

Clifton Manor Limited

# Clifton Manor Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 9 January 2017 and was unannounced. At our last comprehensive inspection on 25 November 2014 the service was rated as 'Good' overall.

Clifton Manor provides care and accommodation for up to eight people with complex needs and learning disabilities. All the people had complex needs and were unable to speak with us about their experiences directly. We did however note their non-verbal gestures and we spoke with relatives and healthcare professionals to ensure we gained a wide view of the service we inspected. On the day of the inspection six people lived at the home.

After the inspection on 25 November 2014 the registered manager at that time left and a new manager came into post and registered with the Care Quality Commission (CQC) in 2015. They then left in 2016 and a new manager started in May 2016. At the time of this inspection they were in the process of registration with the CQC. A registered manager is a person who has registered with the CQC 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.

On our tour of the premises we found the décor over the whole house to be rather tired and in need of repainting and redecoration. This meant that people were not living in surroundings that were as pleasant and maintained as possible.

Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury.

There were sufficient levels of staff to meet people's needs. This was endorsed by the relatives we spoke with and healthcare professionals and staff alike.

People received their medicines appropriately and staff knew how to manage medicines safely.

Staff had the relevant skills they required to meet people's needs. They had access to effective training and supervision support that equipped them with the skills they required to support people. They had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They supported people in accordance with the relevant legislation and guidance.

People had access to a variety of nutritionally balanced meals. Staff provided the support people required to have timely access to health care services when they needed them.

Individualised care plans were in place detailing how people wished to be supported. These had been

produced jointly with relatives, staff, healthcare professionals and where possible people using the service.

Relatives told us they were made to feel welcome and were able to visit their family members when they wished to.

An activities programme was in place that was under review to extend the range of options for people. People were able to choose how they spent their time and what activities they participated with.

There was a complaints procedure in place and relatives of people felt confident they could raise any concerns either with the staff or with the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

Staff told us there was an open and honest culture within the team. The manager welcomed feedback about service delivery from people, their relatives and staff. There were processes in place to review the quality of service delivery and where required action was taken to address areas of concern. Staff were aware of their roles and responsibilities and liaised with their management team about any concerns identified. The manager and staff team liaised with other health and social care services to review their joint working arrangements.

## 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 remains good.

### Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective. The provider had not ensured that the premises were refurbished in a timely manner and maintained in a good state of decoration.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Clifton Manor Limited

## **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 checked 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.

The inspection was undertaken by one inspector on 9 January 2017 and was unannounced. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

We were unable to speak with people due to their complex needs; however we spoke with two relatives, two members of staff and the manager. We observed care and support in communal areas in an informal manner. We also used the Short Observational Framework for Inspection (SOFI) as people were not able to express their views with us. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We inspected three people's care records, three staff records and other records relating to the management of the service. After the inspection we spoke with two healthcare professionals who also supported people living in the home.

# Is the service safe?

## Our findings

We witnessed over the course of this inspection that people were safe when they received support from staff. People were unable to tell us themselves that they felt safe because of their complex needs but the relatives we spoke with all said they were confident in the staff's ability to meet their family member's needs. One relative said, "With the new manager in place and the new staff team we can see the difference already. They really care about the people living there and you can see from people's reactions to the staff that they feel happy and safe." Both of the healthcare professionals we spoke with confirmed this view and they told us that the safety of the services provided was consistently good and that they were confident people were safe living there.

Staff had a good awareness of what constituted abuse and were able to describe to us the different types of abuse they might encounter in the home. Staff said they would report to the manager or to external agencies any concerns they had. These included the local authority safeguarding team and the Care Quality Commission (CQC). One member of staff told us, "I would go to the manager or above if necessary." Another member of staff said, "The safety of people living here is paramount and I would have no hesitation in reporting any concerns I had about the safety or care of people living here, even if it involved one of the staff, it wouldn't make any difference. I know about the whistleblowing policy, we covered it in our induction." Another member of staff said, "These people are vulnerable and it's our job to protect them. I'd report any concerns I had to the manager or the owner or to social services if necessary." We could see staff were confident to report concerns they had or to whistle-blow if it was necessary.

We reviewed records which showed that when incidents occurred at the home the manager took appropriate actions to minimise further occurrences. This included liaising with relevant agencies such as the local authority and CQC.

The provider had a positive approach to risk taking and this helped to keep people safe in the home and in the community. People's records included assessments of risks associated with their care and support. We saw that these assessments considered how identified risks may impact on people's quality of life. This included any potential benefit or disadvantage for that person taking the risk and how it would affect them. They also included what strategies the person and staff needed to put in place to support the person to take a risk of their choice in the safest way possible whilst maximizing their independence.

People were supported to stay safe in the event of an emergency such as a fire. We saw from our review of the records that the manager and staff checked the fire alarm each week and carried out weekly checks on all the other fire equipment.

From our inspection of the staff rotas we saw there were sufficient numbers of staff to support people in a safe and person-centred manner. Relatives of people told us they thought the numbers of staff available to help support people and to meet their needs was appropriate. One relative said, "When we visit there always seem to be enough staff on duty." Another relative said, "Yes I think so, there's usually enough people around." Health care professionals who supported people in the home told us they thought the staffing

levels were good.

The provider operated a safe recruitment process to ensure that they employed staff who had the right skills and experience to support the people who used the service. The manager carried out comprehensive pre-employment checks before a new member of staff was allowed to support people using the service. These included evidence of good conduct from previous employers by way of references and a criminal records check.

People received their medicines as prescribed by their doctors. We found that the provider had safe protocols for managing and administering people's medicines. Medicines were stored safely and securely in people's bedrooms. These had been stored following relevant guidelines. A member of staff said "It helps keep risk to a minimum and it is much more personal for people." Staff followed required protocols when they supported people with their medicines. Only staff who were trained in medicines management administered people's medicines. We reviewed people's medicines administration records (MAR). We saw that staff had correctly followed the provider's policies when completing people's MAR charts.

## Is the service effective?

### Our findings

Relatives told us that staff were skilled and knew how to meet people's needs. One relative told us, "Staff are very good, they know how to care for people." The healthcare professionals we spoke with said that they felt the new staff team were skilled and knowledgeable and provided safe effective care. Staff told us that they had access to a wide variety of training that was relevant to their roles. One staff member said, "The training is very good and really helps us with meeting people's needs." Another staff member said, "The training is focussed around people's needs. It's very good."

On our tour of the premises we found the décor over the whole house to be rather tired and in need of repainting and redecoration. Certain areas such as the hall and landing areas were dark and needed redecoration. Bathrooms also needed refreshing in terms of their decorations. Some bathroom equipment such as the toilet seat in the ground floor bathroom and a basin in one person's bedroom needed replacing. While we saw that none of this presented an immediate danger to people, the environment was not adequately maintained to ensure people lived in comfortable and bright surroundings. The manager told us there was a plan in place to redecorate these areas of the home and an order in place for new equipment where it was needed.

Staff told us the manager provided good levels of effective support to help them provide care to people. They said they received helpful one to one sessions and other on-going support at team meetings and on other informal occasions. This provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. One staff member said, "It's good to have such helpful support, it helps me to learn and improve my skills." Another member of staff told us, "The manager listens to us and if there is anything I want to discuss, I can. I find supervision helpful."

The manager told us they supported staff with regular supervision every six to eight weeks. They said since they had come into post they ensured all staff received regular, structured support. The manager said they believed structured supervision provided staff with the best form of individual support to enable them to do their jobs effectively. We saw up to date supervision records for staff. The records we saw also showed the service had plans for developing staff in terms of training and further qualifications which were discussed during supervision meetings and then followed up.

Staff told us that they helped people to make choices about different aspects of their lives such as what food they ate and what activities they did. Staff also said they respected people's wishes and worked as hard as they could to meet them. One member of staff said, "It's so important that people have a choice about what they do. We work hard to enable this for them." Another member of staff told us they felt passionate about helping people to have as much choice as possible. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. Staff provided pictures for people of different menu choices so they could indicate what they wanted to eat or drink. We saw that people were able to choose what they wanted to do in terms of activities and staff provided the support for people to enable them to do it. For example some people had chosen to do some painting. Staff made sure that people had the materials and support to do this.



We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All the people living in this home had appropriate DoLS authorisations granted by the local authorities who commissioned their places at Clifton Manor.

Staff and relatives told us that the food and drink people were offered was varied and good. One relative told us how they had asked for a particular type of food to be provided for their family member and how as a consequence this had been done. We saw that people were given choice over what they wanted to eat and drink. There was a choice of a main meal on the menu and an alternative meal. There was hot and cold food and a varied nutritious menu. Menus were available in large print written format and also as pictorial menus. Where people needed extra support with their meals this was offered.

Relatives and staff told us that people were supported to access healthcare professionals as and when they needed. The healthcare professionals we spoke with said people were well supported with regular health checks. They told us that where needed referrals had been made to relevant healthcare professionals and they explained staff followed any instructions or changes regarding a person's care and support swiftly and accurately. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

Our inspection of care files confirmed that people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. All contacts people had with health care professionals such as dentists, chiropodists and care managers were recorded in their health action plans. We saw that each person had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

## Is the service caring?

### Our findings

Staff were kind and compassionate to people. We observed people's responses to staff both in terms of their gestures and body language and we saw that people were happy and enjoyed the caring attitudes shown them by staff. One relative told us, "The new manager and the staff are much more caring of people than the old staff team. They really care and I feel very re-assured." Another relative said, "All the staff are polite and pleasant and caring. They are very helpful indeed."

We saw from our conversations with staff that they had a positive interest in developing and maintaining good relationships with people and their relatives. The registered manager and staff told us that they aimed to provide a homely, caring environment for people. A member of staff said, "We all do our very best here. I think the residents have a good quality of life. It's what we aim for." A healthcare professional told us they thought the new staff team were impressive and were making a positive impact on people living in the home.

Staff we spoke with were knowledgeable about the people who used the service. One member of staff told us that the most enjoyable part of their role was, "Just spending time with and chatting to the residents, getting to know them well." Our conversations with staff, observations and the evidence from the records we reviewed showed that staff applied this knowledge when they supported people.

We observed staff involved people as much as was possible in decisions about their care and support. Staff asked people how they wanted to receive support. The care records we inspected showed that where a person whose disabilities meant that they were unable to communicate verbally, staff had developed a detailed support plan for communication with them. This included information about how the person used eye contact and body language to express their wishes for their support.

People were supported to be as independent as possible. We saw one example where a person who was only able to use a wheelchair before, was now able to do some limited walking. This had become possible due to a co-ordinated approach and detailed care planning by staff and other healthcare professionals involved with this person's care. The person was clearly delighted about this and some new found independence.

People were treated with dignity and respect. Staff had a good understanding and commitment to promoting people's right to privacy and dignified care. They gave examples of the way they ensured that people's privacy and dignity was promoted during care delivery. This included covering people up during personal care and not writing confidential personal information in the communication book.

People's friends and family could visit the home without restrictions. One member of staff told us, "Relatives and friends are welcome any time. A relative told us, "We visit every two weeks usually and we are always made to feel welcome."

## Is the service responsive?

### Our findings

People were only able to contribute to the assessment and planning of their care in a limited way due to their disabilities. However the manager and the staff team worked carefully with people and their relatives or advocates to ensure people's wishes and preferences and their best interests were always taken into account. Our inspection of people's care records evidenced they contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed and personalised and they were reviewed regularly every six months or earlier if people's needs changed.

We saw that care records contained detailed information about people's health and social care needs. They reflected how each person was to receive their care and gave guidance to staff on how best to support people. For example, one person could on occasions experience problems with eating. This sometimes led to them choking but the person had difficulty in verbalising what was happening to them. The care plan guided staff to monitor the person at mealtimes and to ensure all their food was cut up into manageable sized pieces to minimise the risk of choking. One member of staff said, "Knowing the resident is really important. Once you know them, you can tell immediately what is needed". The manager told us, "We involve relatives and other health and social care professionals as much as possible because it is important to gather for the person all the information and knowledge about them that there is. This helps us deliver the best possible care for them and that's what we are about here."

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records such as monthly keyworker reports that outlined the work staff undertook with people in the delivery of their care. This evidenced the close work staff undertook with people living at Clifton Manor.

All the people living at Clifton Manor attended a day centre on each weekday morning. This provided people with a number of varied activities that they indicated to us they enjoyed. Relatives and healthcare professionals told us the activities provided at the day centre were good. We did receive some helpful comments from relatives and professionals that indicated how the variety of these activities could be extended to the benefit of the people living in the home. One relative said, "They take my [family member] out and the activities provided are really enjoyed by them. Having said that I would like to see the range of activities extended so people are stretched a bit more." Another relative told us they would like to see their [family member] have an annual holiday each year. One of the healthcare professionals we spoke with said that while the activities programme helped people develop their skills and was something people enjoyed, it would be helpful if swimming could become a regular feature on the activities programme. One of the healthcare professionals told us the provision of a sensory room in the home would be a useful addition for people.

The manager told us the further development of people's activity programmes was an area they wanted to focus on this year. They told us it was important to ensure people were supported to engage in social and recreational activities that they chose and that improved their quality of life. This included activities both within and outside the home. They told us the process of reviewing each person's needs and preferences

was underway and new individual activities programmes had been drawn up for each person.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the service in an easy to read format that helped to clarify the process for those who might need it. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible to anyone who needed or wanted to use them.

Relatives we spoke with confirmed they were aware of the complaints procedure and were confident their concerns or complaints would be dealt with properly. One relative said, "I would speak to the manager and I am sure they would deal with my concerns seriously." We noted complaints had been dealt with effectively and appropriate professionals had been involved when needed.

# Is the service well-led?

## Our findings

A new manager was appointed in May 2016 and was in the process of applying to become the registered manager of the service at the time of this inspection. Staff said they felt supported by the new manager. They said the manager was approachable and listened to concerns and suggestions they raised.

One person's relative told us, "The new manager has made a big difference to the running of this home. It is noticeably better than it was before." Another relative said, "The new manager is so much better than the one before and as a result our [family member] is much happier and so are we." Both the healthcare professionals we spoke with echoed these sentiments and agreed that the new manager and the new staff team were making a positive difference to the care of people and the running of the home.

The manager told us they encouraged people, their relatives and staff to feedback about the service and were open to suggestions to make improvements. There were regular meetings with people, their relatives and staff, as well as the completion of annual satisfaction surveys to obtain their views about service delivery.

There was a clear leadership structure in place. Staff were knowledgeable about their roles and responsibilities. They were aware of the reporting procedures and escalated concerns as and when necessary. Staff told us there was close team working and they supported each other. Staff said they felt comfortable speaking to the manager if they needed further advice or support.

We saw documented evidence that staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments, good and bad practice was also noted and discussed in full. We saw that ideas from staff were listened to and actioned if appropriate. One member of staff told us, "The team meetings give us a good chance to discuss issues that need addressing and new ideas."

We saw a wide range of policies and procedures were in place for the service. These gave staff clear information about current legislation and good practice guidelines. We saw they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This code of conduct ensured the staff team were aware of how they should carry out their roles and what was expected of them. Staff displayed a good understanding of their roles and responsibilities when we spoke with them. We saw documented evidence that staff signed and read the policies and procedures for the home. This was a good way of ensuring staff were aware of these important guidelines.

The manager told us that they took seriously the need to continuously monitor the quality of the services they provided so that they had the information they needed to make improvements where they were needed. We saw there was a range of different methods in place to do this. Health and safety audits were carried out weekly covering as an example fire prevention and infection control. All the equipment and service checks were carried out as required and at least annually. Regular daily checks of food temperatures,

fridge and freezer and hot water temperatures were taken and records maintained. We saw that an audit of the procedures to do with administering and the storage and control of medicines was carried out monthly by the manager. This provided information for the provider and the manager as to how the service could be improved and developed. An example of this was the areas of the home that needed redecoration. We saw there was an action plan in place and the action points were being addressed where necessary. This all meant there were quality assurance systems in place that helped to maintain and improve the service effectively.

Staff liaised with placing local authorities, acute and community healthcare services in order to review joint working arrangements and to share best practice. This had helped to improve people's experiences of receiving health and social care while living at Clifton Manor.