

Mr & Mrs J P Rampersad

Clifton House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Clifton House is a care home providing personal care to up to 16 people. The service provides support to people with mental health conditions and some people also had a learning disability. At the time of our inspection there were 11 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained in safeguarding to keep their knowledge of their responsibilities up to date. The registered manager reported any allegations to the local authority safeguarding team and reviewed safeguarding investigations, accidents and incidents and feedback on the service to improve. Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises were clean, tidy and hygienic and staff followed current infection control and hygiene practice to reduce the risk of infections.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

People received the right support in relation to risks, such as those relating to mental health conditions and learning disabilities. There were enough staff to support people safely and staff knew people well. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE). People received the right support in relation to their medicines and the provider had good oversight of this through electronic systems and audits.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The service was managed well and the registered manager was experienced and understood their role, as did all staff we spoke with. The registered manager oversaw the service with regular checks and reviews to ensure people received good quality care. Communication with people, relatives and staff was good and their feedback was used as part of improving the service. Staff felt well supported. Care was provided in a person-centred way. The provider worked with local health and social care services to ensure people

received the care they needed.

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

Rating at last inspection

At the last inspection the service was rated good (report published October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Clifton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clifton House 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 reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people using the service and 3 staff. We asked them for their views about the safety and quality of care and support provided at the service. We observed interactions between people and staff to understand people's experiences. We reviewed a range of records. This included 2 people's care records, records relating to medicines management, 2 staff recruitment files, and other records relating to the management of the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. People told us they felt safe and comfortable with staff.
- Staff understood how to recognise abuse and how to report their concerns about this and staff received training to keep their knowledge up to date.
- The registered manager understood their responsibility to report all safeguarding allegations to the local authority and to take action to reduce the risk of harm to people.

Assessing risk, safety monitoring and management

- Risks to people and the premises were safely managed. Individual risks to people, such as those relating to mental health conditions and also healthcare needs, were assessed and managed with clear guidance accessible for staff to follow. Staff understood risks in people's care.
- Health and safety checks of the premises and equipment were carried out by both staff and external contractors. Systems were in place to reduce the risk of water borne infections and the provider commissioned an external contractor to carry out a check of the water system and fire safety. Safety checks of the lifting equipment were in place and the provider booked a check of the lifting capacity of the passenger lift in line with national recommendations.
- An action plan was in place to deal with emergency situations such as floods, electrical and fire issues and sudden staffing difficulties.

Staffing and recruitment

- There were enough staff to support people and the provider seldom used agency staff. Recruitment was ongoing and the provider sponsored some staff from abroad to work at the service. A person told us, "Some staff are terrific, they like a laugh and a joke with me, I love it. There are always enough staff."
- Staff were recruited through safe processes. These included checks of any criminal records, right to work in the UK, references and health conditions. The provider checked staff employment histories but checks of gaps between employment could be improved. The provider told us they would improve going forwards.

Using medicines safely

- People received their medicines as prescribed. Our checks of medicines stocks and administration records confirmed this. A person told us, "What is written on the packet is what I get." However, systems to record medicines received for people newly admitted to the service could be improved and the provider confirmed they had made improvements after the inspection.
- The provider invested in an electronic system to improve recording of administration and reduce the likelihood of medicines being missed. Records of administration were clear and in line with best practice.

- People's records contained information about their medicines and how staff should support them to take them in the way they preferred.
- Medicines were stored safely and the provider checked for any out of date medicines which may require disposal.
- Only team leaders who had been trained and assessed as competent administered medicines to people.

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. A person told us, "It's clean and it's hygienic here."
- 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.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food. We observed hygiene standards in the kitchen were good.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

Learning lessons when things go wrong

- The provider had good systems to explore any lessons to be learned when things went wrong. The registered manager reviewed all accidents and incidents, safeguarding's, complaints or concerns and so forth each month. They recorded any learning from each and identified any themes, taking any action necessary to improve the service.

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

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

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

- Systems were in place to assess people's capacity to make decisions about their care and to make decisions in their best interests if assessed to lack capacity. 'Best interests decision meetings' were held involving family members and other representatives, the registered manager and healthcare professionals. However, we identified records relating to MCA assessments could be improved and the provider confirmed they would make changes.

- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate by the registered manager.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act with refresher training and training scheduled for new staff.

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 the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a person-centred culture where care was tailored to individual needs. At mealtimes we saw people were provided with food of their choice and people could choose how they spent their day, coming and going as they pleased or leaving with staff if they required supervision. A person told us, "I do like the food. I get choice of what I want."
- People were encouraged to do activities they were interested in and we observed various group and individual activities taking place during the day which people enjoyed.
- The service was open and inclusive. The registered manager had an open-door policy and people, visitors and staff could speak with them at any time to discuss issues or make suggestions. Staff told us they felt listened to and any issues they raised were acted on. Staff received training on equality and diversity and the registered manager told us they aimed for a workplace that was inclusive for all. A person told us, "Staff do understand me. They respect me."
- The registered manager engaged with people, visitors and staff with meetings and surveys and recent surveys showed positive feedback on the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was experienced with good oversight of the service, spending much time there day to day. All members of staff we spoke with understood their roles well. A person told us, "I like the manager, he is always very friendly. He has a hard job to do but he has a lot of patience."
- The registered manager monitored the safety and quality of the service through various checks and took action when needed to address any gaps or shortfalls at the service.
- Staff delivered good quality care. Staff understood people's individual needs well and we observed they were unhurried and engaged well with people.
- The registered manager gave honest information and suitable support and applied duty of candour where appropriate.
- The registered manager submitted notifications to CQC of significant incidents as required.
- The provider displayed their rating in the reception area.

Continuous learning and improving care; working in partnership with others

- The provider worked closely with other health and social care professionals to meet people's needs. These included the GP, local mental health services and hospital specialists.
- We found the provider was keen to improve the service in any way possible and was open to any suggestions we made.