Care First Class (UK) Limited

Clifton House

Inspection report

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Birmingham
West Midlands
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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

This inspection took place on 04 April 2017 and was an unannounced comprehensive rating inspection. The location was last inspected in May 2016 and was rated as 'Requires Improvement'.

Clifton House is a registered care home providing accommodation for up to 39 people who require support with personal care. At the time of our inspection there were 38 people living at the home.

There was a registered manager in post. 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.
People's rights to privacy and confidentiality were not always respected by the staff that supported them.

People were kept safe and secure, and relatives believed their family members were safe from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs. People received their medicines safely as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The provider had management systems in place to audit, assess and monitor the quality of the service provided, to ensure that people were benefitting from a service that was continually developing.

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 the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Requires Improvement

The service was not always caring.

People's rights to privacy and confidentiality were not always respected.

People were supported by staff that were caring and knew them well.

People's independence were promoted and maintained as much

as possible.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

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.

This inspection took place on 04 April 2017 and was unannounced. The membership of the inspection team comprised of one inspector 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.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had submitted a Provider Information Return (PIR) form prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also looked at the Health Watch website, which provides information on care homes.

During our visit to the home we spoke with 12 people, five relatives, four staff members, a visiting health care professional and the registered manager. We looked at the care records of three people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. One person we spoke with said, "I've always felt safe with them here, as they [staff] keep checking on me throughout the night". A relative we spoke with said, "I can relax now, I know she's [person using the service] safe". They continued, "You can't beat the staff, they can't do enough for us". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. Staff we spoke with told us that they received regular training on keeping people safe from abuse and avoidable harm, and could recognise the different types of abuse. A staff member we spoke with gave us an example of the signs that might identify if someone was being abused financially, they told us that people might be withdrawn, unhappy and they might not have had money to buy anything new for a while. They told us, "We [provider] have a book to see when [people's] money comes in and out. We can see if something's not right". Another staff member we spoke with told us that if they suspected that someone was at risk of harm or abuse, they would alert a senior member of staff or the manager.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. The manager and a member of staff told us risk assessments were reviewed monthly. A member of staff told us, "They [risk assessments] are done on [people's] admission. They're updated monthly. If there are any changes, then they are documented, reported [to the registered manager] and care plans are updated". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans.

There were sufficient numbers of staff working at the home to meet people's needs and keep people free from risk of harm or abuse. A person we spoke with told us that they felt there were enough staff to care for her. We observed that there were enough staff available to respond to people's needs and they were attentive when support was requested. A staff member said that they believed that the home was appropriately staffed, they told us, "If someone's [staff] of sick, they [provider] get other staff to cover. We have bank and agency staff if we need them too, but we try to use our own first, for consistency". The registered manager told us, "We [provider] very rarely use agency staff, our staff are pretty good at covering for one another". We saw that the provider had processes in place to ensure that staff shifts could be covered in the event of a member of staff being unable to work due to ill health. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. The registered manager told us how they ensured that staff have the necessary experience and skills to care and support the needs of the people living at Clifton House. They said that more experienced staff worked alongside newer staff members to encourage their development and ensured that good standards of care are maintained. The information we received from the location's PIR reflected what we saw during our inspection.

The provider had procedures in place to support people in the event of an emergency, such as a fire for example, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A staff member we spoke with told us that if they saw a fire, they would break the

glass in one of the alarm points around the home. They would support people to assemble at the evacuation point in the car park and ensure that anyone who had difficulty with their mobility would be safely secured in rooms with fire door protection. Staff knew where the fire exits were and that the location had fire doors that would protect people until the emergency services arrived.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. Staff we spoke with told us that the provider had recruited them appropriately and that references and DBS checks had been completed. Records we looked at included references and checks made through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People were supported with their medicines by staff who administered medicines safely and as prescribed. A person we spoke with told us that their medicines were always given to her without any issues and that if she required additional medicine, for example painkillers, she received them promptly. We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. A staff member we spoke with was able to explain to us the process they went through for managing and administering medicines for people. Staff told us that all people were able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis.

Good

Is the service effective?

Our findings

Most of the people living at the home were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us how they communicated and supported a person whose first language was not English. They told us that they knew the person so well that they had adapted their own specific style of communication, which included visual aids, hand gestures and making sure they spoke clearly. We observed the person at lunch time, interacting with staff and three other people. Communication was good, the person was happy and laughing with those around her, Throughout our time at the location we saw good interactions between people and staff. People we spoke with told us that they were able to speak openly to staff about their care and support needs.

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A member of staff we spoke with told us, "I'm happy with the training I'm getting here". They continued by telling us how they had been supported through their induction period, "[I had] training every couple of weeks. It was good, there was lots of support". Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service.

Staff told us they had regular supervision and appraisals to support their development. A staff member we spoke with told us, "I'm happy with them [supervisions] I get to say what I want to say". We saw staff development plans showed how staff were supported with training and supervision. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

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. Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about all aspects of their lives. Staff we spoke to told us they had been trained in the mental capacity act, one member of staff we spoke with said, "[I did] MCA training in college, but [registered manager's name] has offered me a new [training] programme". Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. We saw staff asking people's permission before supporting them with their care and support needs. For example; some people were making Easter bonnets and we saw staff asking a person if they could help them. A member of staff we spoke with told us how they gained consent from a person who may have fluctuating capacity, they said, "Make eye contact, talk to them [people using the service] at eye level and explain what is happening, for example; 'would you like to come for dinner".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. Information gathered from the providers PIR identified the number of mental capacity assessments that had taken place and that DoLS applications were being processed appropriately.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff told us, "Be patient, give them [person using the service] time and support. If they're agitated, try a different member of staff if the resident doesn't respond to you". Another member of staff we spoke with said, "Speak calmly, reassure them, distract with a walk in the garden". We saw that people's care plans included information of the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging.

People and relatives we spoke with told us they were happy with the food at the home. We saw menus were available to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. A person we spoke with told us there were always plenty to drinks available, they also said, "To me, the food's good and we have a choice". A staff member we spoke with told us how they discussed menu choices with people on a regular basis to ensure they ate the food they preferred. We saw a staff member encouraging people to eat, one said to a person using the service, "Just eat as much as you want, if you've had enough, that's okay".

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member we spoke with told us that weight charts were monitored and any loss of weight was addressed by using fortified diets. A visiting doctor we spoke with told us how staff supported their recommendations regarding the management and monitoring of people's blood/sugar levels and weight.

People we spoke with told us that their health needs were being met. A person we spoke with told us, "The carers [staff] keep a check on everyone, the doctor comes quick if I'm ill". A visiting doctor told us, "Any concerns, they [provider] call me if they need me". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Requires Improvement

Is the service caring?

Our findings

People's rights to privacy and confidentiality were not always recognised and respected. For example, we saw two instances where staff were openly discussing people's health situations in a public area and could be overhead by other people living at the home and any visiting relatives or professionals. We saw another instance where staff, in the presence of a person using the service, were discussing the person's health issues without the involvement of the person. Although staff we spoke with explained to us their awareness of ensuring that peoples' right to confidentiality were maintained. These incidents showed us that this was not consistently practiced within the home We raised these concerns with the registered manager who told us that they would look into the occurrences and raise our comments with all of the staff.

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. A person said to us, "I'm wonderfully happy here, the general atmosphere is so good". A relative we spoke with said, "The staff are all good and well trained". They went on to explain how, when their family member was unwell, a member of staff had stayed with them throughout the night to monitor their health. A member of staff we spoke with told us, "Older people need to be cared for and treated with kindness".

We saw that the provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A member of staff told us how people using the service (and their relatives) completed a 'My Life Story' file in their care plan, they explained that it had information about, "where they were born, holidays, where they worked. We've [provider] just implemented this in all care plans for the residents [people using the service]. Family members sometimes take them home to fill in extra details". Staff were able to meet peoples care and support needs consistently because they knew people's needs well. We saw that care plans were regularly reviewed and updated when people's needs changed.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us how they enjoyed watching television with their friend. They told us, "I'll talk to you later, I'm watching TV now". During our visit we saw people making choices about what they were doing, either in the communal lounge or their own rooms. We saw staff explaining what different foods were on the menu to help people make choices about what they would like to eat. We saw a staff member explaining to a person what 'Vienetta' ice cream and crème caramel were.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with said, "[Person's name] washes her own face, cleans her teeth and she bathes herself, but I monitor her to make sure she's okay". Throughout the day we saw people moving around the home independently, doing things for themselves, for example one person we spoke with showed me around the garden. This meant that people could make decisions for themselves regarding what they wanted to do throughout the day, thus promoting their independence.

Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with told us, "You're always welcome". This meant that people were supported to maintain contact with people who were important to them.

Good

Is the service responsive?

Our findings

We found that staff knew people well and were focussed on providing personalised care. We saw that people were encouraged to make as many decisions about their support as was practicable. We saw a person being asked by a member of staff if they would like a cup of coffee, they said, "Yes, and I'd like a piece of toast too". There was good rapport between them and we could see that they were comfortable in each other's company. The person got their piece of toast. Another person we spoke with told us they had preferences of how they started their day. They told us that they stayed in their room until they had their personal care support. They preferred a shower to taking a bath, once this had been done they were supported down to the lounge area. Staff we spoke with understood the importance of providing personalised care, and told us that they asked people how much support they required when washing themselves. Another member of staff we spoke with told us, "You get to know people's likes and dislikes. Families let you know too". We saw detailed, personalised care plans that identified how people liked to receive their care and people and their relatives told us that they could discuss any issues with staff and the manager.

We saw that staff were responsive to people's individual care and support needs. We observed staff responding to people's needs promptly when required throughout the day. We saw a person requested a sandwich and a drink. A staff member offered them a sandwich or if they wanted to wait a short while there would be cake. The person asked for a sandwich and cake now as they were hungry and one of the staff got them their snack immediately.

Throughout our inspection we saw that people had things to do that they found interesting. A person we spoke with told us how they enjoyed gardening. They showed us around the garden and were able to tell us about everything they had planted and how they had created planters out of recycled tyres. They told us, "It's nice out here. I enjoy gardening and it's nice for them [people and staff] to come and sit outside in the summer. We get robins, blue tits, sparrows and pigeons. We've got solar lights a music centre, it's nice for them [people and staff] to use". A relative we spoke with told us that their family member particularly enjoyed the entertainment that the home provided. A member of staff told us how they had supported people to access things that they enjoyed, "[Person's name] likes bingo on Tuesday's and Thursday's and [person's name], I take him to [name of football team] football ground". Another member of staff we spoke with told us, "[Registered manager's name] does a lot of charity fund raising events, like bric-a brac stalls". They told us that families, neighbours and the local community all get involved. We saw a bingo session taking place, everyone was invited to play if they wanted to. They were all told about the prizes that could be won and some people wore Easter bonnets/hats that they had made earlier in the day. There was a cheerful atmosphere and good interactions between staff and people.

People and relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us, "I would complain if I needed to". They went on to say that they felt that the staff were very nice. We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. Information gathered from the PIR showed that in the past year there had been one complaint and eight compliments received at Clifton House.

We saw completed satisfaction surveys and that these had been used by the provider to enhance the quality of service provided for people at the location. Staff told us they supported people to fill out surveys if they needed it. We saw that the provider held meetings for people living at the home and their families every two months and there was a newsletter available to share information with relatives about past and future activities.

Good

Is the service well-led?

Our findings

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw that there was a good relationship between the manager, people using the service and staff. The manager was visible and people using the service knew them by name. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that the manager was approachable and that they felt that they were listened to. A staff member told us, "It's brilliant working here, the staff are great and really supportive of each other". Another staff member we spoke with said, "[I'm] happy to work here, everyone's really nice. The manager supports us [staff], we can talk to her about anything".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. The PIR returned by the home showed that there was an expected level that senior staff were trained to, that they received regular supervision and worked closely with partner agencies, for example; Doctors surgeries and pharmacists, to ensure that they provided a quality service.

The most recent CQC reports and ratings were displayed in the main reception area of the home. The PIR we requested had been completed and submitted on time. It contained information relevant to the service and the improvements the provider planned to make. These were consistent with our findings and what we were told by people, relatives and staff.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we

had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.