

Care First Class (UK) Limited

Clifton House

Inspection report

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Birmingham
West Midlands
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22 June 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clifton House is a residential care home providing personal care to up to 39 people. At the time of our inspection there were 30 people using the service, the majority of whom were living with dementia.

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

Improvements had been made to the governance systems but further embedding was needed. The provider's systems had not always been effective at either identifying where improvements were needed, or acting on their own findings in a timely way.

Where risks to people were known due to their diagnosed health conditions, risk assessments and care plans were not always detailed to guide staff on how to support people safely. Some parts of the environment were not always kept clean, and this placed people at an increased risk of harm.

Improvements had been made to recruitment practice so staff were safely recruited. There were some vacant posts and the provider was actively recruiting to these. Staff received support and training to carry out their role although some more specialised training was due for completion so staff continued to be effective in their role. People received the support they need to eat and drink safely.

The provider had made improvements to the environment so it was a nicer place to live, and further work was taking place so it was more welcoming to people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice although some improvements were needed to records in relation to this.

Staff were respectful of people and took time to offer support and reassurance when this was needed. There was ongoing work to improve the detail of care records to ensure these were accurate, detailed and person centred. We observed kind and caring interactions and people's dignity was respected.

People and relatives told us they were involved in their care although records did not always reflect this. Communication and involvement of people using the service had improved although further work was needed.

Complaints were handled appropriately. Staff we spoke with felt supported by the registered manager. Relatives spoke positively about the registered manager and the staff team.

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

Rating at the last inspection and update

The last rating for this service was inadequate (published 04 October 2022) there were 5 breaches of the regulations. We issued a warning notice and the provider completed an action plan. At this inspection we found improvements had been made and 3 breaches were met. However, we found the provider remained in breach of 2 regulations.

This service has been in Special Measures since 04 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

This service is now rated as requires improvement.

Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection.

Enforcement

We have identified breaches in relation to the management of risk and systems for the oversight of the service.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Clifton House

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.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Clifton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced on the first day of the inspection 21 June 2023 we let the registered manager know we would be returning on 22 June 2023 to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with and met 7 people who used the service and 3 relatives. We spoke with 9 members of staff including the provider, registered manager, deputy manager, head of care, kitchen assistant, senior care and 4 care staff. Following our site visit we spoke on the telephone with 5 care staff and 4 relatives.

We reviewed a range of records. This included 5 people's care records and the medication records for 4 people. We looked at 2 staff members recruitment records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Preventing and controlling infection

At our last inspection systems had failed to ensure safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the concerns raised at our last inspection were addressed, we identified some new concerns at this inspection. The provider remained in breach of regulation 12.

- Systems to assess and manage risk were not always used effectively. Where risks to people were known due to their diagnosed health conditions, risk assessments and care plans were not always detailed to guide staff on how to support people safely.
- Where people showed signs of distressed behaviour, care records lacked detail about how the person would be supported. For example what staff could do to prevent the distressed behaviour, or what to do when the person became distressed.
- Where people regularly refused care and put them self at risk of becoming unwell, there was a lack of guidance for staff about how to manage this.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service was visibly not clean. There was a build-up of debris in some corners next to the skirting boards in communal areas.
- We were not assured that the provider was responding effectively to risks and signs of infection. On close inspection a number of toilet raisers and shower chairs had not been thoroughly cleaned. Dining chairs in one dining room were soiled and the arrangements for cleaning hoists, wheelchairs and zimmer frames were not robust. This placed people at an increased risk of infection.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12 - Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings staff understood when people needed support and were quick to respond to requests from people to meet their care needs.
- At the last inspection care records and risk assessments did not provide written guidance for staff to follow to mitigate the risk of pressure sores. Improvements had been made and this guidance was now in place.
- At the last inspection we identified systems were not always robust for monitoring people's weight.

Improvements had been made to this system. For example, alternative arrangements were in place for people who were not able to be weighed.

- Improvements had been made to the storage of equipment so there was a clear environment for people to move around safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date. Although the policy was up to date, this was not always followed in practice.
- 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.

Using medicines safely

- At the last inspection we identified concerns regarding the administration of drug patches for pain relief and the monitoring of the medicine fridge temperature.
- At this inspection improvements had been made. Body maps to direct staff where to apply the patch were in place, and there was records of rotation in line with manufacturer's instructions.
- The temperature of the medicines fridge used to store insulin was consistently monitored.
- Staff had their competency assessed and had received medicine management training, so they were safe to administer medicines.

Staffing and recruitment

At our last inspection the provider had failed to implement robust staff recruitment practices. This placed people at risk of being supported by unsuitable staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvements had been made and the provider was no longer in breach.

- People were being supported by staff who had been recruited following safer recruitment practice. We found 1 staff file needed some additional work history date information and this was dealt with immediately. Checks with previous employers and with the disclosure and barring service (DBS) were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- The provider was working to recruit the staff needed to support people safely, and generally there was a stable and consistent level of staff supporting people across the home, although some agency staff were supporting on a daily basis.
- Most people told us staff were responsive when they needed assistance.
- Most relatives told us there were sufficient staffing, a few relatives told us that staff seemed busy at times.

Systems and processes to safeguard people from the risk of abuse

- Some safeguarding concerns raised with the local authority were still under investigation at the time of our visit, so the outcome was not known.
- Following our inspection, we received a number of whistle blowing concerns about some people's personal care, medicine practice, staffing levels, poor management and a lack of activities. We shared this information with the local authority and these concerns were still being looked into at the time of completing this report. We also asked the provider to look into the concerns and ensure people were safe. The provider completed their investigation and shared their findings with us, they did not uphold the concerns raised.
- The registered manager had raised safeguarding concerns appropriately and staff told us they would raise

any concerns they had with the management team or provider. Staff were confident that their concerns would be dealt with.

- The provider's safeguarding policy did not make clear what the procedure was for raising safeguarding concerns with external agencies when the registered manager was not on duty or away from the service.

Visiting arrangements

Visitors were able to visit their loved ones when they wished, in line with current government guidance.

Learning lessons when things go wrong

- Incidents and accidents had been recorded. Measures were in place to be analysed for themes and trends and to minimise the risk of reoccurrence in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the last inspection we found improvements were needed to enable staff to fulfil their roles more effectively.
- The majority of staff members told us they had received the training they needed to fulfil their role. A few staff told us they needed to complete some mandatory training. We found there were a number of gaps in more specialist training including oral care, distressed behaviour and pressure care. The registered manager told us this was being addressed and dates had been booked for staff to complete this training.
- At the last inspection we found staff did not always receive regular supervisions. Some improvements had been made and a supervision schedule with dates was in place. The majority of staff told us the registered manager and management team were very supportive and easy to approach for help and support. A staff member told us, " The management team are very supportive, you can go to any of them for help or advice, and I do."
- Staff told us they received an induction when they commenced work at the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink.
- Staff provided people with support at meals times. Staff took time and people were not rushed. We saw one person was sleeping at lunchtime and their meal was brought to them later.
- However, there were no sauces or condiments for people to access, to encourage choice and independence.
- People had access to drinks in their room, and people were offered drinks and snacks during the day.
- The provider had a system for monitoring people's food and drink intake where this was needed. Any person identified at risk, the provider and registered manager would have oversight of this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Clear guidance and protocols were needed where external health care professionals were involved in people's care. For example, a health care professional had stopped making regular visits to a person but the rationale for this was not clearly documented in the person's care plan and not known by staff. Although the registered manager and staff were clear about how to request this support in an emergency situation.
- The registered manager told us a weekly ward round took place with a senior nurse practitioner who then reported back to the GP, and this worked well for the people at the service.

- Relatives told us they were satisfied with the support their family members received to meet their health care needs. A relative told us, " They [staff] will let me know if they are not very well and any update or changes."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection we found the registered manager was not working within the principles of MCA. At this inspection improvements had been made but further work was needed.
- The provider was in process of updating a number of people's DoLS so the use of CCTV within the service was included in these. One person's DoLS application could not be located so this was reapplied for at the time of the inspection.
- The management team had developed systems for the oversight of Dols and ensure relevant information was incorporated onto people's care records. Work to implement this was ongoing so this information was contained within the electronic care records.
- Where best decisions had been made by health care professionals there needed to be a clear audit trail of the decision. This was actioned by the registered manager at the time of the inspection, and records were updated to reflect this.
- Staff had completed MCA and DoLS training and had a basic understanding of how this impacted on people and their role.

Adapting service, design, decoration to meet people's needs

- At the last inspection we found the service design and decoration had not been adapted to meet people's needs.
- At this inspection improvements were noted, decoration of some areas had taken place and improvements made to ensure the environment was more dementia friendly and further improvements were planned. The provider was working with a local college and was planning some suitable murals for communal areas.
- Some quieter spaces for people had been created. There was also a family room. A relative told us how nice the room was, and they liked to use it when they visited and spend time with their family member.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home. The registered manager used this information to produce care records. However, because of a suspension by the local authority there had been no new admissions since our last inspection.
- People's protected characteristics, as set out in the Equality Act 2010, were outlined in their care records.

This included people's religious beliefs and cultures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At the last inspection we found systems were not in place to ensure people were treated with dignity and respect at all times. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made and the provider was no longer in breach of this regulation.

Supporting people to express their views and be involved in making decisions about their care

- At the last inspection we found people were not always supported to express their views or were involved in making decisions about their care.
- Some improvements had been made and the registered manager had instigated a number of care reviews. However, care records did not consistently evidence how people had been supported to engage in their care planning.
- People and relatives told us they felt able to talk to staff and felt involved in their care. A relative told, "The manager and staff will ring me if anything changes." Another relative told us, "I feel fully involved in [person's name] care."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their dignity and privacy was respected. One person told us, "The staff are marvellous, they are kind."
- Relatives spoke positively about the staff team. A relative told us, "I know there has been some turn over of staff, it's hard work for them and they are worth every penny, I cannot thank them enough for what they do."
- Staff members gave us examples of how they promoted people's privacy, dignity and independence. A staff member told us, "I always think it could be my family member. I take my time and always explain what I am doing."
- We generally observed people being supported by staff who were attentive and treated people kindly and with patience.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

At our last inspection we found people were not receiving appropriate person-centred care based on their needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- At our last inspection people did not always receive personalised care, care records lacked detail about people's needs and preferences and there were no end of life care plans in place.
- Improvements had been made to the care planning system and end of life care plans were in place. However, further improvement was needed to ensure these were detailed and person-centred documents. Where other health care professionals were involved in people's care, there needed to be clear guidance and protocols about their input. For example, the frequency of their visits.
- People told us they were satisfied with the support they received. One person told us, "The staff are very good." Another person told us, "I am happy with everything."
- Most relatives told us they were satisfied with their relatives' care. One relative told us that sometimes their family member needed to wait a little while, because staff were busy, but they were generally satisfied with their relatives' care. Another relative told us, "The staff are as good as gold, They always keep me up to date about any changes with [person's name] care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their Carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were generally supported by staff who communicated effectively with them. Staff took time to communicate with people who may struggle with their hearing and were patient when waiting on a response.
- There were pictorial menus available and some information had been produced into an easy read version.
- The provider had started to produce information in different languages, where this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People had limited access to activities and support to engage in hobbies and interests. The registered manager told us that although improvements had been made since the last inspection, they recognised further improvement was needed. They told us they were in the process of recruiting an activity coordinator.
- Some relatives told us there needed to be more activities taking place. A relative told us, "Their needs are met, but there is not enough stimulation, or activities."
- During the inspection we saw that some limited activities were provided. Staff instigated some ball games, music and dancing session as well as one to one sessions including card games.
- One person told us they loved the garden and had been involved with planting and looking after the plants and they had enjoyed this. Although it was a warm day, we saw only a few people access the garden.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately.
- People and relatives told us they felt able to raise concerns. A relative told us, " I have no complaints about [person's name] if I did, I would not hesitate to speak with the manager."

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 our last inspection we rated this key question inadequate. The rating for this key question has changed 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; continuous learning and improving care

The registered manager's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider remained in breach of this regulation

- At our last inspection we found shortfalls in the management of the delivery of care. This included a lack of understanding of risk and regulatory requirements, and an ineffective audit system.
- The home was on an improvement journey, and further embedding of the auditing systems were needed. In addition, the provider's own auditing schedule was not always followed.
- When the provider's own audit systems identified an issue, these were not always responded to in a timely way. For example, their audit identified daily walkabout checks were not documented and improvements in infection control practice was needed, but these were not acted on in a timely way.
- The provider's own systems and audits had not always identified that care plans and risk assessments were not always detailed to guide staff on how to manage risk effectively. For example, more information was needed to guide staff when people refused care or showed signs of distress behaviour.
- The provider's system and audits had not identified there was not always a clear audit trail regarding input and decisions made by health care professionals about people's care.
- The provider's systems and processes had not ensured shortfalls in infection prevention and control (IPC) measures were identified, and action taken to address these. For example, some areas of the home were visibly not clean. This meant people, staff and visitors were placed at increased risk of harm.

The registered manager's quality assurance systems and processes were not consistently effective and further embedding was needed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The service was becoming more pro-active in its approach, rather than responding to situations after they happened.
- Improvements had been made. This included implementing an audit schedule, strengthening the management team and employing a quality manager.
- The majority of staff spoke positively about the service, the improvements they had seen and the support

of the management team.

- The registered manager had an understanding of their role and responsibilities. This included their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- The service had CCTV in communal areas and consultation with people and their relatives had recently taken place regarding this, and where necessary information about this was in process of being updated on DoLS applications.
- The provider and registered manager were open and receptive to our feedback during the inspection. They acknowledged where improvements could be made and took immediate action on some matters. For example, deep cleaning took place in specific areas.

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;

- At our last inspection we found the registered manager's understanding of the duty of candour was limited, and this was not always acted upon.
- At this inspection the registered manager told us they understood their responsibilities and could tell us examples of this. This included communicating with families when people's care did not go as planned.
- Relatives told us they were kept informed about their family members care. They told us the registered manager was very approachable. A relative told us, "I saw (registered manager's name) today. [Person's name] has some health changes and they keep me fully informed about what's going on."

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

- The registered manager knew people's needs and was involved in people's day to day care.
- Staff told us they felt well supported and could approach the registered manager for advice and support. A staff member told us " [Registered manager's name] is approachable. They come on the floor and make sure everything is okay."
- There were some systems in place to ensure information about people's needs was communicated with staff. Handover's of information took place at shift change and there were regular staff meetings. A newsletter had recently been introduced.
- Feedback surveys were in the process of being sent out to people relatives and professionals.
- A relative forum meetings had recently been introduced and also regular news update letter's letters were sent. Topics included updates on staffing, and improvements to the home.
- Relatives told us they were happy with their family member's care. A relative told us, "We are really pleased with everything, I am happy with [person's name] care. I can see they are making improvements and some decoration work has taken place. The manager is always around, and they are very approachable."

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought input from healthcare professionals when appropriate.

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 Care and treatment was not always provided in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not always operated effectively.