

Care First Class (UK) Limited Clifton House

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Inadequate 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Clifton House is a residential care home providing personal care to up to 39 people. At the time of our inspection there were 38 people using the service, the majority of whom were living with dementia.

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

We were not assured people were kept safe. Risks to people's health and safety had not always been assessed and mitigated. People's medications were not always managed safely. We were not assured people's health needs were effectively monitored or health concerns were consistently escalated to the relevant professionals. People were not protected from the risk of abuse. We were not assured people were encouraged and supported to make choices about their eating and drinking. We were not assured staff followed advice of healthcare professionals in relation to people's health and treatment needs. The environment did not take into consideration the needs of people living with dementia.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Not all people had person-centred care plans to ensure they received personalised care. Staff did not have clear written guidance on how to meet people's needs. Not all people's communication needs had been explored to encourage effective communication. People's end of life wishes had not been explored. The provider had failed to implement effective systems to assess, monitor and improve the service. We were not assured the registered manager understood their regulatory requirements. People's care records did not always contain relevant and accurate information. The provider had tried to gather feedback from staff and relatives, this had not been effective, and they had not explored alternative methods. We were not assured staff and the registered manager were carrying out their duties in line with the duty of candour.

Complaints were handled appropriately. Staff we spoke with felt supported by the registered manager. Most relatives knew who the registered manager was.

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

Why we inspected

This inspection was prompted by a whistle-blowing concern we received about the service, the quality of care, infection control practices, and staff recruitment. A decision was made for us to inspect and examine those risks.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, dignity and respect, safe care and treatment, good governance and fit and proper persons employed, at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

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

The inspection was carried out by two inspectors on 8 July 2022. A further site visit was conducted on 11 July 2022 by two inspectors and an assistant inspector. An Expert by Experience conducted phone calls on 13 July 2022. 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 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with eight members of staff, including the registered manager, care staff and a cook. We also spoke with one visiting healthcare professional. We reviewed a range of records, including eight people's care records and four people's medication records. We looked at six staff files in relation to recruitment and staff competencies and a variety of records relating to the management of the service including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely

- We were not assured risks to people were assessed, monitored and managed appropriately.
- We were not assured by the management of people's pressure sores. We identified two people who were at risk of pressures sores and had developed pressure sores in recent months. Care records and risk assessments did not provide written guidance for staff to follow to mitigate the risk and prevent further skin breakdown.
- We reviewed the district nurse's communication log which evidenced staff failure to implement repositioning charts for one person prone to pressure sores.
- We were not assured by the management of people's weight loss. We identified two people who had experienced significant weight loss over recent months. There were no risk assessments in place to provide staff with guidance to support the people with their nutrition. There were no records to evidence this had been escalated to external professionals or evidence of referrals made. There was malnutrition universal screening tool (MUST) in place. However, these were not always reviewed in a timely manner. This placed people at risk of losing more weight.
- We were not assured risks to people were being mitigated. A review of the maintenance log identified the nurse call bell in one person's bathroom had not been working for over a month. The person's care plan stated they were prone to falls and required a sensor mat but were able to use the toilet independently. This placed the person at risk of harm as they would have been unable to alert staff if they required assistance. There was no associated risk assessment in place. However, the registered manager developed a risk assessment during the inspection, which guided staff to check the person every half an hour.
- We found the bathrooms and toilets were cluttered with moving and handling equipment despite a number of people being at risk of falls and requiring a clear environment to safely walk around.
- People's medicines were not always managed and administered safely which placed people at risk of harm.
- Three people were administered controlled drug patches for pain relief. There were no body maps in place to direct staff where to apply the patch or evidence of rotation as per manufacturer's instructions. There was also no evidence staff were checking the patches were still in situ. This placed people at risk of not receiving their medication as required as there were no instructions for staff to follow.
- The medicines fridge temperature was not consistently recorded. The fridge was used to store insulin. This put people at risk of receiving unsafe medication that was not stored properly. The registered manager's most recent audit had identified that staff were not consistently recording temperatures. However, there was no evidence any action had been taken nor had this been escalated to ensure the integrity of the medication.

We found no evidence that people had been harmed, however, systems were either not in place or robust

enough to demonstrate the risks to people were assessed, monitored and managed effectively including the safe management of people's medicines. This placed people at risk of harm.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was written guidance in place for staff to follow when offering people medications which were to be administered on an 'as and when required' basis (PRN). This mitigated the risk of PRN medication being used inappropriately.

Systems and processes to safeguard people from the risk of abuse

- We were not assured, systems and processes safeguarded people from the risk of abuse.
- During the site visit, we identified one person who had multiple bruises to their arms. This had not been documented in their care notes, and a body map had not been completed. The provider had failed to raise a safeguarding on behalf of the person.
- Staff members we spoke with were aware of the different types of abuse and how to report this. One staff member said, "There's physical abuse, sexual, financial, verbal". Another staff member told us, "I'd report to my management. If nothing is done, I would blow the whistle on them."

Staffing and recruitment

- We were not assured the registered manager was implementing safe recruitment practices.
- We identified one staff member had commenced work without a Disclosure and Barring Service (DBS) check being completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Nor had a risk assessment been completed. This placed people at risk of receiving support from unsuitable staff.
- We reviewed recruitment files for five staff members. We found three staff member's files contained gaps in their employment history. These gaps had not been explored.

The provider had failed to implement robust staff recruitment practices. This placed people at risk of being supported by unsuitable staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Incidents and accidents had been recorded. However, there was no evidence this information had been analysed for themes and trends or to identify anything that could be done differently to minimise the risk of reoccurrence in the future.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were not assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff.

- We were somewhat 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 not assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- Relatives were encouraged to visit their loved ones and we observed this during the site visits. There was a family room available that people and their loved ones could utilise for visits. One relative told us, "Yes we are, we have a list of five named people who can visit [person]. We were invited to join [person] at the Jubilee party."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's health needs were not continually assessed.
- Staff demonstrated awareness of people's health and support needs. However, we found care records required more detail for staff to follow. For example, two people had catheters; however, their care records provided no guidance for staff to follow to mitigate any associated risks to their health.
- People's needs were assessed prior to them moving into the home. The registered manager used this information to produce care records.
- People's protected characteristics, as set out in the Equality Act 2010, were outlined in their care records. This included people's religious beliefs and cultures.

Staff support: induction, training, skills and experience

- Staff received support; however, we found improvements were needed to enable staff to fulfil their roles more effectively.
- The majority of staff members told us they had received the training they needed to fulfil their role. However, some staff had not completed refresher training. We discussed this with the registered manager who did not provide assurances. The registered manager told us this was because he faced resistance from staff when trying to get them to complete training.
- Staff did not always receive regular supervisions. One staff member told us, "We do have them, ad hoc". This was evidenced by staff files.
- Staff told us they felt supported by the registered manager.
- Staff told us they received an induction when they commenced work at the service.

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

- People were supported to eat and drink, however, improvements were needed to enable people to make more effective choices about what they wanted to eat and drink.
- We spoke to people's loved ones about the food provided. One relative told us, "[Person] eats well, I've been in a few times at lunchtime and [person] eats all the dinner and pudding."
- People's dietary preferences and requirements were recorded in their care plan.
- The kitchen staff were aware of people's individual dietary requirements and how to prepare their meals accordingly.
- We observed staff gave people physical support and encouragement to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies, however, this was not always effective.
- People's care records evidenced the involvement of external professionals. However, we found the instructions and guidance provided by external professionals was not always followed. For example, a district nurse had advised that staff implement repositioning charts for two people prone to pressure sores. This advice had not been followed.
- People received support from staff to seek professional medical advice and treatment when they were unwell, and as part of the ongoing monitoring of their health needs.

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

- The service design and decoration had not been adapted to meet people's needs.
- The environment was not dementia-friendly and did not promote the wellbeing and independence of people living with dementia.
- Daily boards had not been completed to support people to understand the date, weather and season.
- Work was ongoing to improve the appearance of the home, in particular the lounge areas.

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.

- The registered manager did not provide assurances the service was working within the principles of MCA.
- Staff were unable to tell us who had a DoLS authorisation in place.
- We found two people's care records made no reference to their lack of capacity to consent to their care arrangements or their current DoLS authorisations. We discussed this with the registered manager who told us staff could potentially unjustifiably restrict people.
- Staff had completed MCA and DoLS training and had a basic understanding of how this impacted on people and their role. One staff member told us, "It might mean that they are not able to make decisions for themselves."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was not always respected.
- During the site visit we identified two people with catheter leg bags that had leaked, resulting in a pool of urine around their feet. Staff were present in both rooms and this was overlooked until an inspector asked staff to assist these people.
- Care records were not audited to ensure they were written in a positive manner. For example, one person's care plan referred to their incontinence as, "drips a little".
- Staff members gave us examples of how they promoted people's privacy, dignity and independence. However, we observed this was not always maintained in practice.

People were not treated with respect and dignity at all times. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always supported to express their views or to be involved in making decisions about their care.
- We observed mixed interactions between staff and people. We saw some staff did not greet people when they entered the communal lounges and would not interact with people whilst sitting in the lounges. However, we also saw other staff interacting positively with people.
- The majority of relatives felt they were involved in their loved ones' care planning. However, two of the relatives we spoke to said they were not involved in their loved one's care planning. One relative said, "Yes, I'm involved, and it is discussed when I visit weekly." Another relative told us, "No, social services are [involved]."

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

- Relatives felt staff knew people well. One relative said, "Yes, they do know [person] well. We've discussed [person's] likes and dislikes with them. They know [person] likes paperwork and to be helpful and they allowed [person] to go into the office."
- Staff told us they knew people well. One staff member told us, "In time I get to know them. The ones who have been here a long time I've got to know them. Sometimes they tell you their likes and dislikes."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People did not always receive personalised care, to meet their needs and preferences.
- People's care records were not consistently person-centred and did not demonstrate their involvement or involvement of their loved ones in planning their care. Care records lacked details about people's preferences and aspirations.
- Care records were not always up to date, in respect of people's care. We found one person's care plan referred to them having thickener in their drinks, however this was inaccurate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always met.
- The registered manager did not understand the requirements of AIS. People's care plans did not consistently outline their communication needs or include guidance for staff to follow to communicate with people effectively.
- We found there was no communication care plan in place for a person who did not speak English and was unable to communicate with staff. This placed the person at risk of not receiving personalised care which was responsive to their needs.
- Documents were not produced in different languages despite having a number of people who did not speak English. This placed people at risk of being unable to communicate their needs effectively or make independent choices.
- There were no pictorial menus available and menu boards had not been completed to support people living with dementia or language barriers to make independent food choices.

End of life care and support

- People did not receive end of life care in line with best practice.
- At the time of inspection two people were receiving end of life care. There were no end of life care records in place to record people's preference and choices in relation to their end of life care.
- We saw no evidence that staff had received end of life caring training.

The provider had not ensured people received appropriate person-centred care based on their needs and

preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always supported to take part in activities relevant to them.
- People did not receive support from staff to follow their interests or take part in meaningful daily activities.
- We observed people sitting around with no meaningful activities or engagement from staff for extended periods of times. At different periods the TV was turned on and music was playing however, people were not engaged with this.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately.
- Relatives told us their concerns were responded to appropriately.
- We reviewed the provider's complaints records and these evidenced that complaints were recorded, investigated and responded to.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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; Continuous learning and improving care

- The registered manager's understanding of the duty of candour was limited and this was not always acted upon.
- We identified a safeguarding incident which had not been reported to the local authority or the Care Quality Commission.
- Two relatives we spoke to told us about occasions when they had not been informed about incidents involving their loved ones. One relative said, "[Person] went to hospital after having [health issue] and they didn't tell me."
- The provider had systems and processes in place to identify improvements, however, these were not always effective. For example, audits were in place, however, these were not always effective in identifying issues, such as the ones found during the inspection. This did not promote continuous learning and improving care.

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

- The registered manager and staff were not consistently clear about their roles, or in their understanding of risks and regulatory requirements.
- The registered manager acknowledged there was no clear audit schedule in place and that audits were completed when they were able to.
- Audits did not consistently identify shortfalls. For example, audits of care plans had not highlighted missing information such as two people's care records making no reference to their lack of capacity.
- The registered manager was unable to produce information relating to people's health needs when requested. For example, we found two people's care records did not include details of visits from, or other communication with, external healthcare professionals including their GP.
- The quality assurance systems and processes to monitor the robustness of staff recruitment practices failed to identify pre-employment checks had not been completed on prospective staff on a consistent basis.
- Several policies did not include effective dates or review dates. This included the medication policy and the infection control policy.
- Quality assurance systems and processes had failed to ensure all notifiable incidents were reported to the appropriate agencies.

The registered manager's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The majority of relatives were aware who the registered manager was and felt the registered manager listened to them.

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

- The provider did not always engage and involve people using the service or promote a positive culture that was person-centred.
- The registered manager had attempted to gather the views of staff and relatives by email. However, this had been unsuccessful, and the registered manager had not explored alternative ways of engaging with staff and relatives.
- Staff supported people to complete quality questionnaires to get their views on the service. However, the information had not been analysed to identify themes or trends.
- People and their relatives were not consistently involved in their care planning.
- We saw evidence that staff meetings took place. However, this was not on a regular basis.

Working in partnership with others

- The registered manager and staff worked in partnership with others; however, this was not always effective.
- Care plans evidenced that staff engaged with local health care professionals.

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 9 HSCA RA Regulations 2014 Person-centred care The registered manager failed to ensure each person received appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered manager failed to ensure people using the service are treated with respect and dignity at all times while they are receiving care and treatment.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered manager failed to implement robust recruitment procedures, including undertaking relevant checks.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager failed to implement effective systems and processes to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager failed to implement effective governance processes, including assurance and auditing systems or processes to drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.

The enforcement action we took:

Warning notice.