

Essex Partnership University NHS Foundation Trust

Clifton Lodge

Inspection report

Balmoral Road
Westcliff On Sea
Essex
SS0 7DB

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08 January 2019
09 January 2019

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12 March 2019

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

About the service:

Clifton Lodge provides accommodation and personal care for up to 35 older people living with dementia and/or mental health needs. At the time of the inspection there were 30 people living at the service.

People's experience of using this service:

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service, because the current arrangements had not identified the issues we found during our inspection.

Care plans did not adequately address people's mental healthcare needs and the impact this had on their overall health and wellbeing. People's end of life care needs were not recorded. Not all risks to people's safety and wellbeing had been identified. Suitable control measures were not always considered and put in place to mitigate the risk or potential risk of harm for people using the service.

Improvements were required to the service's medication arrangements as discrepancies relating to staff's practice and medication records were found. The principles of the Mental Capacity Act 2005 to make a specific decision had not always been assessed and best interest assessments completed.

People told us they were safe and had no concerns about their safety and wellbeing. Suitable arrangements were in place for the recruitment of staff and there were enough staff available to provide the care and support people needed. Staff received regular training opportunities to enable them to meet people's needs. Newly employed staff received a robust induction and staff told us they were valued and supported; and received regular supervision.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. Individuals were complimentary about the care and support they received and about the staff team and received good person-centred care. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required. The dining experience was positive and people had their nutritional and hydration needs met. People were supported to have their social care needs met and relationships with family and friends maintained.

The service was clean and hygienic and staff followed the service's infection control policies and procedures.

Rating at last inspection:

This was the service's first inspection since being newly registered as a care home on 23 November 2017.

Why we inspected:

This was a planned inspection in line with our scheduled programme of inspections.

Improvement action we told the provider to take:

Please see the action we have told the provider to take section towards the end of the report.

Follow up:

We will continue to monitor intelligence we receive about the service until we visit again in line with our inspection programme and scheduling. If any concerning information is received we may inspect sooner. The provider will be required to send us an action plan.

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

Details are in our Safe findings below.

Requires Improvement ●

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 caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Clifton Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of three inspectors on the first day of the inspection. There was one inspector on the second day of inspection.

Service and service type:

Clifton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this inspection 30 people were living there.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on the 8 and 9 January 2019 and was unannounced.

What we did:

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We used the 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 spoke with four people who used the service and three relatives about their experience of the care

provided. We spoke with three members of staff [including the activities coordinator], the chef, a senior nurse, the service's matron, the service manager and the manager. We reviewed four people's care files and three staff recruitment files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely

- Although staff had received manual handling training, we observed two incidents whereby staff performed unsafe manual handling practice. Two members of staff were observed to mobilise one person from a dining chair to a wheelchair. The person was placed at potential risk of harm as one member of staff placed their hands under the person's armpits when assisting them to mobilise. One person was assisted using a wheelchair, but this did not have footplates fitted. This meant the person's feet were not placed on the footplates to ensure their posture was appropriate and comfortable. Both techniques are unsafe, can hurt and cause injury.
- Not all risks for people were identified. Where risk assessments were in place, these did not clearly identify how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. For example, one person's care records made reference to them being at risk of Pica. This is an eating disorder where someone eats non-food substances which can be harmful. Although there was no evidence to suggest there had been any incidents, there was no guidance for staff on how to keep this person safe.
- There were gaps on the Medication Administration Records [MAR] for two people. Staff had failed to sign to confirm the person had been given their medicine. This was a recording issue as we found the medication had been dispensed.
- Where people were prescribed a topical cream to be administered each day, records to confirm this had been applied, were not routinely completed.
- Discrepancies on MAR forms for four people were noted where they were prescribed a short course of medication. For example, one person was prescribed a course of 14 tablets to be taken twice a day over a seven day period. The MAR form showed the course was completed but only 13 tablets were signed as given.
- PRN 'as required' protocols were not completed for all medicines prescribed in this way to detail the specific circumstances when this should be given.
- People's medicines were kept securely, except for people with swallowing difficulties. This referred specifically to a tub of thickening agent being accessible to others.

People's care and support needs were not provided in a safe way and risks to people were not recorded. Medication practices and procedures were not always followed. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives said they had no concerns about their family member's safety and wellbeing. Comments included, "[Relative] is definitely safe, I couldn't wish for anything better" and, "It's lovely and safe, I do have peace of mind when I leave."

- All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. All staff employed at the service had attained up-to-date safeguarding training.
- Safeguarding concerns were raised to the registered provider and these were robust. These were reported to the Local Authority and Care Quality Commission via the registered provider. Improvements were needed to the registered provider's incident reporting arrangements as these did not provide enough detail.

Staffing and recruitment

- People and their relatives told us there were enough numbers of staff available to meet theirs or family member's needs. One relative told us, "I always see staff around whenever I visit, I think there are enough staff." Staff told us there were occasions whereby staffing levels were not always maintained. Though agency staff were used, staff told us this could be challenging, especially where they had not been used at the service before. This was because they did not know the routine of the day or people's care and support needs. The registered provider wrote to us following the inspection and confirmed where possible efforts were made to have the same agency staff at Clifton Lodge to provide consistency.
- The deployment of staff was appropriate during both days of inspection and there were enough staff to meet people's needs. Staff were seen providing care and support to people promptly.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staffs' practice in all but one instance was suitable, with staff following the service's policies and procedures to maintain a reasonable standard of cleanliness and hygiene within the service. A member of staff was seen aiding a person to eat their teatime meal of sandwiches but used their fingers to break up the sandwich and place it directly into the person's mouth.
- The service was clean and odour free. Staff had access to personal protective equipment to help prevent the spread of infection.

Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong. On the first day of inspection the dining experience for some people was not as positive as it should be. We discussed this with the manager. The observations were fed back to staff by the manager including a discussion about staff's roles, responsibilities, and oversight. On the second day of inspection the dining experience was less chaotic and much improved to ensure it was positive.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service did not consistently apply the principles of the MCA as people's ability to make a specific decision had not always been assessed and best interest assessments completed.
- Bedrails were fitted to prevent a person from falling out of bed and alarm mats to alert staff if a person was mobilising but were at risk of falls. Interventions to manage these had not been documented to evidence these had been made in agreement with the person using the service and their best interests considered.
- Where covert medication arrangements were in place, evidence was not always available to show this had been discussed with the person's GP or a pharmacist. Covert refers to medication disguised in food or drink where someone is reluctant to take their medication.
- People's bedroom doors were locked and alarmed, and when opened emitted a loud high-pitched sound which could be heard throughout the premises. We were told the alarm was used to alert staff to people leaving or entering these areas. Lessons had been learned following our inspection to Clifton Lodge's 'sister' service in November 2018. Information was recorded to show people using the service and those acting on their behalf had been consulted and given their consent to this arrangement. However, the rationale for this was generic and not individualised and person-centred.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation. The registered provider and manager were advised that the Care Quality Commission did not need to be notified in line with statutory notification methodology until the outcome of the application was known.

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

- People's needs were assessed, regularly reviewed, and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their needs assessment. Staff could tell us about people's individual characteristics.

Staff support: induction, training, skills, and experience.

- Staff received online and 'face-to-face' training opportunities and were complimentary regarding the quality of training provided. Although staff had completed more specialist training relating to the needs of the people they supported, for example, dementia and pressure ulcer awareness. Not all staff had completed relevant training relating to specific mental health conditions. The registered provider wrote to us following the inspection and confirmed there are qualified mental health nurses on duty each day who are trained on mental health conditions.
- Newly employed staff had received an induction relevant to their role, this included the 'Care Certificate.' The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- 'Champions' were identified in key subjects, for example, medication, falls prevention, end of life and safeguarding. Their role was to offer advice and guidance to staff in these areas and to check staffs practice.
- Staff told us they felt supported by the registered provider and manager and received formal supervision, including clinical supervision for the qualified nurses, at regular intervals. One member of staff told us, "[Name of manager] is a lovely manager and I feel very supported. You can talk to [manager's name] about anything both professionally and personally." Supervision is a two-way feedback tool for the registered provider, manager, and staff to discuss work related issues and training needs.

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

- The service used an external catering company for its meal provision.
- The chef was knowledgeable about people's specific dietary needs and knew when people needed their food to be fortified.
- The dining experience for people across the service was variable. Where people took part in 'breakfast' and 'lunch' club, their experience was positive and this aided people's appetite and overall 'dining experience'. However, for others tables were not laid for people. People were given a mix of stainless steel and plastic cutlery by staff to eat their food, the service of meals for people was chaotic. People were not always offered or given a drink with their meal and some people were given their dessert prior to finishing their main meal. This was discussed with the manager. On the second day of the inspection, the dining experience had significantly improved. Following the inspection the registered provider wrote to us and told us it was due to people's individual choice to use plastic and stainless steel cutlery.
- People at risk of poor nutrition, had their needs assessed and healthcare professionals had been consulted for support and advice.

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

- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. Relatives confirmed they were kept informed of their family members health and wellbeing and outcomes of appointments.

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

- Clifton Lodge is a purpose-built care home. There were adequate dining and communal lounge areas for people to use and choose from within the service. People had personalised rooms which supported their

individual needs and preferences.

- The environment was suitable for people living with dementia or where they had a mental health diagnosis. The premises were divided into zones and murals had been designed and painted to provide stimulus.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's comments about the quality of care received were positive. Relatives were also positive. Comments included, "My [relative] receives very good care and I feel [relative] likes it here," "I can go on holiday knowing everything is fine and my relative is well cared for" and, "The staff know [Name of person using the service] very well. Clifton Lodge is absolutely brilliant and I would recommend the service to others."
- People were supported and cared for by a consistent team of staff. Except for the dining experience on the first day of inspection, we saw staff had a good rapport with people and supported them in a person-centred way.
- People and staff were relaxed in each other's company and it was clear staff knew people well. Staff understood people's different communication needs and how to effectively communicate with them.

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

- People using the service were unable to tell us if they had been involved with care planning or seen their care plan due to their cognitive ability.
- Relatives comments regarding this were variable with some family members confirming they had had sight of this document, whilst others said they had not. Most relatives confirmed they had been involved in the pre-admission assessment process.
- Relatives said they attended a review of their family member's care. This provided relatives and people using the service with an opportunity to provide feedback about the service's care provision, to make sure that it met people's needs and ensured their wishes were respected.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to maintain relationships with others. Relatives could visit at any time, and there were no restrictions when they visited. Staff told us that people's friends and family were always welcome.

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; end of life care and support.

- Lessons had been learned following our inspection to Clifton Lodge's 'sister' service in November 2018. However, care plans did not always address people's mental healthcare needs and the impact this had on their overall health and wellbeing. No positive interventions or coping strategies were recorded to guide staff on the support and interventions needed to ensure people's needs could be met.
- There was insufficient evidence to demonstrate how people's dementia care needs impacted on their activities of daily living.
- Some people could be anxious and distressed displaying inappropriate behaviours towards staff and others living at the service. Information relating to people's behaviours including known triggers, guidance and directions for staff on the best ways to support the person lacked detail. For example, where distraction methods were to be used by staff to support the person, no further information was recorded.
- People were supported during both days of inspection to participate in a variety of activities, this included activities undertaken in a small group and on a one-to-one basis. The activities coordinator was vibrant and very energetic and this prompted people and staff to join in.

End of life care and support

- The care records for one person judged to be at the end of their life was viewed. No end of life care plan was in place to identify if the person or those acting on their behalf had expressed a wish to be cared for at the service or to go to hospital.
- Potential treatment options had not been discussed with the person's GP or relevant healthcare professionals.
- No information was recorded relating to pain management arrangements and how the person's end of life care symptoms were to be managed to maintain the person's quality of life as much as possible.

We recommend the registered provider review the detail and structure of their care records to ensure these are specific and person centred, and in line with best practice guidance. This includes support for people on end of life care.

Improving care quality in response to complaints or concerns.

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. No complaints had been raised since the service was newly registered as a care home on 30 November 2017.
- People and their relatives felt able to raise issues with the service. One relative told us, "I've not had to raise any concerns but I could and would if I needed to." Another relative told us, "I would not hesitate to raise any concerns, but I have not had to."

- A record of compliments was maintained to evidence the service's achievements.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Whilst managers were visible in the service, and there were quality assurance arrangements in place overseen by Essex Partnership University NHS Foundation Trust, these systems did not identify issues found during our inspection.
- Areas which needed improvement included care planning and risk management arrangements, medicines management and upholding people's rights to make sure they are supported in the least restrictive way possible were not picked up by the registered provider's quality assurance arrangements.
- Although the provider's quality assurance arrangements included the completion of several audits at regular intervals and the collection of qualitative and quantitative data, both at service and provider level, these were not as robust as they should be.

Effective arrangements were not in place to ensure compliance with regulatory requirements and to monitor the service. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; continuous learning and improving care.

- People said they knew the manager and they provided visible leadership. Staff and people consistently described the manager as supportive and approachable. Comments included, "[Name of manager] is lovely, very helpful and approachable," "You can always go to the manager, nothing is too much trouble" and, "[Manager's name] is a good manager, approachable and supportive. You also get good support from the matron and service manager, they are visible too."
- Staff were positive about working at Clifton Lodge. One member of staff told us, "I enjoy coming to work, making a difference to people is the best thing about working here." Another staff member told us, "This is the perfect job for me, I am thoroughly enjoying this role."
- The manager was clear about the services and registered provider's vision, aims and objectives. This was displayed in the office and discussed with staff as part of team meetings.
- The manager could demonstrate how they kept themselves up to date with relevant guidance, research and reflective practice to ensure there was continuous learning.
- Incidents, events and changes that affect people at Clifton Lodge are reported to the registered provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others.

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff confirmed there was an 'open' culture and could say how they feel. Where issues were raised, an action plan was completed detailing how these were to be monitored and addressed. Meetings were also held for relatives or people's representatives.

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 Not all risks were identified and assessed and improvements were required relating to medication practices and procedures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The arrangements in place were not as effective as they should be in identifying where improvements were required.