

# Mrs Gillian Ann Harris

## Clifton Care

### Inspection report

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Date of inspection visit: 30 April & 5 May 2015  
Date of publication: 05/08/2015

#### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

#### Overall summary

We undertook an inspection on the 30 April and called people who used the service and relatives on 5 May. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in May 2014 there were no breaches of the legal requirements identified.

Clifton Care provides personal care and support to people in their homes in the Bristol area. At the time of our inspection the service was providing personal care and support to 12 people.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

People told us they felt safe when staff visited them and provided their care. A range of checks were carried out on staff to confirm they were suitable for the work. The recruitment process was thorough to ensure people were well protected.

There were sufficient staff available to meet people's needs. Staff told us that staffing levels were sufficient and told us they had time to meet people's needs. Staff understood how they should protect the rights of people who lacked capacity to make decisions as required by the Mental Capacity Act 2005.

Staff had got to know the people well and did what was expected when they visited. One person commented that the staff were knowledgeable and told us; 'they're experienced, caring and thoughtful people. Everything I ask of them, they know what to do.' People told us that staff were caring and their privacy and dignity was

respected and they had a positive relationship with the staff. One person commented 'if I have to use the commode, they would ask if I would like them to leave the room. They're polite and courteous.'

People were supported to see healthcare professionals when required and records showed that staff responded promptly to people's changing needs. The service had appropriate systems that ensured referrals to healthcare professionals were made.

There were arrangements in place for obtaining people's feedback about the service. People who had raised concerns felt they had been listened to and thought the manager was approachable. One person commented 'there had been staff changes and I hadn't been consulted. So I raised it and it has never happened again. Staff told us they felt supported and kept up to date with and developments.

People who used the service knew the registered manager and thought they were approachable. The registered manager communicated with people frequently to ensure the care provided met their needs.

# Summary of findings

## 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 safe. People felt safe using the service and spoke highly of the staff who supported them.

There were sufficient numbers of staff to meet people's needs and appropriate recruitment procedures were completed.

Risks to people were assessed. This helped to ensure people were safe when receiving care from the staff. Staff received training so they would recognise abuse and know how to report any concerns they had about people.

Good



### Is the service effective?

The service was effective. Staff received training and support which helped them to do their jobs well. Staff supervisions required up-dating.

People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005.

People had individual plans which set out the care and support that had been agreed. This helped to ensure that staff worked in a consistent way which met people's needs.

People's healthcare needs were met and the service had systems to obtain support and guidance where required.

Good



### Is the service caring?

The service was caring. People told us they had good relationships with the staff who visited them.

People told us they usually saw the same staff and they appreciated the continuity this provided.

Staff demonstrated a caring approach to providing person centred care and were knowledgeable about people's needs.

People told us the care they received was in line with their wishes and from staff who knew how to care from them.

Good



### Is the service responsive?

The service was responsive. People made choices about the care they received from the service.

People received care which met their needs. Staff stayed for the right amount of time and completed the tasks that had been agreed.

The provider had a complaints procedure and people felt they would be listened to if they complained.

Good



### Is the service well-led?

The service was well led. The service was meeting people's needs and staff felt well supported.

In their role as manager, the provider had a flexible approach and kept in close contact with the people who used the service.

Good



## Summary of findings

There were quality assurance systems to monitor the quality of the service provided.	
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# Clifton Care

## 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.

The inspection took place on 30 April 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in May 2014 and we had not identified any breaches of the legal requirements at that time.

This inspection was carried out by one inspector and an expert-by-experience who had experience of domiciliary care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. On the day of the inspection and the following Tuesday after the bank holiday, we spoke with four people and the relatives of two other people who received care from the service. We also spoke with four members of staff which included the registered manager and care staff.

We looked at four people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, accident records, complaints, surveys, recruitment and training records.

# Is the service safe?

## Our findings

People felt safe using the service and spoke highly of the staff that provided their care. People's relatives felt the service provided safe care. One person commented; "They've never ever let me down."

The provider had arrangements to identify and respond to suspected abuse. Staff were knowledgeable about safeguarding procedures and reporting processes. They all confirmed that any concerns would be reported to the registered manager. The provider had policies for safeguarding adults and whistleblowing. Staff we spoke did not have a detailed knowledge of the principles of the whistle-blowing policy. If required they knew that the policy was held in the office so they could follow the correct procedure if they had concerns about malpractice.

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made in order to confirm an applicant's identity and their employment history.

The provider had completed an assessment of people's needs and identified risks were managed when identified. Action had been taken to reduce the risk of people being harmed when receiving care. Records showed that hazards and the risk of harm had been discussed with them and assessed, such as being unable to get out the bath independently. Where the risk had been identified, it was highlighted in the person's care records so all staff were aware of the risk and what to do to ensure the person's safety.

Assessments also ensured staff promoted people's independence when supporting them. Within one person's record it showed that the person had requested that their

care worker support them in maintaining their independent lifestyle. Specific instructions were provided in the care records regarding the provision of personal care and the separation of tasks between the care worker and the person using the service. This showed the service had managed the risks associated with the person's care positively and enabled the person to maintain control and make choices about their care.

Environmental risk management guidance was available for staff for internal and external aspects of the home. Procedures were also in place so that staff knew how to gain access to people's homes. Practical arrangements had been agreed with people on an individual basis. This helped to ensure people were safe from unauthorised visitors.

The provider had procedures in place to monitor the reporting and reviewing of incidents and accidents. The registered manager and staff members told us that there had been no incidents since our previous inspection. If an incident or accident had occurred staff told us that it would be reported to the registered manager immediately.

Feedback from people and staff indicated that there were sufficient numbers of staff to support people safely. People had told us that they felt safe and confident that staff would arrive and they usually received the same regular staff team. They knew what to do and who to contact if they had any concerns about the service. One person had raised concerns about their care worker and the timings of their calls. This has been an on-going issue that the registered manager was aware of and they were in contact with the person to try and resolve the issues of concern. The person told us that they did not want to use an alternative service.

The registered manager told us that staff did not administer medicines to people, although would prompt people to take their own medicines. In some instances staff had responsibility for administering non-prescribed medication such as ear drops. This form of support was recorded in people's care records.

# Is the service effective?

## Our findings

People told us the staff worked effectively and had enough time to do what was needed. One person told us their care worker; 'is courteous and efficient'. Another person told us; 'I always feel confident in them'.

In accordance with their supervision policy staff usually received performance supervisions twice a year. They were completed by the registered manager following observations made during care provision at people's homes. A sample of the supervisions record showed that matters such as team working, record keeping, punctuality and the current support needs of the person using the service were discussed. Formal supervisions had yet to be held this year. Undertaking regular supervisions ensure that staff member's competence is assessed and identify where improvements may be required.

New staff completed an induction training programme. They followed the 'Skills for Care' common induction standards programme. Plans are in place to consider the Care Certificate guidelines. These are both recognised training and care standards expected of care staff. The induction also included a period of shadowing experienced care staff and then being observed during the initial stages of their employment. Staff did not provide personal care on their own until they completed the induction programme and observations had been completed.

Staff received training to enable them to carry out their roles. Staff spoke positively about the training they received and felt they were able to provide good care as a result of the training. The training records showed staff had received training in a variety of relevant topics such as moving and handling, health and safety, safeguarding adults, mental capacity awareness and food hygiene. Staff training details were held on each individual's personnel file. Although the assessed staff training was up-to-date there was no overall staff training matrix which collated all the information using one tool to notify the registered manager of training and refresher dates.

Staff members said they felt well supported in their work. One staff member told us; 'my training is up-to-date and formal supervisions are held. I'm advised if circumstances change before I visit the person. I'm listened to and the manager is very easy to approach.' Staff were supported to effectively carry out their roles.

People told us that their needs were being met and staff carried out the tasks expected of them. Two relatives commented; 'they check things out with him' and 'they are flexible and ask her what she wants.' One person also commented; 'I've discussed my revised care plan with the manager.' They had a written plan which set out the care and support they had agreed to receive from the agency. Staff said they had the information they needed about the care and support to provide to people on each visit.

Where requested people received assistance with preparing food and drinks. One relative commented; 'they prepare his food and may also help him to eat it if necessary.' One person also commented 'as I'm partially sighted, they make sure the drinks and things are on the kitchen counter for me.'

Records showed that consent had been obtained to people receiving care and support from the agency. The care plans did not have a date which would clearly identify that an up-to-date record was held on the person. Records of the registered manager's assessments and discussions with people indicated the care plans were up-to-date and reflected the person's choices, needs and preferences.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting on behalf of people who lack capacity to make their own decisions and ensuring their rights are protected. Staff told us how they involved people they cared for in making decisions, for example the clothing they wore on different days and what meals or drinks they wanted.

People received support with obtaining other services they needed in relation to their health and care. The registered manager and staff told us about occasions when concerns had been followed up, for example where it was reported by staff that a person's mobility was declining and required additional aids the matter was referred to an occupational therapist to take forward. Additional grab rails were installed to assist the person to mobilise around their home. Following a referral from the agency one person received care from the district nurse to attend to their leg sore. The registered manager had also met the local GP at the person's house to discuss their changing needs and circumstances. This helped to ensure that there was good communication and sharing of information about the person's care needs.

# Is the service caring?

## Our findings

The majority of the people spoke positively about the staff who visited them. They told us the staff were skilled, well trained and knew what they were doing; one person said; "they are kind-hearted and intelligent." Other people commented that staff were; "courteous and efficient" and "they are very capable". One person had raised concerns about the service but had no specific issues or concern about their care worker and advised that they helped them with the tasks they required help with.

The feedback we received showed that good relationships had been established between staff and the people they provided care for. People mentioned qualities in the staff they particularly liked, such as staff members being 'very friendly' and making them feel comfortable. We were also told the staff understood the need to respect people's privacy and dignity. One person gave the example of staff asking them whether they would they like them to leave the room when using the bathroom.

People felt involved in decisions about their care and their independence was maintained. People said they had been involved in deciding their care packages. People told us that the service communicated well with them. People's records contained personalised information within them,

for example how somebody liked their personal care given, what drinks they preferred or tasks they wished for the staff to complete prior to them leaving. People told us that care was delivered that met their needs and in line with their preferences. One person commented; 'we chat through things on a regular basis.'

Staff were knowledgeable about people's needs and told us they always aimed to provide personal, individual care to people. Staff told us how people preferred to be cared for and demonstrated they understood the people they cared for. They told us how they tend to support the same people which assisted them in developing a close relationship with people and allowed them to understand their needs. One staff member commented on the personal interests of the person they cared for and commented; "we have a really good relationship. We speak about politics as that's one of their interests".

People were given the opportunity to pass on their feedback in surveys that were sent out by the registered manager. The registered manager told us they also spoke with people on a regular basis to ensure they were happy with the service and to discuss any concerns. As the organisation was a small service it was possible for the registered manager to maintain this individual contact with people.



# Is the service responsive?

## Our findings

People told us the service was responsive to their needs. People said they saw the same staff, except at times of holiday or sickness. They appreciated this continuity and the consistency of care it provided. People commented that appointments were generally on time. If staff were running late people were always advised and staff stayed for the allocated time. No-one we spoke with experienced any missed calls.

Care records were personalised for people and clearly demonstrated their agreed package of care. People and where appropriate their relatives were involved in the planning of their care and told us their care plans were discussed with them. One person commented; 'a revised care plan is being finalised at the moment. Two relatives commented; 'the care is reviewed on a daily basis and I discuss things with the manager as required' and 'I have regular contact with the manager and the care plan has been reviewed.' Records contained information for staff that showed each person's individual needs and how they liked to be supported. Staff told us they felt the records were detailed and enabled them to provide personalised care.

People felt the service was responsive to their needs whilst being flexible in their approach. One person commented; 'they are flexible on a daily basis depending on what help is required.' Another person told us; 'if I'm having a bad day they'll do more for me and they have changed times (for the person) when required.'

Staff also felt the service was responsive to people's needs. Staff members commented; "I always ask what the person would like and give them time to think about things and make decisions. I want the service user to know it's up to them and they're in control' and 'people express their views and I know their routine. I always ask what people want.' We were told by staff that although there were care tasks they had to complete with people, there was also the scope to ask people what else they needed at the time. Some people received support with activities outside their home

and they talked to staff about the things they would like to do. One person, for example, had support going out for a walk in the park at the weekend. One relative also commented; 'they will go onto the Downs if the weather is nice and have a sandwich.'

We asked staff if they felt they were given sufficient time at appointments to provide the care that people needed. They told us the service allowed sufficient time during appointments and that care could be delivered in a personalised way at a pace suited to the person.

People told us they felt involved in the decisions regarding their care. We were told that staff asked them what they would like them to do and checked things with them. They also talked with the registered manager on occasions to discuss their needs and any changes in the visits they received. Staff confirmed they kept a communication log which included their visit times and details of the care they provided. They said it was also a means of recording any significant events which other staff and the manager would need to be aware of. The reviewed daily records clearly indicated the level of care provided and the person's well-being and whether there was a change in the person's behaviour. This helped to ensure relevant information would be available when people's care was being reviewed.

People's views were being obtained in surveys and in their contact with the manager. A record of complaints and concerns was kept and this showed how particular matters had been followed up and taken forward. People we spoke with said they would feel comfortable raising concerns with the manager and were aware of the complaints procedure. Two people told us that they had contacted the manager about the level of service provided. One person said that there had been a minor 'misunderstanding' that had been successfully resolved. The other person commented 'there had been staff changes and I hadn't been consulted so I raised it and it's never happened again'. The provider told us most issues were dealt with informally at an early stage. We reviewed the manager's telephone records held with individuals which identified the informal position dealing with a person's concerns.

# Is the service well-led?

## Our findings

Clifton Care is being run by a provider who also manages the service on a day to day basis. People who used the service knew who the registered manager was and thought they were approachable. The registered manager communicated with people frequently to ensure the care provided met their needs. People were complimentary about the management of the service and the frequency of the contact they received from them. Comments included; 'the manager has visited me and we chat periodically on the phone'; 'they are very approachable' and 'we talk regularly and have an on-going dialogue.

To ensure that people's needs were met the registered manager maintained contact with people through the assessment and care planning process. The registered manager told us how they responded to the needs of the service, for example by being flexible in their role and arranging cover for care staff when required. People we spoke with had not experienced a missed call. The agency provides a 24 hour service. The registered manager advised that they can be contacted out of hours. In case of an emergency people who used the service had their number to contact them.

Staff said they had been given the resources they needed and were content with their employment and felt supported by the manager. Staff gave positive feedback about their roles and the support they received to undertake their roles. One member of staff told us; "the manager is very easy to approach. I speak to her daily about the clients. People get good care. It's like a little family. I wouldn't work anywhere else. I would recommend the service to other people'. The registered manager commented that they try to have staff meetings but they are not formalised or documented. However, owing to the size of the operation she spoke with all staff on a daily basis. This position was confirmed by the members of staff we spoke with.

The provider had systems that monitored the quality of the service provided and quality assurance forms were sent

annually to people. The results of the 2015 survey had yet to be analysed. The 2014 survey was analysed and identified issues that needed to be taken forward. An example of this included staff not wearing their ID badges. Staff were reminded that ID should be worn at all times when on duty and this formed part of the registered manager's assessment when conducting supervisions. Feedback in the 2015 survey was positive. One comment from a relative advised; 'x can sometimes be very difficult and aggressive but the carers are extremely patient.' A person who used the service stated in the survey; 'I am very satisfied with all the help and support given to me. Many thanks and I look forward to the future visits.'

The provider had a system that monitored the quality of the service provided by the staff. Two supervisions were conducted each year. The 2015 supervisions were yet to be held and the registered manager knew they were due and required action. The registered manager advised that the supervisions would be completed within the next few weeks. Direct observations of staff were previously completed to ensure the provider's standards were maintained. The observations also sought the person using the service opinion about the carer and the level of support provided.

There were a range of policies and procedures which set out the measures to be taken in relation to different aspects of the service. The provider recently reviewed the policies and procedures to ensure they continued to be appropriate for the service and they reflected changes in legislation and practice guidelines. The training policy was being up-dated and they recently introduced a Duty of Candour policy.

The Duty of Candour policy requires the service to act in an open and transparent way with people who use the service and other 'relevant persons' (people acting lawfully on their behalf) in relation to the care provided. The registered manager told us that they encouraged staff members to be open and honest. Staff members confirmed that they would feel confident to approach the registered manager with any issue of concern.