

Anchor Trust

Clifton Meadows

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 25 October 2017. The inspection was unannounced, which meant the people living at Clifton Meadows and the staff working there didn't know we were visiting. The service was previously inspected in July 2015 and was meeting all the fundamental standards.

The service did not have a 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. The registered manager left the service in December 2016. A new manager had been appointed but did not stay, they left in June 2017. The deputy manager has been covering this post from June 2017 and had applied to CQC become the registered manager.

Clifton Meadows is a care home for older people who require personal care. It also accommodates people who have a diagnosis of dementia. The service is two separate buildings one is called Wentworth and can accommodate up to 25 people with advanced dementia, the other unit is called Solway and can accommodate up to 41 people. At the time of our inspection there were 53 people using the service.

Staff we spoke with understood what it meant to safeguard vulnerable people from abuse, and they were confident management would take any concerns they had seriously and take appropriate action.

We found there were sufficient staff on duty to meet people's needs. However, we observed on Wentworth unit that deployment of staff could be improved to ensure people were supported in communal areas at all times.

Risks to people had been identified but we found these were not always followed. Systems were in place for safe management of medicines. However, we identified a number of errors that meant systems had not always been followed to ensure people received medications as prescribed.

People were not always protected by the prevention and control of infection procedures. We found the service was not kept clean or hygienic to ensure people were protected from acquired infections.

We found procedures were followed for the recruitment of staff. Staff supervision took place and staff told us they felt supported by the new manager. Staff received training that ensured they had the competencies and skills to meet the needs of people who used the service.

We found the service did not always meet the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Most staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required. However, we found the conditions attached to people's authorised DoLS were not always met.

People received a well-balanced diet, and we saw people accessed health care services as and when required. Referrals were made quickly to health care professionals when people's needs changed.

People and the relatives we spoke with all said the staff were kind and caring. People also said staff respected them and maintained their dignity.

Care plans identified people's needs and had good detail of how to manage people's needs. However, we identified that some documentation did not always reflect peoples changing needs.

People told us they were listened to and were confident any concerns would be dealt with. Activities took place, however, people told us more could be organised and there was out of date information displayed.

There were processes in place to monitor the quality and safety of the service. Some of the issues we had identified had been picked up and an action plan was in place to resolve the issues. However, these processes were not always effective as not all the issues we had identified had been picked up.

During our inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks had been identified but the guidance to manage the risks was not always followed to ensure people were safe.

Systems were in place to manage medicines safely but these were not always followed.

We found the service was not well maintained and was not kept clean.

Recruitment procedures were followed to ensure the right people were employed to work with vulnerable people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's consent was not always sought in line with legislation and guidance.

We found people were offered a well-balanced diet however, support provided to ensure people received adequate nutrition to meet their needs could be improved.

Staff monitored people's healthcare needs and made referrals to healthcare professionals where appropriate.

Staff received training to fulfil their roles and responsibilities, were supervised and received an annual appraisal of their work.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us that the staff were kind, considerate and caring.

We saw that staff respected people's privacy and dignity.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There was a programme of activities but this did not meet the needs of everyone living at Clifton Meadows.

Care records identified people's needs. However, did not always reflect the person's current level of need.

There was a complaints system in place; complaints had been recorded and resolved and people told us they were listened to.

Is the service well-led?

The service was well led, but the changes in management and staff sickness had impacted on the quality monitoring. The new manager had improved the monitoring but it needed embedding into practice, to ensure it was effective.

There was no registered manager. However, the new manager had applied to CQC to become the registered manager.

Staff told us the new manager had improved the service, it was much more inclusive and a positive culture.

Requires Improvement 

Clifton Meadows

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.

We carried out the inspection on 25 October 2017 and it was unannounced. The inspection team was made up of an Adult Social Care Inspector and an expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. .

Prior to the inspection visit we gathered information from a number of sources. We looked at the provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to the Care Quality Commission by the registered provider. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

We spoke with the district manager, the manager, deputy manager, team leaders, care staff, catering staff and a domestic. We also spoke with 11 people who used the service, five relatives, and one health care professional. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including the kitchen areas, outside garden space, some people's bedrooms, communal bathrooms and lounge areas.

We reviewed a wide range of records, including people's care records and staff files. We checked the medication administration records. We observed people having breakfast and lunch, and we observed an activity. We also reviewed the policies, procedures and audits relating to the management and quality

assurance of the service provided at Clifton Meadows.

Is the service safe?

Our findings

The people we spoke with at Clifton Meadows all told us that they felt safe. One person told us, "I feel safe, it's the very design of the building, it was put up with us in mind." Another said, "I came here quite voluntarily of my own free will and I feel safe." Another commented, "I definitely feel safe at Clifton Meadows." Then laughing said, "I've got all my marbles, it's just that my legs won't work."

Another person said, "I'm dependent on the staff to keep me safe, they have to hoist me in and out of bed, and they take me into the bathroom, then I can look after myself, I feel safe when they do this."

We looked at peoples risk assessments and found risks had been identified. The detail in the risk assessments was generally good, providing staff with procedures to follow to manage people's risks. These included personal emergency evacuation plans, (PEEP's).

However, we saw that not all risk was reviewed appropriately to reflect peoples changing needs. For example, one person had a risk assessment in place for the use of a hoist to safely move them. The risk assessment indicated that a universal sling should be used, but did not give the size or any instructions as to where the loops should be positioned to ensure the hoist was operated safely. We also found where people were at risk of weight loss, although this had been identified the measures in place to monitor were not followed. For instance, food and fluid charts were used as a monitoring measure, but we found these were not completed. It was therefore not possible to review the care need effectively, as it was not documented what diet the person was taking or if sufficient fortified food and snacks had been offered.

We found people were not always protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines, however these were not always followed.

We found staff who administered medicines did not always record the amount of medicines received or the amount carried forward from the previous month. This made it difficult to account for medicines. We saw that some MAR charts had transcribed entries on them, but these had not been countersigned by another member of staff to confirm they were accurate. We also found some errors. For example, we found one person's MAR documented that four tablets had been dispensed and recorded as received on 20 October. We saw that one tablet had been signed as administered on 21 October 2017, yet we found four tablets were still in stock. therefore it was not clear if the records were inaccurate of the medication had not been given as prescribed on 21 October.

We found people were prescribed medication to be taken, 'as and when required' known as PRN medicine. For example, medication for pain relief. Some protocols were not in place and others lacked detail. They did not explain when to give PRN medication or detail how people presented when they required the prescribed medication. Staff told us many people who lived at Clifton Meadows were living with dementia so were not able to verbally tell staff when they required PRN medication. Therefore the protocols were required to guide staff to be able to determine if people required any PRN medication. Without this information people

may be in pain or agitated and not received medication as required.

We found the systems in place for recording topical medication were not followed. For example, one person prescribed cream directed to apply twice a day, we found this had not been signed by staff as given. On some days it was only signed once and on others it had not been signed on any occasion. It was therefore not possible to determine if creams were being administered as prescribed.

We checked controlled drugs (CDs), these are drugs covered by the misuse of drugs regulations. We found these were correct.

We found the temperatures in the medication storage rooms were monitored. However, the thermometer was not a minimum/maximum thermometer so it was not possible to determine what temperature the room reached over a 24 hour period. We also found when it had been recorded at times it had been above 25 degrees centigrade. We also saw the medication trolleys were kept in communal areas and there were no thermometers in the trolley to determine medicines were stored at the recommended temperatures.

The medication was administered by staff who had received training to administer medication. The manager told us all staff had received competency assessments, yet we found errors were still occurring so these were not effective. We also found the medication trolleys and storage rooms were not kept clean.

During our visit we looked around the service, we identified many areas were not well-maintained and not kept clean. We found the cupboards in the kitchenettes were damaged and splattered with ground in food debris, worktops were damaged exposing untreated wood and seals at the base of units were black. We looked at the equipment and found the refrigerator door seals were damaged and full of old food debris, microwaves were rusty and splattered with a layer of food debris on the inside ceiling and the dish washer door was full of a dirty slurry. These had not been cleaned for a while and had not been identified as part of the quality monitoring.

We also found other areas were in similar conditions and not kept clean this included store rooms, cleaning store, dining rooms and lounges. We also found many corridor carpets were badly stained and not well maintained. When we arrived in Wentworth unit we found a plate of old dried sandwiches were on the top of the fridge, these were accessible to people who used the service, who were living with dementia so would not realise these were not fit to eat. Staff told us they were probably left out from the evening before and should have been thrown away by night staff.

We discussed the condition of the service with the district manager, who was extremely disappointed with the standards observed. They explained that many of the areas that were damaged had been identified as requiring attention and were on an action plan. However, the lack of cleaning had not been picked up but this was addressed following our inspection. We have received information from the district manager that a more robust cleaning schedule is now in place and this is being monitored daily.

This is a breach of regulation 12 (1) (2) (a) (b) (f) (g) (h) of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

Staff told us, and we saw in staff files that they received annual training regarding protecting vulnerable adults from abuse. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse. Staff said they would always report any concerns to the manager or senior person on duty and they felt confident that senior staff and management at the home would take their concerns seriously and take the appropriate action to help keep people safe. Information from the

local authority and notifications received showed that procedures to keep people safe were followed.

We looked recruitment records to see if the home carried out adequate pre-employment checks. We found all pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. This meant the home followed safe recruitment practices. We also spoke with a new member of staff who confirmed they were unable to commence work until all the checks were received and were satisfactory.

The provider had a dependency tool in place to identify the number of staff required to support people safely. We saw that staffing levels were provided to meet people's needs. Staff told us they felt there were enough staff on duty to meet needs in a timely way. People we spoke with also told us there mostly seemed enough staff on duty. However, we observed at breakfast that there was lack of staff available in communal areas to offer support. We saw two people struggling to eat breakfast and no staff were around to assist them. One person said, "Staffing could be better, particularly around breakfast time and at weekends." A relative told us, "I've never seen any problems, although weekends can be a bit thin."

We discussed this with the district manager and they agreed to look into this to ensure staff were deployed effectively to ensure people's needs were met at all times.

Is the service effective?

Our findings

The people we spoke with told us they felt the service at Clifton Meadows was effective. They praised the staff and told us they were well looked after. One person said, "The staff are very good, they look after me very well." A relative we spoke with said, "It's very good here, the staff are wonderful."

We observed members of the care team engaged well with the people they supported, ensuring that they were on eye-level when speaking to an individual person and explaining what support they were going to provide prior to taking the action.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We identified people's conditions in relation to the authorised DoLS were not being followed so they were being deprived of their liberty. For example, one person's condition was to monitor their behaviour and activities they participated in, and to document it so this could be reviewed. We saw lack of documentation on their behaviour monitoring chart, yet from daily records it was clear the person did at times display behaviour that may challenge. We also saw the activity log did not evidence what activities were offered, what the person participated in and what they enjoyed or refused. This meant these conditions could not be monitored to determine if the person's needs were met. For example, the behaviour chart was well completed and clearly documented until December 2016, but from then on only three entries were recorded, two in April and one in July. Yet in the daily notes it was clear that the person had presented with behaviours that could challenge, but these were not recorded correctly on the behaviour chart. This meant it was not possible to see what triggered the behaviour, how long it lasted and what distraction or diversion tactics worked to be able to manage the person's behaviour, to prevent further episodes and improve their well-being.

Care records we looked at showed people's capacity had been assessed and where required an application for a DoLS had been sent. However, we found best interests were not always considered or completed. For example, one person had detailed that they were sometimes required to be given medication covertly [hidden in food], however, there was no best interests decision completed to show who had been consulted and why it was considered necessary. Another person had bed rails in place and no best interest was completed to show this was the safest option and the least restrictive. We discussed this with the district manager who explained the care files were all being rewritten and all this documentation will be included.

They told us staff were attending training to fully understand the legislation and be able to apply it in practice.

We received information following our inspection that all best interests documentation had been put in place and the conditions were now being met. There had also been a staff meeting to discuss what was required and this was being monitored. We received confirmation in writing this had taken place.

During our inspection we observed breakfast and lunch on both units. We found the experience varied for people depending on which unit they had their meals. Overall, the response from people with regard to the meals provided was mixed. People having breakfast on Wentworth unit were left unsupported as staff were not in the room. Two people were trying to eat, but were struggling. Solway unit at breakfast was a lovely atmosphere people and staff were chatting and engaged in meaningful enjoyable conversation, staff were in attendance supporting people who required support. The lunch experience on each unit also differed. Again on Solway it was an enjoyable experience for people, 29 people were having lunch together supported by seven members of the care team and two members of the catering team. It was a calm, relaxed enjoyable atmosphere.

On Wentworth people were taken into the dining room very early and sat for at least 45 minutes before the meal arrived. We observed one member of staff place a soft diet in front of one person and placed some food on a spoon to start to feed the person. Another staff member said, it was the incorrect person so the staff member gave the plate of food to another care worker and told them to take it to the correct person who was in their room. The food had already been touched and was sent to the room uncovered and not on a tray. This was not person centred or dignified. We discussed this with the district manager who agreed to look into this to prevent this happening again.

People we spoke with told us that they could always get drinks and snacks throughout the day. One person said, "We only have to ask."

Some people we spoke with really enjoyed the food others said it was mixed. One person told us, "There are good days and bad days." Another said, "It is ok, you can't please everyone." Then others comments were very positive. One person said, "There's variety, it is good." Another commented, "I really like the meals, my favourite is rice pudding." Another person said, "The food here is great. I'm a qualified chef and I used to work at a pub really enjoy my meals here."

Staff told us they felt supported and received supervision from their line manager. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Staff also received an annual appraisal of their work. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time. Staff also received training that enabled them to fulfil their roles and responsibilities. Staff told us the training was good.

Is the service caring?

Our findings

People and their relatives we spoke with praised the staff and all said that staff were kind and caring. One relative said, "I am lucky to have [My relative] cared for at Clifton Meadows because of the caring nature of all the staff."

Relatives told us staff kept them informed of any problems or changes. One relative told us, "Every month a member of staff sits down with us and goes through everything. They try and get [My relative] to answer as well so everyone knows what's happening with their care."

All relatives and people we spoke with were very positive with respect to the caring ethos at Clifton Meadows. One relative also commented that they understood how difficult it was for loved ones, and explained how when they visited they were always offered a meal as they visited at tea time. This made it an enjoyable experience for both the person who used the service and their relative.

People we spoke with told us that they could visit Clifton Meadows without any restrictions and at times that best suited their needs.

We observed staff who were caring, listening to people and talking to them appropriately. Staff spoke to people respectfully, and bent or crouched down to talk to people who were sitting down so they could communicate at eye level. We saw members of staff calling people by their names as a matter of course. Staff told us they knew people's likes and dislikes.

Staff we spoke to were aware of how to treat people with dignity and respect and gave examples of how to do this. Staff told us of the need to provide personal care in the way a person wanted it and to close curtains and doors when delivering personal care to respect their privacy and maintain their dignity. We did not see or hear staff discussing any personal information openly or compromising privacy.

There were identified staff who were dignity champions. They were responsible for maintaining standards of dignity and respect throughout the home.

We asked the manager if any information regarding advocacy services was provided to people at the home. An advocate can speak up for someone who is unable to do this for themselves. The manager told us this information was provided.

Is the service responsive?

Our findings

The people we spoke with at Clifton Meadows thought the service was responsive. People told us the staff understood them and met their needs. One person said, "The staff are very good."

We looked at people's care files. We found they were well organised and people's needs had been identified. Staff we spoke with were knowledgeable about people's needs and how to meet them. However, we found some care needs were not fully documented or contained contradictions. For example, one person's care plan for mobility stated they were standing independently and walked with one care worker, yet there was a hoist assessment that stated to use a hoist for moving and handling. We identified another person had a chest infection and was prescribed medication, but there was no short term care plan to ensure this was monitored and reviewed to identify the treatment was effective. The manager told us that the care plans had been rewritten and many had not yet been reviewed, but this would be picked up at review.

There was no dedicated activity co-ordinator. Care staff provided activities. We were told there was an allocated care worker each day who was responsible for organising activities. We saw some evidence of activities. For instance, there was a 'You said, we did' notice indicating a response to a wish by people to host a bonfire and fireworks party with food. We saw in Solway unit, one of the care staff was leading a circle activity with a large group of people to music, this was being enjoyed by all the people who took part. There were also activities taking place on Wentworth unit, we saw people participating in a game of skittles. However, we also observed a very dated notice for an outing to a local attraction still advertised in the building from July 2017. People also told us activities were not always organised and there could be more. It was also not clear from documentation if activities were provided regularly.

The provider had systems in place to receive and monitor any complaints that were made. We saw that when a complaint was made appropriate action was taken. People and their relatives we spoke with all told us they were confident any concerns would be dealt with. Although, people we spoke with were not able to tell us the specifics of the complaints procedure, they were able to tell us to who they would go if they had a concern. One person said, "If I had a concern I'd go to [the manager], she's not out of reach." Another person said, "I suppose I'd talk to the team leader, but I'm fine." Another commented that they would not have a problem raising an issue of concern, they said, "I'd go to whoever's in charge. It's no good having complaints if you don't speak up. I've always been known for speaking my mind."

People told us they felt listened to and had regular meetings to discuss any issues. People told us they had regular discussion held with the team leader to discuss care and support, they told us this involved their relatives if they wanted.

The service operated a key worker system. Keyworkers ensured that people's day to day needs were met such as ensuring that people had sufficient toiletries and clothing. They helped with their room management and were the first point of contact with family members.

People maintained contact with their family and were therefore not isolated from those people closest to

them. During the lunchtime service we observed family members being asked if they would like to join people for lunch.

The manager told us they had an 'open door' policy where people living at Clifton Meadows, their visitors, and members of staff could approach them at any time to discuss any complaints or concerns they had.

Is the service well-led?

Our findings

The people we spoke with thought that Clifton Meadows was well-led. They knew who the manager was and told us they were kept informed of any changes.

We were told the registered manager left the service in December 2016. A new manager had been appointed but did not stay, they left in June 2017. The deputy manager has been covering this post from June 2017 and had applied to CQC become the registered manager. The deputy manager's post had not been backfilled at the time of our inspection, there was one deputy in post, but as the service had two units in two separate buildings the registered provider had identified that two deputy posts were required. Therefore since June there had been a vacant deputy post. We were also told the housekeeper was on long term sick leave, this had an impact on the quality monitoring of the service.

During our inspection we identified many areas and issues that required attention that had not been picked up by the quality monitoring system. For example, the last cleaning audit had been completed on 3 July 2017, the next one had been due at the end of September 2017 but had not been carried out. We were shown the weekly cleaning schedules, however, we saw these were just tick boxes and did not cover all areas required to be cleaned. The cleaning required to be completed for the communal kitchens was to clean sinks, wipe surfaces, mop the floor, empty the bin, wipe the tables and chairs. This did not include the cupboard doors, inside cupboards, fridges or the microwaves. We found these were not clean and had ingrained dirt that showed they had not been cleaned for a while.

We also identified the conflicting information in care records and medication audits had not picked up the issues we found during our inspection. Although the lack of documentation for the topical MAR's had been previously identified, we found this was still occurring so the action taken had not been effective.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good governance.

We discussed this with the district manager who agreed additional support was required for the manager. Since our inspection we have been provided with an action plan detailing action to be taken to address the shortfalls we identified during our inspection. We have been assured the additional support will be provided and the new systems will be embedded into practice. The additional support provided is a care and dementia specialist who will be at the service one day each week and an experienced deputy from another service will be at Clifton Meadows two days each week. This will ensure the manager received the appropriate support to be able to ensure the improvements made following our inspection are embedded into practice.

Staff told us they were well supported and worked well as a team. They told us they have regular team meetings and communication is good. All staff we spoke with said the new manager was very good and said, 'If she can help she will' staff also said that the manager was, 'Firm but fair.'

The manager was aware of their obligations for submitting notifications in line with the Health and Social

Care Act 2008. They confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed that a number of notifications had been received.

People and their relatives we spoke with all confirmed that they received surveys to complete. They told us that they had been asked to complete one given to them at Clifton Meadows and also a survey that they had received at home from, Ipsos MORI, which is a market research company. The provider uses them to be able to carry out the survey independently. People told us they had only just completed the latest survey, it was therefore too soon for any data collected to influence practice

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 did not receive safe care and treatment and were not protected against the risks associated with the management of medications and infection control.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not effective enough to ensure compliance with the Regulation's. The provider needed to ensure the systems became embedded into practice.