

Deepdene Care Limited

Clifton House

Inspection report

Clifton Court
Ayres Road
Old Trafford, Manchester
Greater Manchester
M16 7NX

Tel: 01612267698
Website: www.deepdenecare.org

Date of inspection visit:
11 July 2016
12 July 2016

Date of publication:
05 September 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Clifton House on 11 and 12 July 2016. The first day of the inspection was unannounced. This meant the home did not know we were coming.

Clifton House provides care and accommodation for up to 32 people with enduring mental health needs. At the time of our inspection there were 28 people living in the home. People were supported in one building over three floors. All 32 bedrooms were single occupancy and 11 had an en-suite toilet. Each floor had one or two communal bathrooms, a shared lounge and shared kitchen facilities. A sheltered smoking area was provided in the garden.

Our last inspection took place on 05, 06, 07 and 25 January 2016. At that time we rated the service as inadequate overall and for safe, responsive and well led. We rated the effective domain as requires improvement and caring was rated as good. As the previous inspection in January 2016 had rated the service as inadequate overall, we placed the service into 'Special Measures' because it was inadequate in three of the five domains.

At this inspection we found there had been improvements which were sufficient for the service to be rated as requires improvement overall and good in caring, with no inadequate domains. This meant the service could come out of special measures.

We could not improve the rating from requires improvement because the provider needs to demonstrate that it can sustain improvements and consistently good practice over time. We will check this during our next planned comprehensive inspection.

The service had a registered manager who had been in post for over five years. 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.

At the last inspection in January 2016 we found that support workers had not received the right training to ensure they provided care and treatment safely. This included training on how to manage people who may present behaviours which challenge. At this inspection we found all staff had received key mandatory training in areas such as safety and breakaway.

At the last inspection in January 2016 we found the registered manager had not reported all incidents to CQC as is required by the regulations. At this inspection we found systems had been developed to ensure incidents were reported to CQC in a timely manner.

At the last inspection in January 2016 a gas cooker was in use for nearly three months after it had been deemed unsafe to use by a gas engineer. The premises were not clean and various items of equipment and

facilities, such as a washing machine and the lift, were out of use and had been for some time. At this inspection we found the kitchen had been upgraded in terms of cookers, ventilation and gas safety equipment and had been certified as fully compliant. Robust cleaning schedules had been introduced and we found all areas of the home clean and tidy.

At the last inspection in January 2016 support workers did not receive regular supervision and appraisal. Records showed that more than half of the regular support workers had not had supervision in 2015. At this inspection we found the provider had developed a new system ensuring staff received regular supervisions and appraisals.

At the last inspection in January 2016 we found that Clifton House was not supporting people to become independent; this was partially due to a lack of staff. We also found that care plans did not include people's goals and aspirations. At this inspection we found evidence that this had improved and people living at the home confirmed this. We also found that people's care plans were person centred and people benefited from the services provided by the recovery team.

At the last inspection in January 2016 we found the home did not comply with either the Mental Health Act 1983 or Mental Capacity Act 2005. Staff knowledge of both sets of legislation was mixed and documentation showed that people were not being assessed or supported properly. At this inspection we found improvements had been made. The staff we spoke with had a good understanding of the Mental Health Act 1983 and Mental Capacity Act 2005 and were aware of which people living at the home had restrictions in place. We also noted that care plans had been developed to ensure people under any restrictions were being assessed and supported in line with their care plan.

At the last inspection we found effective systems for regularly assessing and monitoring the quality of service people received was lacking. At this inspection we found this had significantly improved.

Medicines were ordered, stored, administered and disposed of safely.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals.

Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

We found that there were enough support workers on duty to help people meet their basic needs, alongside the input from the recovery team to support people in their recovery or rehabilitation.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and their relatives told us they would raise any concerns with the manager.

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.

People were protected from abuse and avoidable harm.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained to meet their individual needs. They had access to external healthcare professionals when more specialised advice was needed.

The home was compliant with both the Mental Health Act 1983 and Mental Capacity Act 2005 and staff understood this protective legislation and their duty of care.

The provider acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

People were supported by committed staff who were compassionate and patient.

We saw information about advocacy services was displayed throughout the home and staff said they would refer people to advocates if they needed it.

Is the service responsive?

The service was responsive.

People were able to make complaints or comments about the care that they received. Complaints and compliments were logged and investigated appropriately, to help identify areas for improvement.

People received care and support that met their needs and took account of their wishes and preferences.

People were supported with recovery and rehabilitation; aspirational care plans had been introduced to plan for people's futures.

Good 

Is the service well-led?

The service was well led.

The service had a registered manager to provide leadership and direction to the staff team.

There was a clear staffing structure and a good staff support network.

There were systems in place to monitor the quality of the service and to drive further improvements.

Requires Improvement 

Clifton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 11 and 12 July 2016 and the first day was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection.

Before the inspection we reviewed the information we held about the service. This included seeking feedback from the Clinical Commissioning Group (CCG) and Healthwatch Trafford. Feedback received from the local authority and Healthwatch Trafford confirmed both organisations had no information of concern to share with us.

On the day of the inspection we spoke with nine people who used the service and one person's relative. We spoke with the registered manager, and five members of care staff (including care assistants who worked nights). We also spoke with one occupational therapist assistant who was employed by the provider.

We looked around the building including in bedrooms, bathrooms, the main kitchen and smaller kitchens for people's use on each floor, the main laundry room and smaller laundry rooms on each floor, the clinic room and in communal areas across all floors. We also spent time looking at records, which included a detailed review of six people's care records, four staff files, the training matrix, minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

People told us they felt safe at Clifton House. One person told us, "It's very safe here", and a second said, "Nobody can enter here, I feel safe yes."

At the last inspection in January 2016 we found a breach of the Regulations relating to training for staff. We found that staff had not received training in personal safety and breakaway; this is essential training for staff that may come into contact with people who may become physically aggressive. Due to the nature of the home staff had been involved in restraining people when incidents had occurred. Records showed that of the 18 regular support workers only three members of staff had received personal safety and breakaway training since 2013 and 10 members of support staff had never had this training. This meant that the majority of regular support workers had not received training on how to deal with people who might become physically aggressive. In addition, by practising restraint against the home's policy to manage a recent incident, a person was placed at risk of harm because support staff had not been trained to use restraint techniques.

At this inspection we found improvements had been made, all staff had received training in personal safety and breakaway. We looked at the accidents and incidents log as part of this inspection to see how incidents and accidents had been investigated and followed up. It is important that incidents are investigated to see whether any follow up action can be taken to prevent a re-occurrence or whether other measures need to be taken. We found that all incidents had actions that had been identified and followed up appropriately ensuring nobody using the service was unlawfully restrained. The registered manager followed up on all accident and incidents by having a discussion with the individual's concerned and updating care plans when required.

At the last inspection January 2016 we found a breach of the Regulations relating to the equipment used at Clifton House. We saw that there were two large gas cookers in the kitchen, had safety stickers attached to their oven doors stating that they were not safe to use and that to do so would be an offence under the Gas Safety (Installation and Use) Regulations. The cook was still using one of the ovens at the time of our inspection. We also inspected the building to see if it was clean and we were concerned about some of the things we found. In the main kitchen where people's meals were prepared we found that some areas were dirty. This meant that the premises and equipment used to cook people's food was not clean, which could therefore put people at risk of foodborne illnesses. We were concerned about the cleanliness of the kitchen and informed environmental health colleagues at the local authority who undertook their own inspection.

At this inspection we found the kitchen had been upgraded in terms of two new cookers, ventilation and gas safety equipment and had been certified as fully compliant. The provider also appointed an external Health and Safety Consultant to undertake quarterly inspections of all equipment to enable the provider to address any future defects or areas of risk. We will check that these have been completed during our next inspection. The provider also had a comprehensive schedule for cleaning for all areas of the building on a daily basis, ensuring all staff were responsible for the upkeep of the home.

At the last inspection January 2016 we found a breach of the Regulations relating to the cleanliness and broken equipment at Clifton House. We found each floor had a laundry room. On the ground floor the washing machines and dryers were for laundering bedding and contaminated clothing. We saw that there was an accumulation of dirt and debris behind the machines. The room also contained a large ceramic sink and various coloured mop buckets that were used to clean the home; there were no separate hand washing facilities for those doing cleaning or laundering. On the first and second floors there were smaller rooms containing a washing machine and dryer for people to use. Both of these rooms also contained various mops and buckets and cleaning products. The room on the first floor had a hand washing sink but no sluice sink for the washing of mop buckets and equipment and the room on the second floor had a sluice sink for washing equipment but no hand washing sink. This meant that on all floors items were laundered in the same room in which cleaning equipment was cleaned and stored; this could lead to cross contamination and infection.

At this inspection we found the provider had made improvements on each floor to ensure cleaning equipment was stored correctly, sluice facilities were now available along with hand washing facilities. We noted the provider extended the ground floor laundry room and replaced many of the washing machines that were not working. We found the three laundry rooms were clean and tidy, minimising the chances of cross contamination and infection.

We noted the service had undergone a number of home improvements. New shower and bathing facilities had been installed on the first and second floor. The registered manager confirmed these improvements were still on-going and informed the inspector that carpets in communal areas will be replaced with new fitted carpets in the forthcoming weeks. We will check the progress of this during our next inspection.

During our inspection we looked at the management of medicines at Clifton House with a team leader. We were informed that only the senior staff was responsible for administering medicines. All staff responsible for the management of medication had completed medication training and undergone an assessment of competency which was reviewed periodically.

A list of staff responsible for administering medicines, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference. We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record. Systems were also in place to record fridge temperature checks; medication returns and any medication errors.

The people living at Clifton House had Personal Emergency Evacuation Plans (PEEPs) in place and we saw these were kept in their care files with a copy in the fire manual kept in the office. A PEEP is usually a one-page summary which includes a photograph of the person, their bedroom location, how they mobilise and the number of staff they need to do so and any other information emergency personnel attempting to evacuate the person might need to know. The fire manual contained a list of people at the home that would need to be evacuated in case of emergency. At the last inspection in January 2016 we saw this list contained the names of people who no longer lived at the home and was therefore out of date. At this inspection we found this system had been updated and reviewed weekly as part of the managers quality assurance to ensure the list of names were amended to reflect the people currently living at the home.

We looked at how Clifton House was staffed to see whether there were enough workers on duty to support the people who lived there. We found that there was a sufficient number of staff on duty to meet the needs of the people using the service. Support workers either did day shifts or night shifts with hours 7.45pm until 8.00am or 7.45am until 8.00pm. The day shift was staffed by one team leader, a keyworker and three support workers.

This was in addition to the registered manager and when he was also on duty. There was also an office administrator, a cook, a cleaner and a maintenance person. The night staff consisted of one team leader and two support workers. The service also benefited from a new 'recovery team' that had been recruited in October 2015. The team consisted of an occupational therapist and one assistant; their role was to support people to recover in terms of health and addiction issues, to become more independent and to undertake activities. The recovery team covered two other services run by the same provider as Clifton House.

A policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

We checked the safeguarding records in place at Clifton House. We noted three safeguarding concerns had been raised since our last inspection. The registered manager was aware of his responsibilities to manage and report any safeguarding concerns via a first account report to the local authority. The Care Quality Commission had also been notified about the three safeguarding concerns. The service however had not developed an overview system of recording incidents of safeguarding, or the outcomes of these any actions taken or lessons learned.

Staff we spoke with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

The CQC had received no whistleblowing concerns since the last inspection. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns. Staff also knew to be vigilant about the possibility of poor practice by their colleagues and knew how to use the homes whistleblowing policy. Staff told us they would be confident if they needed to report any concerns about poor practice taking place within the home.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place, which met the requirements of the current regulations.

We looked at a sample of four staff records for staff recently recruited. In all four files we found that there were application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided at Clifton House to be effective. Comments received included: "The staff know when you are feeling down here, they always make time for you" and "I always get my medication when I need it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager. Discussion with the registered manager showed he had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

Some of the people using the service were restricted by provisions under the Mental Health Act 1983 (amended in 2007) (MHA), such as Community Treatment Orders (CTO). CTOs enable people to live under supervision in the community.

At the last inspection January 2016 we found a breach of the Regulations relating to the Mental Capacity Act 2005 and Mental Health Act 1983. Whilst the majority of staff had received training at that time their understanding was mixed. We also found that the MCA process was not always followed by the provider to ensure people had MCA assessments, best interest meetings and some DoLS applications had not been applied.

During this inspection we found improvements had been made, all staff had completed the MCA 2005 and DoLS training. The staff we spoke with had a good understanding of the MCA 2005 / DoLS and were aware of which people using the service were subject to a DoLS. The registered manager discussed the people living at Clifton house who were subject to a DoLS authorisation at team meetings and staff supervisions, to ensure staff were aware of any changes. One member of staff we spoke to said, "We all have a clear understanding now of people who have restrictions at Clifton House, we have regular meetings where this is discussed."

We checked the care records for people subject to DoLS authorisations who were living at Clifton House. One person's records showed that they were only allowed to leave the premises if they were escorted by a support worker due to lacked of awareness when crossing roads while out in the community. We saw on their file that a capacity assessment was recorded and a best interest decision made on their behalf. A DoLS

application had been made for this and authorised for the person for three months at a time. The registered manager explained that the authorisation was made for three months at a time, due to the service working closely with the person to help improve their road safety skills to maximise their independence with a longer term goal for the DoLS not to be needed.

We viewed further evidence that the registered manager involved advocate services when required to assist people in decision making, and to ensure people's best interest meetings were followed correctly by adhering to the principles of the MCA 2005.

At the last inspection in January 2016 staff we spoke with were vague about the Mental Health Act (MHA) and unclear as to which people at the home had a Care Treatment Order (CTO) in place. We also looked at the care files of five people subject to CTOs and found many contradictions and inaccuracies. We also found that none of the people subject to CTOs had a specific CTO care plan in their files to tell staff what the conditions or restrictions were and how they should be supported to meet them. This meant that support workers were unsure which people had conditions or restrictions in place and how these influenced the support they required.

During this inspection we found all CTO documentation had been reviewed for accuracy and completeness. People who were under a CTO clearly had it documented in their care plan that they were informed of their rights when restricted by a CTO. Furthermore, discussions with staff confirmed they understood the principles of the MHA and were clear about which people living at Clifton House had a CTO in place. One of the team leaders explained that they have now added a section to people's care plans called 'restrictions', the team leader went on to say they are now more proactive in supporting people to understand why they have restrictions in place.

Staff told us they had an induction when they started working in the home. This included training to help them ensure they were supporting people safely including health and safety; moving and handling and safeguarding. They told us they also shadowed experienced staff. The provider encouraged new staff to obtain further qualifications associated with their role.

Examination of training records confirmed that staff had completed key training in subjects such as: first aid; personal safety and breakaway; moving and handling; fire safety; food hygiene; safeguarding; medication; MHA, MCA & DoLS; infection control; and health and safety.

We looked at the induction process used by the service for new staff. The home's documentation included the Care Certificate, which came into being in April 2015. The Care Certificate is a set of induction standards against which the competency of staff who are new to health and social care can be assessed. One staff member commented, "I cannot fault the training here, there is always training available if you want it."

Staff we spoke to confirmed that they had attended regular team meetings. We viewed the meeting minutes for January, March, April and June 2016, and found these had been well attended by staff.

The most recent local authority food hygiene inspection for Clifton House was in March 2016 and the home had been given a rating of 4 stars.

The cook demonstrated that they had a good knowledge of individual needs and preferences. Catering requirements forms were in place to indicate people's preferences; religious requirements; any allergies; portion size preferences and any special dietary needs. We saw the most recent food survey completed in March 2016 had involved support staff speaking with 11 people. On the whole feedback received was

positive.

People were offered drinks and a choice of meal. We noted that staff were available to offer encouragement and support to people requiring assistance and that staff were attentive to the needs of people using the service. We saw good interactions between people and staff at lunch time.

People living at Clifton House were encouraged by the service to be independent. The recovery team employed by the service encouraged people individually to take part in one-to-one cooking sessions to improve and learn new cooking skills. The registered provider commented that the service supported people who wanted assistance with stopping smoking and informed the inspection team that people were supported to attend regular smoking cessation groups. Smoking cessation (colloquially quitting smoking) is the process of discontinuing tobacco smoking.

Is the service caring?

Our findings

We asked the people using the service if they thought the support staff were caring. People told us, "I describe my care as excellent and the staff are always there when you want a chat," "I find the staff very caring and compassionate," and "On the whole this service is very caring and the staff are great with us and have a lot of time for us."

During the inspection we observed staff supporting people at various times of the day and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

Through our observations of staff interacting with people and from conversations with the staff, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. They also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people. This was confirmed by the relative we spoke to who also felt the staff knew their family member well.

On the second day of our inspection we observed one person becoming anxious, the registered manager was quickly on hand to reassure this person and explain in detail how the staff at Clifton House were going to support the person to ensure their aspirational goals were fulfilled. The person who was anxious thanked the manager for his support and said he feels better for talking about it.

We saw that people's privacy and dignity was promoted by staff during our inspection. The staff we spoke with described people using respectful language and this was also reflected in written records that we saw, even when the people described had displayed behaviours that might challenge others, or other problems had occurred. People we spoke with said that support staff always knocked on their bedroom doors if they wanted to speak with them and one person told us, "The staff here are respectful."

Our observations and people's feedback showed us that staff promoted people's privacy and dignity.

During the inspection we saw that people's confidential care files were kept in a lockable cabinet in the office to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

Keyworkers had been established at the home ensuring people had a one-to-one session every week with their named keyworker. During one-to-one sessions people were asked how they were or if they had any issues or problems and the conversation was documented. A member of support staff told us that if people raised issues that required a change in their care plan, then this would happen.

Advocacy services were available for people if they wished to access them. Posters promoting the benefits of advocacy were displayed in all of the communal areas, including lounges and in the main corridor on the

ground floor.

We asked the support workers about the people at Clifton House. The staff members we spoke to could demonstrate how they made an effort to recognise people's diversity, including their gender, race, previous jobs, spiritual and religious beliefs, thoughts and opinions. It was clear to us from observing the support provided that all staff had developed caring yet professional relationships with each person as they knew people's life stories, interests and who was important to them in terms of friends and family.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided at Clifton House to be responsive. Comments received included: "The staff are really nice and helpful when I need them." And "The service is supporting me to move on."

At the last inspection in January 2016 we found a breach of the Regulations because care plans were not consistent or comprehensive and in some cases had not been updated when the support people needed had changed. There were also issues with the evaluation of the care plans for people; this made it difficult to tell if people were being supported according to their care plans or if they were making any progress. At this inspection we found that care plans had improved; they were comprehensive, person-centred and had been reviewed after 3 months, with the person.

During the last inspection we viewed the care plans of six people living at Clifton House. We found previously each care plan was standardised and incorporated 13 different areas where support was needed. The provider had developed the care planning system and incorporated two new areas, this included aspirations and future goals and restrictions. We found all care plans had been reviewed and individualised to ensure people's information was relevant and reflective of their needs and wishes. People were involved in the care planning process during one-to-one sessions with their named key worker. We will check the progress of the care planning system to assess the outcome and impact for people living at Clifton House during our next inspection.

We viewed the care files for the two people whose files we viewed at our last inspection. At the last inspection we found their care plans were not comprehensive or person centred. For example, according to two people's care files they each had a learning disability. We could see no difference between these two people's care files and that of other people's in that information had not been produced in an 'easy read' format to help the person understand it, as is standard when supporting someone with a learning disability. At this inspection we found that some of these improvements had been made. For example, both care plans had been reviewed and individualised to ensure it was person centred. Health passports had been completed, to provide other services or hospitals information that is relevant to that person. Additionally, consent to care and treatment had also been reviewed to ensure the people with a learning disability now have a care plan in their file stating their ability to understand consent to care and treatment. An easy read pictorial document had been developed to assist people with learning disabilities when making decisions to consent to care and treatment. The registered manager explained the named key worker of the person will use this easy consent form and talk the person through each stage, referring to the pictures to help the person understand.

The care of people living with enduring mental health conditions in care homes such as Clifton House should be coordinated by the Care Programme Approach (CPA) as described in the Mental Health Act 1983 Code of Practice. This involves a team of healthcare professionals who work with the person to identify their holistic care needs, including mental and physical health, social and housing needs and rehabilitation and recovery.

During the last inspection we looked at three people's care files to see if their CPA care plans had been used as the basis of their care plans. We found this had not always been the case. For example, the CPA care plan stated that support staff needed to monitor and record all aspects of the person's mental health and spend time exploring their symptoms with them, whereas the actions in the mental health care plan devised by Clifton House were for support staff to ensure the person adhered to their medication regime, offered one-to-one sessions and encouraged the person to maintain contact with their team of healthcare professionals. In this person's CPA care plan there was reference to recovery from substance misuse; this was also a condition of their Community Treatment Order (CTO).

At this inspection we found the provider had made improvements to ensure people under a CPA had their care plans reviewed to check continuity or consistency with CPA care plan. Furthermore, people under a CPA were given copies of their CPA care plans.

At our last inspection we found that people did not have aspirational care plans which set out their goals and ambitions in terms of rehabilitation and recovery or what the next step was in terms of accommodation and personal independence. At this inspection we found the provider had developed the care plans and incorporated a section for aspirational goals. We viewed six aspirational care plans and found these were personal centred and provided goals for what the person wanted to achieve. For example, one person's aspirational care plan stated they wanted to improve their cooking skills to help them become independent and have their own flat. The recovery team worked closely with this person providing weekly one-to-one cooking sessions along with the staff providing assistance with daily living skills. On the first day of our inspection this person moved to their own flat as a result of the support they had received from Clifton House. The registered manager explained that Clifton House have always assisted people to move on, but at times this was not always recorded clearly. Moving forward, the aspirational care plans and the evaluation of care plans will capture this information and the positive outcomes for people that the service is supporting them to achieve.

We checked the evaluations of care plans. We noted people were given a choice if they wanted to be involved in the evaluation of their care plans. We have found significant improvements in this area. We found evidence in the evaluations that people were being encouraged and supported to become independent with a view to moving on from the home eventually.

At the last inspection in January 2016 we found a breach in the Regulations because people did not have access to meaningful activities. At this inspection feedback was much more positive and the home had established a recovery team that consisted of one occupational therapist (OT) and one occupational therapist assistant (OTA). People, their relatives and staff commented on how much more there was going on.

The recovery team focussed on providing group activities and one-to-one sessions for people. These sessions consisted of: art and crafts drop in; good mood food drop in; baking group; coffee mornings; one-to-one cooking sessions and on average a monthly organised trip out. We spoke to the OTA who was enthusiastic about the new initiative at Clifton House. The OTA commented, "Activities here have improved, people are eager to join in and learn new skills. We are always looking for new ideas and people are encouraged to share any ideas they have." People told us they received a weekly planner of activities and a list of trips outside the home. One person told us, "There is plenty happening here now, I love the cooking groups."

The home had a complaints policy and procedure and an effective system for reporting and responding to

complaints and concerns was in place at Clifton House. The complaints policy included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

We reviewed the complaints file. Records highlighted that there had been one complaint since our last inspection. Records viewed provided an overview of complaints received, action taken and outcomes. Copies of formal response letters were also available for reference.

None of the people we spoke with at the home or their relatives said they had made a formal complaint. One person told us, "If there was something I wasn't happy about I would speak to a member of staff, but to be honest I am happy."

We noted that regular residents' meetings had been taking place. These were chaired by the registered manager.

Is the service well-led?

Our findings

We asked people, their relatives and staff what they thought of Clifton House and the way it was run. All of the people we spoke with described the registered manager as approachable and supportive. One person said, "I can speak to the manager if I am feeling low, and he listens." Another person said, "I am very happy and content being here at this service the staff go above and beyond their duties to make us happy." The third person said, "This service is a great service and I am happy with the service provided."

One relative we spoke with commented, "There has been a vast improvement since CQC's previous inspection. New floors have been fitted, it feels a lot brighter [name] seems a lot better within himself since these improvements have been made."

The home had a registered manager who had been in post for over five years. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Comments received from staff were also positive about the registered manager, "I can't say enough good things about him, he will stop what he is doing if you need help, and everyone respects him." Another person said, "[name] is approachable and very hands on, he likes to help out." A third staff member commented, "He's great, I couldn't speak highly enough of him, I look up to him and respect him."

During our inspection we observed that people felt able to approach the registered manager directly and he communicated with people in a friendly and caring way. People were observed to refer to the manager by his first name which reinforced that there was a friendly relationship between them.

At the last inspection in January 2016 we found a breach of the Regulations as the CQC had not been notified about the majority of reportable incidents (including safeguarding incidents). We also found there were issues with quality assurance systems at the home. At this inspection we found improvements had been made.

At the last inspection we checked the accidents and incidents that had been recorded at Clifton House. Certain accidents or incidents must be reported to the local authority and to the Care Quality Commission (CQC). When we checked the records CQC had not been notified about the majority of incidents. At this inspection we found improvements had been made. A new system has been implemented whereby actions arising are tracked and followed up appropriately in a timely manner. We checked the records prior to this inspection at CQC and found notification were now being sent by the provider, including the three safeguarding concerns we have already discussed in the safe domain of this report.

Safeguarding concerns were recorded by the provider, however an overview system of recording incidents of safeguarding had not been developed, to ensure the outcomes provided details of any actions taken or

lessons learned. This was an area the registered manager was looking to develop.

We found a number of shortfalls during our last inspection which indicated quality assurance and auditing processes had not been effective, particularly in areas such as care planning and health and safety. We found checks had not been completed on a regular basis. For example, We also identified gaps in the auditing of infection control, medication and a monthly audit that should have been completed by the homes manager.

At this inspection we found improvements had been made.

During the inspection the registered manager discussed in detail how they had been working alongside a 'Care Management Consultancy', to make improvements within the service. During the inspection, we viewed an action plan which highlighted areas that the Care Management Consultancy was looking to develop alongside the registered provider. The registered manager said the consultancy team would carry out audits of the service every three months in the style of a CQC inspection. The registered manager explained the consultancy team had been provisioned by the directors of the service to assist the team at Clifton House with the areas that needed to be improved. We will check that this has been implemented and the effectiveness of it at our next inspection.

The registered manager also completed a monthly manager's audit. This audit looked at the following areas: care planning, recovery, key workers, activities, meetings, medication, environment, food menus, and training. We found these audits were detailed, comprehensive and followed up on any actions identified.

The provider had also introduced an individual care plan audit of people's care plans. This was undertaken by the staff at Clifton House to ensure the content in people's care plans was accurate and relevant. During the manager's monthly audit he checked the quality of the care plan audits carried out by the staff at Clifton House and any areas of the care plans that needed to be updated.

At our last inspection in January 2016 we found that regular infection control audits had been completed with only one undertaken in March 2015. Actions relating to the issues with dirty and damaged flooring were identified at this audit but had not been addressed. During this inspection we found improvements had been made. Infection control audits were implemented bi-monthly and we saw evidence of these. Furthermore, all staff received training in infection control. The registered manager commented, "All staff have a responsibility here to be more proactive and make sure the home is clean and up to standard, it's important we all work together."

We noted that systems were in place to seek feedback from people using the service on an annual basis. Surveys had recently been distributed in March 2016. The majority of feedback was positive. The provider had placed an easy ready poster was displayed in the reception area, this was suitable for the people living at the home. The poster detailed the results received and the actions they have taken forward as a result.

At our last inspection in January 2016 we noted only seven support workers had received supervision in 2015. No records of staff appraisals could be located and we could only find one appraisal dated 2011 in the staff files we inspected.

During our inspection we found improvements had been made. We viewed a supervision and appraisal tracker. This confirmed, on average, that staff had received supervisions every two months. Staff we spoke to commented, "I had my last supervision about three weeks ago with the manager, I feel supported" and "The supervisions are important especially when you work nights, I have them regularly so I am happy."

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in a satisfactory order.

Information on Clifton House had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service; we found this was reflective of the service being provided. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.