Care First Class (UK) Limited

Clifton House

Inspection report

165 Clifton Road
Birmingham
West Midlands
B12 8SL

Tel: 01214402089

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 16 February 2016 and was unannounced. The service was last inspected in May 2014 and we judged them to be compliant with the assessed regulations.

Clifton House provides care and accommodation for to up to 39 people. Some people live in the home on a temporary basis following discharge from hospital whilst plans for their future are made. Some people living in the home are living with dementia. At the time of our inspection there were 39 people living in the home.

There was a registered manager in post. 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.

Staff actions did not always show that people were valued and treated with care and dignity. People did not feel staff were always responsive to their needs.

People enjoyed their meals but actions were not always taken to ensure their choices were facilitated. Referrals were not always made in a timely manner to ensure that people that had lost small amounts of weight regularly over a period of time received advice and support as needed.

The systems for quality monitoring and sharing the findings with people needed to be improved so that systems were robust and was easier to understand for people.

People were protected from harm because staff understood their responsibility to take action to protect people and the provider had systems in place to minimise the risk of abuse.

People were involved in planning their care and management of any risks identified in relation to the care they received. People received care and support from staff that were trained and supported to carry out their roles.

There were sufficient staff available to meet people's needs and recruitment process ensured that suitable staff were employed.

People were supported to receive their medicines as prescribed.

Staff worked in line with the Mental Capacity Act and Deprivation of Liberty Safeguards to ensure people's human rights were protected.

People received support from healthcare professionals to monitor their ongoing health conditions and emergency treatment as needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were protected from abuse because staff had sufficient knowledge to identify abuse and systems were in place to protect people from harm and injury.

People were protected from the risks associated with the care provided because staff knew how to keep people safe.

There were sufficient staff to meet people's needs. Systems were in place to ensure that recruitment processes ensured that people were safe.

People were supported to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective.

People were supported by trained staff that had the skills and knowledge to meet their care needs.

People were supported to make decisions about their care where possible. People's human rights and rights to liberty were maintained.

People received food and drink to enable them to remain healthy. enjoyed their meals but systems in place did not ensure that weight losses were followed up in a timely manner.

People received support so that they received health care support for ongoing health concerns and emergency treatments.

Is the service caring?

Requires Improvement

The service was not always caring.

People were happy with the support they received but staff were not always caring in their responses to them.

People were able to make decisions about the care they received but did not always feel that their dignity and independence was promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were not always responded to appropriately and supported to make choices in a way that met their needs.

People did not always have meaningful interactions from staff for long periods of time.

People were supported to maintain contact with people important to them.

There were systems in place to gather people's views and people felt confident that they could raise any concerns they had.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were happy with the service.

There was a registered manager in post and an open and inclusive atmosphere in the home.

There were some systems to monitor the quality of the service but they were not sufficient to ensure that people received a consistently good quality service.

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 inspection took place on 16 February 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of this type of service.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people and three health care professionals to see what information they held about the service and we used this information to inform our inspection.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

We met with ten people who received support from the service. We spoke with four relatives, the manager, a team leader, the owner, the chef and three care staff. Because some people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the records of six people who received support from the service, medication records, staff training records, two staff recruitment files and records for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home. One person told us, "Yes, I feel safe." Another person told us, "I'm alright here." A relative told us they felt that people were safe and had never seen or heard anything that caused them any concern. Our observations showed that people were comfortable in the presence of staff. All staff spoken with told us that any concerns they had would be reported to senior staff. The provider information return (PIR) told us and staff confirmed they had received training in how to protect people. Information we hold about the service showed that allegations of abuse were raised with the local authority appropriately so that they could be investigated and ensure that people were protected.

Risks associated with the care provided had been assessed and plans were in place to ensure that people's needs were met safely. A visitor told us, "Staff know [person's name] and will contact me if needed." Staff were aware of how to manage risks in order to be able to care for people safely. We saw that where needed people were appropriately supported to stand up by staff. Where people were unable to stand up they were supported appropriately with a hoist. Records showed that individual risk assessments had been completed for each aspect of people's care. These included risks associated with moving people, falls, skin care and behaviours that could challenge others. We saw that staff followed the risk management plans in place. For example, people at risk of developing skin damage were seated on pressure relieving cushions. We saw that equipment used to assist people was regularly maintained and serviced to ensure it was safe to use.

We saw that emergency situations were well managed. For example, one person suddenly became unresponsive. The staff acted appropriately in raising the alarm and we saw that the appropriate actions were taken to check the person over and ensure that the person received emergency care.

People spoken with told us they were happy with the availability of staff. One person told us, "They [staff] are very attentive to my needs." Another person told us that several staff had left to go to a new home and this had upset them. Relatives confirmed that the person had become anxious at the number of staff changes. The PIR told us and the registered manager confirmed that there had been several staff changes but new staff had been recruited to fill the gaps. We saw that staffing levels were appropriate to meet the needs of people. We saw that communal areas were supervised at all times. The owner told us that they determined staffing levels based on the dependency of people in the home. Staff spoken with told us and records confirmed that the appropriate recruitment checks had been carried out to ensure that suitable people were employed.

We saw that people received their medicines as prescribed. We observed that people were appropriately supervised to ensure that they had swallowed the medicines before staff recorded that the medicine had been administered. We saw that people were asked if they wanted painkillers and at times people requested, and were given, their painkillers. We saw that medicines were safely stored and records were well maintained.

Good

Is the service effective?

Our findings

People or their relatives, when appropriate, had been involved in planning how they received their care. People were able to decide on a day to day basis how care was delivered. People told us they found the staff to be supportive. One person told us, "'They [staff] are lovely, they never say no." Another person said, "I get the help I need." One person's visitor told us that the person they were visiting was able to do some things for themselves such as some aspects of personal care. We saw that people were able to get up at times that suited them and choose whether to have a bath or shower or neither on a daily basis. Our observations showed that staff interactions with people were good and based on their needs.

People received care and support from staff that had the skills and knowledge to do so. One person told us, "They [staff] are attentive to my needs." Staff spoken with were knowledgeable about the needs of people and knew how they were to be supported. Staff told us and records showed that they had received training to help care for people. This included fire safety, manual handling, safeguarding and health and safety. Our observations showed that care and support provided to people reflected their care plans. Some people at Clifton House were there on a temporary basis before they moved back home or onto other permanent placements after a stay in hospital. There was additional input for them from occupational therapists, physiotherapists and social workers to facilitate their move on to other placements.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had received training in the MCA and we saw that they were putting their training into practice. People were encouraged to make choices and decisions about their care where possible. For example, staff told us people were not woken up in the morning but were assisted to get up and have their breakfast when they woke up themselves. We saw that where possible people had been consulted about whether they wanted to receive life-saving treatment after a heart attack. Where people were unable to contribute to these discussions decisions were made in their best interests following involvement of their families and professionals involved in their care.

People can only be deprived of their liberty to receive cdare and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made for the people that required them. Staff knew who was able to go out alone and who had to be escorted. Applications had been made for DoL authorisations where these were needed so that people were protected from unnecessary restrictions on their movements.

We saw that people received food and drinks at various times throughout the day. Many people spoke positively about the food. One person said, "I like meal times." Another person told us they enjoyed the meals they received. We saw that people enjoyed their meal at lunchtime and one person said, "It's lovely."

Nutritional assessments were carried out to determine if people were at risk of not eating and drinking enough to maintain good health. Specific dietary needs were met through soft and pureed meals or fortified foods for people losing weight.

People said they were regularly seen by the doctor and other health care professionals. One person we spoke with had concerns about having their GP changed. We spoke with the registered manager about this and were told there had been some problems with GP's continuing to carry out visits to the home and had had to change the GP of some people. We were told the individual had been advised of the need for the change. We saw that there was input from speech and language therapists, chiropodist, optician and dentist and emergency services as needed.

Requires Improvement

Is the service caring?

Our findings

People were happy with the staff that supported them. One person told us, "They [staff] are there for you." A visitor to the home told us they were very happy with the care provided in the home. The majority of people were happy with the care they received and we saw that staff were caring in their approach to people when assisting with specific tasks. However, there were large periods of time when there was no or little interaction between staff and the people they were caring for.
We saw that one person requested some painkillers and the staff said they would ask a senior member of staff. Staff did not come back to reassure the person. The person asked, "What about my tablets" again but it was half an hour from the time they originally asked for the tablet before they were told by the senior staff they would get the tablets in a while.

We saw that people's dignity was not always maintained. People were dressed in styles that reflected their personality and we saw that people who had dropped food on their clothes had been changed later in the day maintaining their dignity. However, we also saw that people were asked if they wanted to read the newspaper or magazine. People were given a newspaper that was over a month old as if it did not matter that it was old news. The majority of people were happy with the care however, there were some that commented about waiting and not always being treated with dignity. One person said, "Just because 'I'm in a wheelchair doesn't mean I should not be treated with respect." Another person commented, "When I asked for the toilet staff said 'you will have to wait I have just taken you'." Another person commented, "I have to wait when I press the buzzer." We did not hear the buzzer unanswered during our inspection. This showed that people did not always feel they were treated with dignity and respect.

People were encouraged to be involved in making choices about the care they received. For example, people were able to choose where to sit and whether they wanted to be involved in the meeting organised for them to discuss issues such as 'resident of the week' and the home's 'sweet shop'. Staff told us that they offered choices of meals to people and we saw staff went around asking people what they wanted for lunch. However, we saw that two people who asked for something that was not on the menu did not receive their requests. Staff told them they would try and organise it with the chef but the chef told us the request had not been passed onto them. The individuals did not complain that they had not received their request but this showed that care was not always taking in facilitating people's choices. At lunch time we observed that meals were brought from the kitchen already plated up with no extra portions available. This meant that people were not able to choose what food they wanted on the day or to have a second helping. One person told us they could have done with more food.

We saw that people were able to maintain independence as far as possible. For example, walking frames were accessible to people who were able to walk independently. We saw that some people went to the toilet independently and people were able to wash their own underwear if they wanted. Where people were supported with personal care we saw that staff were discreet when assisting them.

Requires Improvement

Is the service responsive?

Our findings

There were a number of people in the home who were living with dementia. We saw that there was limited signage around the home to identify communal areas such as toilets and individual bedrooms apart from pictures of people on their bedroom doors. The PIR told us that a picture menu was in use. We saw that there were some pictures of meals on a board in the dining room and four weeks menus displayed on the wall. The print of the menus was small and not suitable for most people to be able to read. The pictures of meals were confusing as some of the items were not available during that day and the pictures were of items available for all meals that day but not in any organised format. We did not see staff use the pictures of meals when asking people for their choice of meals. This showed that although some systems were available they were not used in a way that was responsive to people's needs.

Some people felt they were not enough things for people to be occupied doing. One relative reported, "I never see anyone interacting and trying to stimulate people." Another relative said, "It's just not individualised, people want to do more activities." During our inspection we saw that staff were generally responsive to people when they asked for assistance but there were little interactions that were not task orientated.There was an activities timetable that included skittles and bingo as an activity. During our inspection we saw that during the skittles activity only two people were actively engaged for about 10 minutes on one unit. There was a brief session of listening to music on one unit and clapping and dancing on the other unit but people generally reported high levels of boredom. We observed that several people sat in their seats, some asleep, throughout the majority of the day This showed that on a day to day basis people were not being involved in meaningful activities that met their individual interests and abilities. However, we saw that there had been several external visits organised by the registered manager and staff to meet people's needs for stimulation. These included visits to the local farm, Cadbury world and the Black Country Museum. There were some entertainers that came into the home. We saw that one person who was very independent had worked in the garden and developed an interesting area with flowers and other garden ornaments. We were told, by the registered manager, that people were involved in growing fruits in the summer.

People or their relatives had been involved in planning their care. One person spoken with told us that they had been asked about the care they needed and they were receiving it. We saw from care plans that people and relatives had been involved in reviews.

People were supported to maintain contact with friends and family. People told us their relativesy could visit throughout the day and we saw that several people were visited by friends and relative throughout the day. One visitor told us that people were supported to bring in personal belongings so that they felt at home with their own belongings around them. We saw that bedrooms were personalised with displays of individual's possessions.

There were systems in place to gather the views of people. People told us that they were happy with the care they received but would tell staff if they were unhappy. We saw that when complaints had been made they were recorded and addressed appropriately. Questionnaires were used to ask people if they were happy

with the service they received.

Requires Improvement

Is the service well-led?

Our findings

The manager did not always provide sufficient leadership and monitoring to ensure that a good quality service was provided and that was based on individual needs rather than generalised practices. For example, we were told that everyone under 50 kg of weight was weighed on a weekly basis and people were toileted on a two hourly basis. Although people that had lost a large amount of weight were referred to the doctor or dietician people losing small amounts of weight over a period of time were not identified as needing follow up for investigation of the cause of the weight loss. We saw that records were in place for checking issues such as sensor mats however, there was not always any follow up action when the sensor mats were not working. Protocols in place for medicines that were to be given on an 'as and when required' basis did not have details about when the medicines were to be given. This would help staff consistency in the administration of these medicines.

Some assessments resulted in a score to identify the level of risk to people for example, the risk of developing skin damage. There was no key to show what the scores meant and there was no reference to the actions that needed to be taken as a result to protect people.

There was a log of all accidents in the home however, there was no evidence that this information had been collated and analysed to identify trends, for example, the timings, reasons or outcomes of the falls. We saw people had sensor mats in their bedrooms but no information was available to determine the causes of the falls.

We saw that people's views about the service were sought at reviews and through questionnaires sent to people or their relatives. The results of the questionnaires were formulated into charts but these were difficult to understand as they did not show specific responses. For example, the charts did not show what aspects of care people were happy with and what aspects needed improvement. Monthly visits by Directors were carried out but they had not picked up the issues we had identified. Following some concerns about practices by night staff we were told that the registered manager and provider had carried out a series of night checks however, no records of these visits were made.

The PIR told us that no complaints had been received by the provider in the last twelve months. We had not received any complaints about the service.

There was a registered manager in post. The registered manager had notified us about events that they were required to tell us about by law. The registered manager was known to the people living in the home and their relatives and was accessible to people if they wanted to speak with her. Relatives spoken with told us they would speak with the staff or registered manager if they had any concerns. Staff spoken with told us that they could speak with senior staff or the registered manager and felt they would be listened to. This showed that there was an open and inclusive atmosphere in the home.

Efforts had been made by the registered manager to keep relatives informed about what was going on in the home through a recently introduced newsletter. The newsletter was used to introduce new staff and new

developments such as 'Employee of the month' and how relatives and visitors could vote for staff.