

Clifton View Ltd

Clifton View Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clifton View Care Home is a purpose-built care home providing accommodation for up to 76 people requiring nursing or personal care. At the time of our inspection, 75 people were living at the service. The accommodation was established over three floors. The ground and second floor were for people with longer term care needs. On the first floor was a short stay assessment and rehabilitation unit.

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

Staff did not always have sufficient guidance in care plans. However, staff had received training on how to complete their roles. Medicines were mostly safely managed, but staff did not always record why 'as needed' medicines were given and did not always have a second staff member sign when instructions for medicine administration were hand-written. People felt safe at the service, and the registered manager had investigated any concerns. People were safe from the spread of infection.

People were referred for a deprivation of liberty assessment if the staff were concerned about restrictions on their liberty. However, staff did not always complete mental capacity assessments into what decisions a person may not be able to make. This meant it was not always clear how people were supported in the least restrictive way possible.

There was a caring culture at the service. Staff were seen to be kind and people spoke highly of staff's compassion and kindness. People were provided with a variety of activities and we saw people engaging positively with staff. People were treated with dignity and respect.

Audits were not always effective at creating improvements at the home. There was a positive ethos at the service and people spoke highly of the care provided. Visiting professionals attended the home and reported good communication with the staff team.

Rating at last inspection:

The last rating for this service was good (published 22 March 2019)

Why we inspected

The inspection was prompted due to concerns received about neglectful care. The provider had also alerted us to some concerning incidents that had occurred at the service. As a result, we undertook a focused inspection to review the key questions of safe, caring and well led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found some concerns at the inspection. You can see what action we have asked the provider to take at

the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clifton View on our website at www.cqc.org.uk.

Enforcement

We have identified 2 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and good governance. Please see the action we have told the provider to take at the end of this report.

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 caring?

The service was caring.
Details are in our caring findings below.

Good



Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement



Clifton View Care Home

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 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.

Service and service type

Clifton View Care Home 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. Clifton View Care Home is a care home without nursing care. 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted local authority stakeholders to see what information they held on the service and outcomes of previous audits.

During the inspection

We spoke with 4 people and 13 relatives about their experiences of Clifton View Care Home. We observed the care provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 staff, including the registered manager and a director of the service. We spoke with 2 visiting professionals.

We reviewed a range of records. This included 12 people's care records and medication records. We looked at 3 staff files in relation to the safety of recruitment. A variety of records relating to the management of the service, including policies, training records and procedures were also reviewed.



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 good. 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; Learning lessons when things go wrong.

- Care plans did not always have clear guidance on how to care for a person. For example, one person was at risk of pressure related skin damage. The care plan had different guidance on how often the person should be repositioned to prevent this risk of skin damage. While care plans did not have clear guidance, staff had received training and a visiting health professional explained that there had been no impact on people's health from this missing guidance. The registered manager has sent us an action plan on how they intend to improve care plans at the care home.
- Two people had highly flammable creams applied to their skin. These people smoked cigarettes, which put them at additional risk of burns injuries. We raised this concern with the registered manager, and immediate action was taken to reduce this risk. However, we were not assured risks from medicines were being safely managed as this risk had not been identified by the service prior to our inspection.
- Some food was in communal fridges but there was not always a record of when these had been opened. Keeping a record of when food is opened, ensures it can be disposed of in line with recommended timescales to help ensure food safety. This placed people at risk of potential harm.

Using medicines safely

- Person centred protocols were in place for people who needed their medicines 'as required'. However, staff did not always record the reason for giving 'as needed' medicine to a person. It is important to record this information to ensure the medicine is given for the correct reason, and to review the effectiveness of this medicine.
- Where directions for medicine administration are handwritten, it is good practice for a second staff member to check and sign this hand-written record. This ensures transcription errors have not been made. This second staff member signature had not always been completed. This meant people were not protected from the risk associated with medicines as checks for transcription errors had not been completed.

People were not always kept safe from the risk of harm. Medicines were not always managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored in a safe place.

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

- We found the referrals had been made for people who may require a DoLS authorisation. However, the service had not always completed mental capacity assessments for people at the service. For example, staff were guided to discourage alcohol intake. However there had been no mental capacity assessment into the person's ability to make their own alcohol related decisions. While the person had been referred for a DoLS assessment, we would expect suitable mental capacity assessments for restrictions on a person to be completed. This would guide staff on whether they should be involved in alcohol related decisions and act in the person's best interest.

Staffing and recruitment

- People and their relatives told us there were enough staff to support people safely. We saw there were enough staff to support people's needs. Staff were quick to support people that needed support.
- Staff were safely recruited. For example, references had been gathered from previous employers to check staff were of good character.

Systems and processes to safeguard people from the risk of abuse.

- All people we spoke to, told us they felt safe from abuse. Where the management team had received an allegation of abuse, suitable action had been taken to investigate this.
- Staff had good knowledge on how to recognise and report any concerns about abuse. Staff were confident that concerns would be acted on by the management team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was following current government guidance in relation to visitors.

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 good. At this inspection the rating remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw that people were treated well. One person was seen to become distressed in a communal area, a staff member approached and gave the person a hug. This quickly eased the person's distress. The registered manager advised staff received annual awards. One of these awards is for the 'kindest carer'. This award was decided by the people that lived at Clifton View Care Home.
- Care plans guided staff on people's preferred terms for example 'dear' or 'darling' to ensure people were acknowledged in a way they liked.
- Staff were aware of people's life histories and unique needs as these were clearly recorded in people's care records. We saw staff sat reading people's care records to familiarise themselves with people's background and diversity.

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

- People told us that they were involved with decisions about their care. We saw staff ask people where they would like to sit and what they would like to eat.
- Care records showed people had been consulted when planning their care. For example, people who were able to make decisions were asked if they would agree to a motion sensor. This sensor would then alert staff if the person moved – so they could come and check on them.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff promoted their independence. One person said, "If I move around, they don't worry about where I go to and ask me useless questions. I get given my own independence."
- Due to people's mental health conditions and confusion, staff could be faced with behaviour that challenged them. A person told us, "Staff are always so tolerant and kind. It doesn't matter how confused people are, they are lovely to them anyway."
- We saw that people were well supported by staff. For example, one person became disorientated and attempted to remove their clothing. Staff were kind in their response, they comforted the person while ensuring their dignity was upheld.

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 good. At this inspection the rating 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

- We identified concerns with some care plan guidance, and the provider's reviews and audits had not recognised and improved these care plans. For example, one person's care plan had conflicting guidance about whether a person needed a motion sensor in place. This motion sensor would alert staff if the person moved, so they could respond quickly. The care plan had been reviewed monthly, but this conflicting information had not been resolved. We were therefore not assured that audits were effective at improving the written care plans.
- Staff did not always clearly record people's behaviour. For example, staff recorded that a person 'was agitated' but provided no more detail on how the person was agitated or what action was taken in response to this. Staff reviewed these records on a monthly basis, but had not identified that this recording needed improvement.
- There was a medication audit from January 2023. The audit noted that staff are not always writing why they are giving 'as needed' medicines. We saw this concern continued during the inspection. Therefore improvements had not been embedded after this audit.
- The current governance processes had not identified concerns seen on inspection. For example, we saw two people were smoking while having flammable creams applied. Risks associated with this had not been recognised by current auditing processes.

The service was not managed safely. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the concerns we brought to their attention on inspection. Some actions would require longer to resolve (for example improving care plan quality). The registered manager explained what actions they would take to make these improvements and sent us an action plan. We will assess the effectiveness of this plan at the next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People, visiting professionals and relatives all spoke highly of the kind culture in the home. There was also an ethos of providing people with a wide range of activities. For example, a local scout group had visited to talk to residents. On the day of inspection, a toddler group also attended the home to visit residents.

- We saw people dancing, laughing, and singing with staff in communal areas. The people living at Clifton View Care Home had engaged with a university research study into the effects of music on dementia.
- When staff were asked about what worked well in the home, they all described a good ethos of teamwork in the staff team.
- There were welcome packs in people's bedrooms. These packs explained the service to them. They also gave people access to the WIFI. This internet access supported communication with friends and family.
- People had access to a call bell, which they could press if they required staff support. The provider had reviewed trends in how often these call bells were pressed and the staff response times. They had then changed staffing levels to ensure people's needs were met in a timely way.
- People and staff were empowered to be involved in decisions about the running of the service. For example, people and staff had been involved in the design of the staffs' new uniform.

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

- The provider had notified the CQC of events at the service. This is something that providers are legally required to do. During the inspection, we saw that the provider had taken action to investigate concerns, so met the duty of candour.
- Complaints were recorded by the provider and responded to promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had completed surveys to feedback on the care they received. We saw that the feedback received from these surveys was positive.
- People had taken part in meetings, to feedback about the care they received.
- There was a strong drive to provide good quality activities in the care home. We saw people had been consulted in what activities they would like to take part in. These activities were then provided. For example, a person requested a gardening club. This was being set up in the summer, but we saw that some gardening activities were starting to be provided on warmer days.

Working in partnership with others

- Visiting professionals spoke highly of the partnership working at the home. They explained that staff were quick to call them if needed, and always confident in asking questions if they were unsure.
- The service had a floor for rehabilitation. This is jointly supported by NHS staff, to support people to become more independent. Staff worked closely with external health professionals to ensure people's rehabilitation needs were met.
- We saw that professional visits were recorded and discussed in handover for staff to be aware of.

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 People were not always kept safe from the risk of harm. Medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service was not managed safely. Audits were not always effective at improving care