that meals times were relatively flexible. We observed people being served breakfast at various times of the day when they woke up.

Staff were aware of those people who were at risk of malnutrition or who were not eating enough. They made sure those people received supplements or fortified drinks and meals so they could get extra nutrition. One care worker said, "[Person] is losing weight, I use dried milk powder to fortify her drinks. The dietitian said so."

Most people were appropriately supported to eat. We saw staff siting at the same level as people and

helping them to eat at their own pace. We saw healthcare professionals visiting the home during lunch time but none of them saw people until they had finished eating as the staff were quite clear that people should not be disturbed when they were having their meals.

A menu was displayed in each dining area but these did not include pictures of the various food options which could make it easier for people to make a choice. The registered manager confirmed they had asked the activities coordinator to develop a range of picture based menus to be used in all the units. Care workers did explain the different options from the menu to people and supported them to choose.

People had access to a range of healthcare professionals including GP, district nurse and physiotherapist. A heath professional's record form was completed following each visit which included the reason for the visit, who visited and any outcomes, for example a change to medicines or how someone's care was provided. We saw one person's records following a visit from a physiotherapist which stated the person should be supported with hand exercises. There was no record of the hand exercises being completed so we checked with the registered manager and a care worker who confirmed the exercises were done when the person received support with personal care, but this was not recorded. They agreed that the hand exercises would be recorded in the daily records of care completed by the care workers to evidence they were being done.

Requires Improvement

Is the service caring?

Our findings

Staff praised the positive atmosphere in the home. One care worker said, "We have a lovely atmosphere in this home. We try our best and we all try and put a smile on people's faces." We saw that people appeared well cared for and were dressed appropriately for the weather. One care worker told us, "The hair dresser comes every week and we encouraged people to have their hair done so they looked nice."

People's privacy and dignity was respected. One care worker said, "I make sure I show respect and protect people's dignity by talking nicely with people." Most of the staff interactions with people were positive and showed staff respected people. Staff took the time to speak with people and to listen to them to enable them make decisions. We saw an instance where a care worker took the time to ask a person what they wanted for their lunch after they had refused their main meal and eventually the person was able to tell the care worker what they wanted. Another care worker said, "We explained things to people, so they can understand the information and make decisions". A second member of staff said, "Some people have advocates to help them make decisions." One person confirmed that, "They [staff] take the time to talk to me and explain things."

We observed a range of staff interactions during the course of the day in the lounges, corridors and dining areas and concluded staff were mostly kind to people. One person said "Staff are kind". We however observed two care workers who were not so kind to people. One care staff repeatedly instructed the same thing to a person whilst the person who had dementia could not understand the instructions from the care worker. They continued to engage with the person, who still did not understand what was required of them. We also observed another care worker engaging positively with the same person, with an understanding of their condition. The second care worker who was supporting a person to eat their meal, left them to go and check on another person without explaining where they were going. They also identified that a meal should be placed in the warming cabinet as one person did not want to eat their lunch but left the plate on the table. The care worker had also moved one person using a wheelchair but had not placed the person's feet on the footplates. We raised this with the care worker immediately and they used the foot plates when they continued to use the wheelchair.

We discussed this with the registered manager and the deputy manager and following the inspection they confirmed the care workers had been spoken with about our observations and appropriate action was taken.

People were supported with their cultural and spiritual needs. We saw that people from ethnic backgrounds received meals that were culturally appropriate for them. Where possible staff who could speak the same language were allocated to work with the people. Their needs were appropriately recorded in their care records. We saw posters in the home informing people and their relatives about the ministers and representatives of churches who visited the home to support people with their faith.

We saw as part of the care plan there was a section relating to equality and diversity, which provided care workers with additional information about the person's cultural and religious support needs so these could

be met.

Good

Is the service responsive?

Our findings

We saw care plan folders were kept securely on each unit and included a photograph of the person and the contact details for the person's relatives and GP. In each person's folder there were a range of care plans covering all aspects of the care and support they required. These included nutrition, bedtime routine, personal hygiene and mobility. During the inspection we looked at the care plan folders for six people which clearly identified how people wished their care be provided. We saw the care plans were reviewed monthly and amended if there had been any changes in the person's support needs. Care workers completed a detailed record of the care and support provided for each person.

People's wishes in relation to how they wanted their care provided at the end of their life was recorded as part of the care plan. We saw the care plan included information if the person wished to stay at the home at the end of their life and when they wanted their family to be contacted.

The corporate complaints procedure of the London Borough of Hounslow was the complaints procedure that people and their relatives were referred to if they had a complaint. This was displayed in the home but also available on the London Borough of Hounslow website. People, who were able to talk with us knew that they could contact the person in charge if they had any complaints. One person said, "If I have a complaint I would mention it to the person in charge, but I have not had the need to do it."

The registered manager kept a file where complaints and compliments were logged and kept. We saw that three complaints had been received since the last inspection. These were appropriately logged and responded to, with copies of the responses kept on file. We also saw a few compliments, one of which said, "This family is really grateful for the love and care [person] got at Clifton Gardens."

There was a range of activities organised by the activities coordinator. One person told us she was quite happy sitting and watching everybody and having a chat with staff. We saw pictures displayed in the reception area of recent events and parties held at the home. There were pictures from recent parties for Chinese New Year and St Valentine's Day. The pictures showed people enjoying the events. The registered manager told us events were planned throughout the year to mark national holidays and other events. During the inspection we saw care workers sat and talked with people and kept them company in the lounges. A care worker had organised a quiz with a group of people in one of the lounges and we saw people were enjoying taking part. In the afternoon some people took part in a baking session. People could see the hairdresser that regularly visited the home. There were chickens and rabbits kept at the home and people were able to interact with them. A care worker told us people were able to sit and stroke the rabbits, and this helped them to relax.

Good

Is the service well-led?

Our findings

During the inspection on 7 and 8 September 2017 we found that the records for some people were not up to date and did not reflect the person's current support needs. We also saw the provider had a process in place for the audit of care plans and risk assessments but this did not cover the issues we identified during the inspection in relation to information not being updated. We issued a warning notice in respect of this telling the provider to make improvements by 15 December 2017.

When we reviewed the records during this inspection we found improvements had been made. Since the previous inspection the number of incidents and accidents that occurred had reduced as processes had been introduced to ensure any actions identified were completed, for example a referral for a physiotherapy assessment. When an incident or accident was recorded on the computer system it was colour coded to identify if any actions were required. The system identified how many incidents and accidents were related to each person and the type of event, for example a fall, so any trends for that person could be identified. The senior care workers also updated the care plans at the time of the incident and accident and identified any changes in the person's support needs. This meant referrals for assessments in relation to mobility or changes in the person's behaviour were responded to more quickly and appropriate records were being maintained to provide an audit trail of the action taken.

We saw the information in the care plans we looked at was consistent and up to date.

The provider had a range of audits and checks to monitor the care and support provided to people. Medicines administration and storage audits were carried out twice a week by the registered manager and deputy manager. The pressure mattresses were also checked daily to ensure they were at the correct setting and working appropriately.

Checks were also carried out monthly in a range of other areas including new admissions, the number of incidents and accidents recorded, complaints and supervision meetings with care workers. A health and safety audit was also completed every six months.

The senior staff kept an active presence on the floors and monitored how care was being delivered to people. They were knowledgeable about people and their needs. All the staff we spoke with told us that the senior management was approachable and supportive. We observed several instances where care workers called on the more senior staff to support them or for advice about the condition of a person. One person said, "They [senior management] are very good. Now and again I talk with them." A care worker told us, "We can talk openly and in a transparent way, we work as a team." One middle manager explained how they worked hand in hand with more senior management and how the management team dealt with any mistakes that staff might have made in a proper and supportive way.

There was a named social worker allocated to the care home to support the registered manager in carrying out needs assessments for people living at Clifton Gardens, to ensure their support needs could still be met. This meant people's support needs were being reviewed to ensure they had the most suitable care package

in place.

The registered manager explained she was supported in her role and they attended meetings every two months with the safeguarding team and senior management from the local authority to discuss any issues.

The registered manager told us a questionnaire had been sent out to relatives at the beginning of February 2018 and they were waiting for the completed forms to be returned. They said they would then collate the information and develop an action plan where required to address any points raised.

Monthly management meetings were held with senior staff and monthly meetings were also held for care workers and support staff so they were kept informed about developments within the service

The registered had a range of avenues to keep up to date with best practice. There were resources within the local authority that she could access as well as having access to healthcare professionals. She could also access on line resources and CQC newsletters for updates in relation to her regulatory responsibilities. When developing risk management plans the registered manager explained they used the NHS Choices website for information of specific health conditions.