

# Avery Homes Cliftonville Limited

# Cliftonville Care Home

## Inspection report

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16 June 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Cliftonville Care Home is a residential care home providing personal and nursing care for up to 106 people. The service provides support to older or younger adults with a diagnosis of dementia or physical disability. At the time of our inspection there were 59 people using the service.

Cliftonville Care Home provides accommodation across three floors with communal lounge and dining rooms on each floor. One of the floors specialises in providing care to people living with dementia. The upper floors can be accessed via two lifts. All bedrooms have private en-suite facilities.

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

The providers systems and processes to monitor oversight of the safety and quality of the service had not always been effective in identifying some concerns we found during inspection, including, some areas of safety in the environment. The provider was responsive to the concerns raised and made the required changes.

People were mostly protected from the risk of infection and we found the home was clean and odour free. However, the manager had not ensured COVID-19 testing for visiting professionals had been adhered to as per government guidance. Government guidance has changed since our inspection and testing is no longer required.

Individualised risk assessments were in place and strategies to reduce risk were planned into care and recorded for staff guidance. There was a system in place to review accidents and incidents and prevent reoccurrence. Positive risk was supported and people were encouraged to be as independent as possible.

Systems and processes protected people from the risk of abuse, staff knew how to raise concerns to safeguard people. People told us they felt safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a robust system in place to ensure staff were recruited safely. Although there were enough staff to meet people's needs, people found the high use of agency staffing at times unsettling. The provider had listened to people's concerns and was actively recruiting permanent staff.

Medicines were administered, stored and disposed of safely. Staff were trained and competency checked and ensured people received their medicine when they needed it.

The provider and manager understood the duty of candour and were open and honest when things went

wrong. There was evidence of feedback sought from people and staff, both felt listened to and improvements were made.

The provider worked in partnership with healthcare professionals to ensure people's needs could be met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 December 2021) and there were breaches of regulation. The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We received concerns in relation to the safety and managerial oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cliftonville Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cliftonville Care Home

## 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

This inspection was carried out by two inspectors, a specialist advisor (a registered nurse) and two Experts 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.

#### Service and service type

Cliftonville Care Home 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. Cliftonville Care Home is a care home with 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 not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

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 11 people who used the service and 12 relatives about their experience of the care provided. We spoke with 11 members of staff including the Group Operations Director, the manager, two nurses, five care workers, a housekeeper and the chef. We also spoke with a professional who visits the service.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained requires improvement. This meant 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.

At our last inspection the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Systems and processes to safeguarding people from the risk of abuse

- Staff had the information required to provide safe care. Risk assessments were kept up to date and contained all the information required.
- Support with pressure ulcer care had improved. People who required support with repositioning within specific timeframes to mitigate risks associated with pressure ulcers, had their needs met. Mattresses which helped relieve pressure were checked regularly to ensure the settings were correct to provide the correct amount of pressure relief.
- People's care plans held up to date information and advice from health professionals was followed and recorded. For example, guidance from the continence liaison nurse was recorded clearly in care files and updated when people's needs changed. A visiting health professional told us the staff always carried out any recommendations they made.
- Unexplained injuries had been investigated to identify a cause or to identify a risk that required mitigating. Records clearly showed investigation methods, discussions with staff and referrals to the local authority safeguarding team if required.
- Most people and relatives told us they felt safe at Cliftonville care Home. People were positive about the caring nature of the staff. One person said, "The staff are kind and caring, I feel safe." A relative told us, "It is everything about the home that makes it feel safe. I visit regularly and I don't have any concerns."
- Staff were trained and understood the principles of safeguarding. Staff told us they knew the signs of abuse and how, where and when to report any concerns.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Preventing and controlling infection

- The home was visibly clean and odour free. We found some gaps in the provider's cleaning schedules which a staff member told us was due to a temporary shortage of domestic staff but we found no evidence this had impacted on people's safety.
- We were mostly assured that the provider was preventing visitors from catching and spreading infections. However, evidence of Covid-19 testing was not requested for visiting professionals as per government guidance. Government guidance has changed since our inspection and testing is no longer required.
- 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 assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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

#### Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. People were able to receive visitors into the home, there was no restrictions in place and feedback from relatives confirmed this.

#### Staffing and recruitment

- During the inspection, staffing levels appeared sufficient. However, people and their relatives told us there were times when although there were enough staff, staff were unknown to people and this had caused anxiety for them. One person told us, "There have been times when I've not known the agency staff and they don't know how I like things done. There are so many different faces." One relative told us, "Sometimes there is nearly all agency staff on shift, I do not feel confident leaving [relative] in their care."
- We discussed with the manager the difficulties in recruiting staff and the use of agency staff. The manager was aware of people's concerns and the impact this had on them. Regular agency staff were deployed across the service, however, there were times due to unforeseen absences that other agency staff unknown to the service were required to ensure safe staffing levels.
- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.

#### Using medicines safely

- People received their medicines as prescribed. Medicine administration records (MAR) were completed and details recorded as necessary. Medicine care plans were up to date and reviewed when people's healthcare needs changed.
- Staff administering medicines had the relevant training and had their competencies checked.



- When people had 'as required' (PRN) medicines prescribed, staff had the information needed regarding when and how these medicines should be administered.

#### Learning lessons when things go wrong

- The manager reviewed incidents and accidents and identified any trends and patterns to reduce the risks to people. Information was shared with staff to promote lessons learnt. Lessons learnt were also shared across the provider's other services to drive improvement.

# 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 remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17(1) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had not always ensured a safe environment as they had not fully followed health and safety executive (HSE) guidance for care homes regarding prevention of falls from height. Although windows had a restricted opening to prevent falls, the locking mechanisms were not of the required tamper proof design. Following the inspection, the provider ensured all windows were compliant with the health and safety executive (HSE) guidance for care homes regarding prevention of falls from height.
- During the inspection we identified a risk of intruder access which had not been identified, this was highlighted to the manager early in the inspection. However, despite the dangers being pointed out to the manager they failed to remove the risk for the remainder of the inspection. A repair was arranged for the following day.
- Systems and processes had not identified that the kitchen staff required support in following the information available to them and support with maintaining the systems in place to ensure people's individual dietary requirements were met. For example, individualised dietary requirement sheets were in place in the kitchen for staff guidance on who required a fortified diet. However, the catering staff advised that everyone's food was being fortified with high fat options such as cream and butter. We found no evidence of harm; however, people were at increased risk of receiving a diet that wasn't suitable for them. We shared our findings with the management team who agreed to provide additional support to the staff working in the kitchen.
- Multiple systems were in place to monitor the quality of care, these included manager and provider audits. Any shortfalls identified were added to an action plan which was monitored by the area and regional managers.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were supported to be as independent as possible and were empowered to take positive risks. One person told us how they accessed the garden independently and were actively involved in garden maintenance, they also regularly went out into the community for shopping or activities of their choice.
- People were invited to feedback on care via questionnaires and residents' meetings or asked directly by the management team for feedback during conversation. One person told us the manager sometimes stops for a chat, they had raised "Little things" with them which the person told us had since been resolved.
- People generally spoke positively of the atmosphere in the home and about the staff who work there. Some people told us there had been improvements in the home, a relative said, "They [management] have turned it around; it feels really nice." People had been kept informed regarding difficulties in recruitment and felt the management team were addressing this.
- Staff told us there had been an improvement in management support and the senior management team were visible in the service and approachable. Staff told us they felt listened to now with one staff member giving an example of extra medical equipment and linen ordered at staff request.
- Regular supervisions were in place and staff felt well supported with training and development.

Working in partnership with others

- There was evidence of partnership working with other professionals such as GPs and nurse specialists to meet people's healthcare needs.

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

- The manager had a good understanding of the duty of candour and was open and honest when things went wrong. The providers duty of candour policy was available for guidance.