

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

Summary of findings

Overall summary

About the service

Clifton House provides accommodation and Nursing or personal care for up to 39 people. On the day of our inspection, 39 people were living there, some of whom were living with dementia.

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

People did not always receive safe and consistent support with their prescribed medicines.

People's individual risk assessments were not always updated to account for changes in circumstance. However, staff members were knowledgeable about risks and knew what to do to minimise the potential for harm to people.

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

Staff members followed effective infection prevention and control procedures when supporting people. Staff members had access to, and used, appropriate personal protection equipment.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at Clifton House supported this practice.

People had access to additional healthcare services when required. Staff members knew people's individual health outcomes and supported them appropriately.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like religion, age, gender and disability.

People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

The management team and provider had systems in place to identify improvements and drive good care.

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

Rating at last inspection

The last rating for this service was 'Good' (published 19 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-Led findings below.

Clifton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, an assistant inspector and an Expert by Experience carried out this inspection. 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the

service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative. 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 nine members of staff including, the operational manager, the provider, one domestic staff member, two senior carers, three care staff and the activities coordinator. In addition, we spoke with two visiting health care professionals.

We reviewed a range of records. These included three people's care record. We also looked at the records of medicines administration. We had sight of one staff member's file in relation to recruitment and supervision. In addition, we looked at a variety of records relating to the management of the service, including any quality monitoring checks and incident and accident records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- People medicines were not always recorded as expected. We looked at the medication administration records for several people. These were the documents where staff members are required to record the administration of people's prescribed and medicated creams. In all of those we looked at there were significant gaps in the recording.
- A senior staff member and the operational manager confirmed they had identified gaps in people's medication records and attempted to address this by changing where the recording sheets were located. However, this had not worked, and the gaps became more frequent. This means people were at risk of receiving unsafe and inconsistent support with their prescribed creams.
- However, all the people we spoke with and the visiting health care professionals were confident people received their prescribed medicines as required and this was a recording issue.
- The operations manager and provider took immediate action when we identified our concerns. This included communication with all staff members and a change of daily monitoring by senior staff members.
- Despite the concerns with medicated creams people received safe support with all other medicine.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Assessing risk, safety monitoring and management

- Not all risks to people were recorded to minimise the potential for harm. For example, we saw a significant change for one person. Despite staff members knowing the risks the management team could not evidence they had assessed or put measures in place to reduce the potential for harm.
- We raised our concerns with the operational manager and a senior carer who completed the necessary risk assessment for this person.
- People told us they felt safe and reassured living at Clifton House. Throughout this inspection staff members safely supported people whilst using a variety of mobility aids which were individual to those that used them.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and protected at Clifton House. One person said, "I feel completely safe living here. It is much more reassuring than living at home." People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and

respond to concerns.

- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- The environment and equipment was safe and well maintained.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protective equipment which they used appropriately when needed.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. These assessments included, but were not limited to, nutrition, skin integrity, mobility and oral hygiene.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.
- We saw people were prompted to attend prayer, when they desired, and were supported to maintain their desired wishes by observing specific rituals.
- People told us they were supported to attend local faith centres and staff members were aware of people's cultural preferences including food.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the provider and the management team. Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, health and safety and safeguarding adults from ill-treatment.

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

- People told us, and we saw, they had a choice of the meals provided and alternatives were available if they disliked what was offered. People made decisions about what they wanted to eat and when.
- When people needed additional support to eat we saw this was provided at a pace to suit them.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged promptly. Staff members were aware of any recommendations following specialist assessments and supported people consistently to maintain their well-being. Any recommendations were clearly written for staff members to follow.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Clifton House.

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

- We saw people moving safely around Clifton House. The Home was safe and well maintained with appropriate signage to assist people with their orientation.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, dentists and chiropodists. When it was needed people were referred promptly for assessment.
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- People were supported to make choices effecting the provision of their care. For example, we saw one person had refused personal care. A staff member told us they had the right to do this, but they would go in again later and prompt them. This person later told us they were happy they eventually got out of bed after staff members told them what a nice day they were missing.

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 the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good.'

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We saw information, which was confidential to the person, was kept securely and only accessed by those with authority to do so.
- People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw people could entertain visitors in private areas should they wish to do so.

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

- People told us they were treated with care by a kind, considerate and caring staff team. People and relatives described staff members as, "Attentive," "Caring," and "Loving." One person said, "They (staff) are just perfect. I don't know what I would do without them. Since moving in here I have felt freedom. I now feel safe to do what I can"
- All staff members talked about those they supported with fondness, compassion and genuine positive regard.
- Throughout this inspection we saw staff members chatting and sharing jokes with people and relatives. The general atmosphere was relaxed and good humoured.
- When people started to show they were anxious staff members responded to this promptly. One staff member sat and reassured one person. They asked if the person would like them to hold their hand which they did. This person appeared reassured by this contact and by the kind and supporting words from the staff member.

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

- People said they were supported to make decisions about their care and support and they were involved in the development of their care and support plans.
- We saw people we supported to make decisions. For example, what activities they wanted to take part in or, if they wanted to spend time outside or in a quieter area.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- Staff members could tell us about those they supported in detail which indicated they knew people well. This included, what people used to do for a living, where they lived, who is important to them and what they liked to do, what support they wanted and when they wanted it.
- When it was appropriate relatives were kept informed about changes to people's health and needs. One relative told us about when their family member had a fall and needed medical treatment. They said this was arranged without delay and they were notified at the earliest opportunity. They went on to say they felt very reassured by this and had confidence in the staff team to keep them informed about any developments.
- People's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend.
- People received their religious text in a format they could access. We saw two people listened to their sacred book which the provider had accessed in an auditable recording. One person told us they could no longer read this book, but they derived great comfort still hearing the words.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed and found interesting and stimulating. This included a group discussion about gardening, skittles and individual pamper sessions. People told us they also went on group outings to local places of interest.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Clifton House supported people at the end of their lives. We saw positive testimonials from family members and friends. People were supported to identify their spiritual and cultural needs as they moved towards the end of their life.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of this inspection Clifton House did not have a registered manager and were therefore not meeting this requirement of their registration. However, the provider was actively recruiting a suitable candidate. During this interim period the day to day management was being overseen by the provider and operational manager.
- The provider had systems in place to identify improvements and drive good care. However, these were not always effective. For example, as part of their quality checks they highlighted gaps in the medication administration records. However, the systems they put in place did not correct this issue and the recording worsened.
- The last rated inspection was displayed in accordance with the law at Clifton House.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

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

- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members told us they found the management team supportive and approachable.

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

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinion. People told us they were regularly involved in discussions about where they lived and any changes they wished to make.
- Staff members told us they found the management team supportive and their opinions were welcomed

and valued. One staff member told us the provider had introduced staff member of the month as a means of encouraging and motivating quality care and support.

- Staff members took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

Continuous learning and improving care

- The provider and operational manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from professional organisations involved in adult social care.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices district nurse and mental health teams.