Together for Mental Wellbeing

Clifton House

Inspection report

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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?	Good

Summary of findings

Overall summary

Clifton House is a care home for up to 23 adults with enduring mental health needs. There were 21 people living there when we inspected. Accommodation is arranged over three floors, including two self-contained flats for supporting people towards a move to more independent accommodation. People have individual bedrooms and there are shared communal facilities, such as the lounge, dining room, kitchen and bathrooms.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good. The service met all fundamental standards.

People told us they felt safe living at Clifton House. Risks were assessed and managed in a way that as far as possible promoted people's freedom and independence. Medicines were stored securely and managed safely. There was regular maintenance and the premises were kept in a clean, comfortable, safe condition. Appropriate infection control procedures, such as regular cleaning, were observed. People were involved in decisions about the building and garden.

People spoke highly of the staff and told us there were enough on duty to provide the support they needed. There was a robust recruitment process to ensure new staff were suitable to work in a care setting. People said the staff were able to provide the support they needed. Staff were well supported through training, supervision and appraisal.

Lessons were learned and improvements made when things went wrong. Accidents and incidents were recorded on the provider's computerised monitoring system, enabling monitoring and trend analysis at head office level. The outcomes of accident and incident investigations were circulated to staff and where necessary were discussed in staff meetings.

People had the care and support they needed. This promoted a good quality of life, achieved good outcomes and reflected good practice. There was an emphasis on meaningful activity to promote people's physical and mental wellbeing. People were supported to have a healthy diet if they chose, and to get involved in preparing food. They had the support they needed to manage their health, including accessing healthcare. The registered manager and staff worked in cooperation with community mental health and social care staff to ensure people's support needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to express their views and be involved in planning their care and support.

People said staff treated them kindly. All the interactions we saw and heard were professional and respectful but human, staff talking with people as adults and listening to what they said. People's privacy and dignity was respected and promoted.

The provider had an ethos of person-centred support for people in recovery from mental distress. This was clearly reflected in the way Clifton House was run. The voices of people and staff were heard and acted upon to shape the service. People and staff expressed confidence in the way the service was led, saying the registered manager was approachable and supportive.

There was a system in place for the registered manager and provider to monitor the quality of the service. There was a clear complaints procedure, which was well publicised. The incident reporting system enabled the provider's management to view accidents, incidents, complaints and safeguarding to identify any trends. Learning from these was shared with staff and acted upon.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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 comprehensive inspection took place on 22 and 27 November 2018. The first day was unannounced.

The inspection team was made up of an inspector and an expert by experience on the first day, with the inspector returning for the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of using mental health services.

The inspection was informed by notifications from the service and information from stakeholders, including a commissioner and the local authority safeguarding team. A notification is information about important events that the service is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met most of the people who lived at the service and spoke with eight people in more depth. We also spoke with four members of staff and the registered manager. We observed care and support in communal areas and looked at records. These included three people's care records, medicines administration records, three staff files, quality assurance records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Clifton House. Comments included, "Any member of staff I feel comfortable with" and, "They do their best to keep you safe". The registered manager and staff had a good understanding of safeguarding procedures and knew how to report suspected abuse. The registered manager ensured concerns were raised with the local authority as appropriate. Abuse and how to report it was discussed at house meetings; for example, previous meetings had discussed bullying and financial abuse. This showed people were involved in how the home promoted good safeguarding practice.

The risks to people were assessed and were managed in a way that as far as possible promoted people's freedom and independence. People's care records contained individualised risk assessments and management plans, which provided staff with a clear description of any risks and the support people needed accordingly. These took into account people's views, information from professionals and details of previous incidents. They covered matters such as known triggers to people becoming mentally unwell, warning signs that people were becoming unwell, and how to support people when they were experiencing a relapse.

There was regular maintenance and the premises were kept in a comfortable, safe condition. There was a programme of redecoration and brighter lighting had been installed since the last inspection. Faults such as leaking plumbing were attended to quickly. Window restrictors were fitted to upstairs windows and thermostatic mixer valves were fitted to hot water outlets that people used. There was current Gas Safe, electrical wiring and portable appliance testing certification. The risk of legionella (bacteria that can cause serious illness) in the water system and asbestos within the building had been assessed. Checks on the fire alarm system, fire doors and emergency lighting were carried out regularly, and there had been several fire drills over 2018 involving everyone in the building. Specialist contractors had checked and serviced the fire equipment at required intervals. The local fire and rescue service had inspected the service earlier in the year and had identified no concerns.

The premises were kept clean and communal areas smelt fresh. There was a regular cleaner, and people were encouraged to clean their rooms and do their laundry with support as necessary from staff. Cleaning equipment was colour coded according to the areas it was to be used in, such as kitchens, bathrooms and general areas. Personal protective equipment, suich as disposable gloves, was available where needed. The service had been awarded the maximum score of five in a food hygiene inspection earlier in the year. There had been a recent outbreak of diarrhoea and vomiting. The registered manager had informed the public health team and had followed the advice given, such that the problem was promptly resolved.

People spoke highly of the staff and told us there were enough on duty to provide the support they needed. Staff confirmed that staffing levels were sufficient for them to work safely and effectively with people. Two staff slept on the premises at night so they could be woken if needed. The numbers of day staff on duty had been increased in the past year so that staff were available to promote meaningful employment, educational and leisure opportunities.

There was a robust recruitment process to ensure new staff were suitable to work in a care setting. This included criminal record checks with the Disclosure and Barring Service and taking up references before people started work. One employee who had recently started work did not have a full employment history on their file as required by the regulations. The registered manager put this in place as soon as we pointed it out.

Medicines were stored securely and managed safely. People told us they got their medicines as needed, for example, "I always get when I need" and "Every time I need them, if I want a pain killer I get it". There were frequent checks to ensure sufficient amounts of medicines were in stock and that the quantities of medicines held could all be accounted for. People were assessed as to whether they could self-medicate and several people were working towards this, for example popping their own tablets from blister packs. One person explained, "I self-medicate. They do a sheet and they check the amount of tablets every day."

Lessons were learned and improvements made when things went wrong. Accidents and incidents were recorded on the provider's computerised monitoring system, enabling monitoring and trend analysis at head office level. The outcomes of accident and incident investigations were circulated to staff and where necessary were discussed in staff meetings.

Good

Is the service effective?

Our findings

People's care and support promoted a good quality of life, achieved personal outcomes and reflected good practice. For example, a person commented, "I'm quite happy living here. I've got friends. Staff are always supportive." When someone was planning to move to the service their needs and preferences were assessed beforehand to ensure the service was suitable for them. When they moved in there was a more detailed assessment, which was used to develop a support plan. Assessments and support plans were comprehensive and individualised to the person, covering their physical and mental health as well as their social and occupational needs. One person's diabetes was not detailed in their support plan, although staff were providing the support required. The registered and deputy managers addressed this as soon as we drew it to their attention, drafting a plan that highlighted the person's dietary needs, how they monitored their diabetes and the professionals involved in this, and signs they might have high or low blood sugar and support they would then need.

People said the staff were able to provide the support they needed. Comments included, "They are very well trained" and, "They have education". Staff told us they had the necessary training to equip them for their roles. A member of staff described the registered manager as "really supportive" in relation to their training and development. Another member of staff said, with a smile, "[Registered manager] is really chasing us to have training." There was a mix of online and face-to-face training and training needs were considered at annual appraisals. Core training topics that were covered at induction and refreshed every year or three included safeguarding adults, mental capacity, emergency first aid, health and safety, infection prevention and control, food hygiene, and moving and handling. Staff who handled medicines had training about medicines and their medicines competency was assessed at least annually. Staff also had training in topics including mental health awareness and motivational interviewing.

Staff said they felt well supported through supervision and appraisal, as well as informally through their colleagues and the registered manager. Supervision took place regularly and was valued by staff. One member of staff described supervision as an opportunity to "sit down and breathe, to recap".

People told us the food was good. For example, they said about the food, "Excellent. Got choice" and, "Good quality". They helped themselves to breakfast and prepared their own lunch, with any support they needed from staff. People could also help themselves at any time from the fruit bowl in the dining room. There also facilities in the dining room for making hot drinks. A chef prepared the main evening meal for most people, and people had a say in what was on the menu. There was a separate small kitchen for people to cook for themselves, and some people chose to do this sometimes as part of their plan to become more independent. Two people said they sometimes found portion sizes small, whereas the other six were were happy with the amount of food. We fed this back to the registered manager. Some people had a high body mass index; the registered manager confirmed that portion sizes and healthy options were always agreed with people rather than imposed on them. Dietary needs were set out in people's support plans.

People had the support they needed to manage their health, including accessing healthcare. People were registered with GPs and dentists and also had contact with their mental health professionals. Staff

supported people at appointments as appropriate, and support plans made clear where people were able to do this independently. Some people made appointments themselves and others needed staff to support them with this. For example, someone had missed an appointment at their GP surgery and asked staff to support them by contacting the surgery. Support plans emphasised the support people needed to stay well, but also set out a crisis plan that outlined the signs they were mentally unwell and the assistance they needed if this was the case.

The registered manager and staff worked in cooperation with community mental health and social care staff to ensure people's support needs were met. For example, a psychiatrist had visited the service to talk to staff about the support a person who was due to move in would need. A person needed to move to an alternative placement; the registered manager was working closely with them and their professionals to help ensure this happened in a planned way that met the person's needs and preferences.

People were involved in decisions about the building and garden. For example, they had been consulted about changes to the lighting and the redecoration of the dining room, which was bright, comfortable and well lit. Access to the first and second floors was by stairs only and people only had rooms upstairs if they were able to manage these. Some people kept lots of possessions and the registered manager and staff planned with them how to manage this.

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 told us staff sought their consent in relation to their care and support. Care records contained details of consent. Staff had identified where there were possible concerns about people's ability to consent to particular aspects of support, such as managing money, and had arranged for a mental capacity assessment in relation to this. However, they clearly understood that people should be presumed to have capacity unless assessed otherwise.

Good

Is the service caring?

Our findings

People said staff treated them kindly. For example, they told us, "They are helpful, supportive, very good people", "They treat everyone with respect, privacy and help", and "Respect everybody". People described staff as "kind". All the interactions we saw and heard were professional and respectful but human, staff talking with people as adults and listening to what they said. It was clear people had developed positive, trusting relationships with staff, and they readily approached and started conversations with them. Staff were sensitive to where people might be finding things difficult. For example, at handover they flagged up someone who was feeling anxious and might need additional support.

The service had an ethos of encouraging people to express their views and be involved in planning their care and support. Many staff had been trained in motivational interviewing and used this from day to day to stimulate people to think about what they wanted to work towards, the ideas for change coming from people themselves. People had monthly meetings with their key workers and regular reviews of their support, where their views were actively sought and seen as important. This was the case even where a person needed to move elsewhere; the registered manager took time on an ongoing basis to talk with them about their feelings and wishes regarding the move. People also had opportunities to discuss their views about the service at house meetings and informally with the registered manager and staff. For example, people had discussed their ideas and wishes for activities and for the redecoration of the dining area. These had been taken seriously and had a real influence on what was adopted.

People's privacy and dignity was respected and promoted. Staff understood that people's bedrooms were their own private space and only entered with people's permission, unless there were concerns about their wellbeing or safety. Clear guidelines were given to people explaining the circumstances in which staff would do this. People had a key to their room and also to the front door, so they could come and go as they wished. They were also free to have visitors, except overnight when there were no waking staff on duty. Any restrictions on visiting were unavoidable, for example, as part of a multi-agency safeguarding adults process. Staff understood the boundaries of confidentiality and worked within these. They discussed with people what information they were happy to have shared with their families.

Good

Is the service responsive?

Our findings

People told us they were happy with their care and support. They told us staff listened to them and provided the support they needed. They felt involved in decisions about their care and support. One person explained, "When I've got a problem, they talk to me and give good advice."

People had the care and support they needed. Each person's support was tailored to their individual needs, focusing on their recovery and wellbeing as they saw this. Goals and support plans were holistic, considering people's physical and mental health, meaningful occupation and social and spiritual needs. For example, people had support plans relating to particular health conditions, medicines, nutrition, managing finances, work and hobbies, and social networks and relationships. People were involved in planning their support, and were encouraged to set goals they wanted to work towards. They reviewed these monthly with their key worker, discussing whether they were happy with the way things were going and whether they needed any different support. There were also more structured reviews each quarter and annually. Some people had lived at Clifton House for many years and wanted to stay there, while others were keen to become more independent with a view to being able to move on. Staff respected what people wanted to work towards. For example, a person had particular career ambitions and staff were supporting them to find suitable voluntary work as a step towards this.

There was an emphasis on meaningful activity to promote people's physical and mental wellbeing. For example, a person had identified through the support planning process that having plenty to do benefitted their mental health. They regularly took part in a range of activities at Clifton House and in the wider community, and this continued during the inspection. Throughout the inspection people were busy in and out of the house. People went out to regular activities such as football, or to do things by themselves or with support from a member of staff. A noticeboard in the hall had a range of posters advertising groups and forthcoming local events. For example, some people had started a chuch group as they liked to go to services and events at the local church, and there was a knit and natter group at Clifton House. Some people oversaw the good news board in the lounge; one of them used the computer with a member of staff to find and print off stories for the board. Another noticeboard had pictures of activities over recent months, such as events on the beach and bowling.

The service complied with the Accessible Information Standard, which aims to make sure people with a sensory loss or impaired communication are given information in a way they can understand and have the communication support they need. Support plans flagged any support people needed to communicate or with their sight or hearing. Everyone at the service was able to communicate verbally and staff were sensitive as to when people's mental health could make this harder for them. Staff communicated well with people.

There was a clear complaints procedure, which was publicised to people via noticeboards. No one we spoke with said they had any complaints about the service, although they said they would approach senior staff or the manager if they had. The complaints log recorded no formal complaints in the past year, although we saw records of two complaints that were dealt with informally.

Good

Is the service well-led?

Our findings

The provider had an ethos of person-centred support for people in recovery from mental distress. This was clearly reflected in the way Clifton House was run. People told us they thought the service was well run, saying, "The service is well managed" and, "It is organised". There was a person-centred, open, inclusive and empowering culture. This was reflected in the way staff worked with people who used the service and with each other. Staff spoke with enthusiasm about their roles and clearly valued being able to work in a person-centred way. For example, a member of staff said with emphasis, "I really do enjoy it."

People were encouraged to give their views about the service and how it should be developed. These were taken seriously and acted upon where possible. For example, redecoration and the installation of new lighting had been based on what people said they wanted when they were consulted. People told us their views were sought in conversation with staff and through occasional surveys. There were regular house meetings and people were encouraged to have a say in the day to day running of the service, such as what should go on the menu. A poster on the hall noticeboard reminded people of when the next meeting would be to place the online food order. Every year or two there was a survey of people's views of the service. This had last been completed for 2016 to 2017. The results were positive, but the registered manager had identified how further improvements could be made, including ensuring everyone understood how to make a complaint.

The voices of staff were also heard and acted upon to shape the service. Staff said the registered manager was readily available and listened to their views. There were regular staff meetings, at which staff took turns to minute and had a say in what was discussed.

There were clear arrangements for management and governance. The service had a well-established registered manager. 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 and staff expressed confidence in the way the service was led, saying the registered manager was approachable and supportive, and staff were motivated in their work. Staff talked about the manager having an open door.

The registered manager had notified CQC of significant events and incidents, as required in law. The rating of good from the previous inspection was prominently displayed at the service and on the provider's website.

There was a system in place for the registered manager and provider to monitor the quality of the service. The registered manager oversaw audits by staff, such as medicines audits and health and safety checks. There were peer audits by managers of the provider's other services, which helped the registered manager to get a feel of the service from the standpoint of a colleague. The area manager visited regularly to review the service, speaking with people and staff to obtain their views as well as checking records. Where areas for improvement were identified, these were rectified as soon as possible, and where necessary fed into the

provider's strategic plan for the service. The incident reporting system enabled the provider's management to view accidents, incidents, complaints and safeguarding to identify any trends. Learning from these was shared with staff and acted upon.

The service worked in partnership with other organisations, such as community mental health teams, commissioners and the local authority safeguarding team, to support care provision and to develop the service. For example, a psychiatrist had visited the service to talk with staff about the support a person who was due to move in would need. Staff had regular communication with mental health professionals. There were good links with community resources, such as sports clubs and the local church, which had made its building available to the service if shelter were needed in an emergency.