Clifton Manor Ltd

Clifton Manor

Inspection report

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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

This was an unannounced inspection and took place on 25 and 28 November 2014. At our previous visit in May 2013, we judged that the service was meeting all the regulations that we looked at. Clifton Manor is a care home providing personal care and support for up to eight adults with a learning disability. At the time of our visit there were six people with moderate learning disabilities using the service.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 a service is run.

People told us they felt safe at the home. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service, their relatives and staff about how to report suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of risk. Staff knew how to use the information to keep people safe.

Summary of findings

Staff knew about the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS), which care homes are required to meet. There were procedures in place that could be used if they were needed. We found that staff sought people's consent before providing care. The DoLS refers to the framework of safeguards under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.

There were enough staff to help keep people safe and the home had safe recruitment procedures to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider but not all the staff were trained in manual handling or in the Mental Capacity Act 2005. The manager told us that those staff who had not received this training were enrolled on the next available training courses. We saw documented evidence of this.

Appropriate arrangements were in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely.

People were involved in planning their care and their views or that of their relatives where relevant were sought when decisions needed to be made about how they were cared for. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity.

People indicated that they felt that the service responded to their needs and individual preferences. Staff supported people according to their personalised care plans, including supporting them to access community-based activities.

The service encouraged people to raise any concerns they had and responded to them in a timely manner. People and their relatives were aware of the complaints policy.

People gave positive feedback about the management of the service. There was an open and positive family feel at this home. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who lived there. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via surveys and action plans were developed where required to address areas for improvements.

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?

Good

The service was safe. People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Risks were assessed and managed well with people's care plans and risk assessments providing clear information and guidance to staff.

Recruitment practice was safe and thorough. The registered manager ensured there were sufficient staff on duty who were appropriately qualified to meet the care needs of the people who used the services.

The arrangements for the management of medicines were effective and safe.

Is the service effective?

Good

The service was effective. People's health care needs were assessed with them and they were supported to access health care services as required.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and DoLS. Most of the staff team had been trained to understand when an application should be made and the process for submitting an application. Those staff who had not been trained were enrolled for training in the near future. People said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed.

Staff received regular and appropriate training and supervision to ensure they were able to meet the specific needs of people using the service.

Is the service caring?

Good

The service was caring. People were supported by kind and attentive staff. Staff showed patience and professionalism and gave appropriate encouragement when supporting people. People said staff treated them well and respected their privacy.

Decisions about people's care involved the person and where appropriate their relatives.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People said there were regular house meetings where they were encouraged to give feedback about the service they received. There was an appropriate complaints procedure in place which staff were familiar with.

Summary of findings

Is the service well-led?

Good

The service was well-led. Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. The registered manager took appropriate action to address any issues or concerns raised about service quality.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home.

Clifton Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 28 November 2014 and was unannounced.

This inspection was carried out by a single inspector. We reviewed the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with three people who use the service, the registered manager, the deputy manager and three staff members. We observed the provision of care and support to people living in the home. We looked at three people's care records and three staff records and reviewed records related to the management of the service. We talked to the local authority care manager responsible for six of the seven people who use the service.

Is the service safe?

Our findings

People told us they felt safe living at Clifton Manor and this was evident also from the relaxed atmosphere that we experienced in the home during our inspection. One person said, "This is my home and I like living here. I do feel safe and I wouldn't want to live anywhere else."

Staff told us they delivered care according to how people wanted to be supported to help protect their rights. The provider had equality and diversity policies that assisted staff in understanding how to respect everybody's rights consistently.

Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. Staff described how they would recognise the signs of potential abuse and what they would do to prevent and report it appropriately. The staff who we spoke with listed the various types of abuse that they might encounter and knew how they could escalate any concerns that they might have. We looked at the records of the training staff had received, which indicated that all staff had completed a safeguarding vulnerable adult's course in the past twelve months.

The registered manager showed us a copy of Pan London's safeguarding policy that was in the office for reference purposes – "Protecting adults at risk; London multi agency policy and procedure to safeguard adults from abuse." We saw the provider also had policies and procedures to do with staff whistle blowing, how to make a complaint, and reporting accidents and incidents. We spoke with staff who told us they had read these policies and they had signed to say they had read and understood them and they knew what actions to take if necessary. Our discussions with them evidenced this and it has all helped to protect people from the risk of abuse.

The registered manager told us that any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams. We saw documented evidence of this. We saw examples of how the service learned from accidents and incidents and involved people in action plans. These included meeting with people to discuss why incidents had happened, reviewing existing protocols with them and agreeing further risk management actions to put in place that did not compromise the person's rights.

We saw that people had individual risk assessments and risk management plans in their care files and these had been developed with people and their relatives to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. One person's risk assessment stated that they had a diagnosis of epilepsy and there was information about the history, frequency, type, triggers or warning signs of any seizures they might have and the responses staff should make in these situations. When we looked at people's care files we saw that risk management plans had been followed appropriately by staff.

The service had other risk assessments and risk management plans in place to ensure that risks were minimised. There was an up to date fire risk assessment and a monthly health and safety check. Potential hazards and areas of risk had been identified and action taken where necessary to reduce them.

The provider had effective systems in regards to fire safety. Staff had attended fire safety training. They were able to describe to us how they would respond if fire broke out. Staff knew what their roles were in emergency situations and what they needed to do to keep people safe. The registered manager told us that they held regular unannounced fire drills and that both staff and people who used the service followed the procedure and evacuated the house as required. We saw the records that evidenced this.

People told us there were enough staff on duty to keep people safe and to meet their needs. We saw staff rotas for the month. During the day we saw there were three members of staff on duty as well as the registered manager to support six people. The registered manager told us that at night time there was always one member of staff on duty who slept in. There were both male and female staff on duty and there were sufficient numbers of staff on duty which meant that people were able to have appropriate one-to-one support.

We reviewed staff files and saw they contained evidence that recruitment checks had been carried out before staff were employed. These included criminal record checks, proof of identity and right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

Is the service safe?

Appropriate arrangements were in place in relation to obtaining, storing, administering and the recording of medicines. This helped to ensure people were given their medicines safely. We saw that all the medicines were safely stored away in a locked medicines cabinet.

We looked at a random sample of medicine administration record (MAR) sheets held in the home. These records were maintained appropriately and we found no recording errors on any of the MAR sheets that we looked at.

Staff told us that they received training to administer medicines safely. They also said they were assessed by the registered manager in terms of their competence and knowledge so they could administer medicines in the home. Records we examined confirmed this.

Staff were fully aware that they should always report any concerns they might have over medicine handling practices within the service. We were told by the registered manager that there was a weekly audit of medicines held in the home and we saw evidence that supported this.

Is the service effective?

Our findings

Staff told us training provided by the home was good. They said they had had good induction training and other specific training such as for fire awareness, health and safety and infection control. They said they had gained enough knowledge and experience to be able to manage situations that arose whilst carrying out their jobs. One member of staff told us they were undertaking additional training so that they could improve their knowledge of the needs of people with a learning disability. We looked at staff training records which confirmed that most staff had received all the training assessed by the provider as being essential and some additional training in autism awareness, and epilepsy. This has helped them deliver care and support to people more effectively. Two members of staff had not had training in manual handling and we saw evidence that showed they had been booked onto the next available training for this.

Most of the staff team had received training to do with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff who we spoke with told us about the process to be followed if they believed that people were not able to consent and make decisions about their care and treatment. From our discussions with staff it was evident the training they had received had helped them to understand when an application should be made and the process for submitting an application. This has helped to ensure that people were safeguarded as required. The registered manager told us that those two staff who had not received training for the Mental Capacity Act 2005 had been enrolled for the next available training session in these areas. We saw booking forms for the staff that supported this.

We saw records that demonstrated the registered manager and deputy manager had relevant qualifications to equip them with the skills and knowledge to make sure people's needs were met appropriately. The registered manager told us that staff were supported to keep up to date with best practice both by in house training and by external training such as that offered by the local authority.

Staff said that the registered manager provided one to one supervision that they found supportive to help them do their jobs effectively. We saw up to date supervision records for staff that evidenced they had regular supervision every six to eight weeks. The records we saw also showed that the service had plans for developing staff in terms of training and further qualifications, which were discussed during supervision meetings and followed up. Staff told us the registered manager was always available to provide informal support to help them provide effective care to people. The registered manager told us the home had monthly team meetings and that they discussed aspects of good practice to ensure care was being delivered to a consistent standard. We saw the minutes of these meetings over the last year that evidenced this.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. We found the provider to be meeting the requirements of DoLS. The registered manager was able to explain the process of applying for authorisation with the local authority in cases where people might have been deprived of their liberty.

People said they were able to make choices about some aspects of their care. Where people did not have the capacity to make choices to do with their care, such as to do with their medicines, we saw minutes of best interests meetings in care records which involved families, relatives and care managers as well as staff from the home where the person's best interests were discussed and decisions agreed.

People were protected against the risk of unlawful or excessive control or restraint because the provider had appropriate policies in place that staff were aware of and had provided staff with training. Staff told us they had received training in preventing and managing behaviour that challenged the service. We saw training certificates for staff that evidenced this. We saw action plans for people that had been agreed and provided for staff to follow if these situations arose. This meant that staff had the necessary information required to keep themselves and people safe and to ensure that the care provided was appropriate to meet people's needs.

People told us the food provided by the home was good. One person said, "They ask me what I would like on Sundays for the week ahead" and "The food is very nice: you get to choose." Staff said they ensured people had enough suitable and nutritious food by asking them what they would like to eat for the week ahead on a Sunday. The registered manager told us that they encouraged and supported people to go with them to shop for their own food. They used a food diary to see what people had eaten

Is the service effective?

for previous meals so they could make sure people's meals were varied. We saw from the diary that there was a variety of healthy food on offer and that different people had different things to eat at each meal, demonstrating that choices were offered. People confirmed that the food they were offered was healthy and that portion sizes were appropriate for them. Staff told us they were aware of people's dietary needs and although they respected their choices, they would remind them to eat nutritious foods if they chose less healthy options.

People's care plans included information about their nutritional needs and preferences. People we spoke with confirmed that mealtimes were pleasurable and unrushed.

People told us staff helped them to keep healthy, including seeing health professionals such as the doctor when required. Records showed that people had had check-ups with their dentist and optician within the last year. The registered manager told us that if anybody required medical attention the home would arrange a doctor or hospital appointment for them. This was evidenced in people's care files. There was evidence of discussion with each person about their healthcare needs and staff had met with people individually to discuss how they would like their needs met.

People we spoke with told us they liked their bedrooms and had been able to decorate them and personalise them as they wished. We saw that the design and layout of the home was appropriate for people's needs. As an example, bathroom doors were wide enough for wheelchair access and all rooms had call bells so that people could raise staff attention if they needed to. We looked at four of the six people's bedrooms and they were clean, neat and tidy. One person indicated to us that they had posters on the wall that they liked and other personal effects that they evidently treasured. Another person showed us their bedroom and we noted that it was of a good size with en-suite facilities and it seemed comfortable and homely. We asked if they had chosen their décor and they told us they had. The manager told us that it was custom and practice for people in the home to be involved in choosing the decoration for their own rooms.

Is the service caring?

Our findings

People told us that they were treated with respect and staff responded to their views regarding how they wished their needs to be met. One person said, “Staff are very nice to me, they are kind and caring." Another person told us, "They look after me well." People also said they liked living in the home and that they felt well supported by staff. One person said, “I love it here the staff are kind to me, this is my home.” One person said that they went to church fairly often and that they felt supported to practice their religion.

People and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care. We saw that discussions with people and relatives were discreet and had not been conducted in front of other people.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend church or religious services if they wanted to according to their cultural backgrounds.

Staff provided care and support in a gentle and caring manner, listened to what people had to say and involved them in decisions regarding their care. We observed that staff asked people's permission before providing any care and support for them. People and relatives were able to discuss any issues that concerned them regarding how care was being provided with staff.

Staff told us they encouraged people who lived in the home to make decisions wherever they could about their care on a daily basis. They said, “In the mornings after breakfast we sit down with people and explain their timetable for the day ahead and ask them whether they are happy with it. They can choose to do others things if they want to.”

We saw that information to do with local advocacy services was displayed on the home’s notice boards. When we spoke with relatives of people they mentioned that they knew about the advocacy services that were available and would use them if they needed additional support but to date had not needed to do so.

Is the service responsive?

Our findings

People told us they and their families were involved in their care plan reviews. One relative told us, “I always get invited to the care reviews.” Staff we spoke with said that families and relatives as well as local authority care managers usually attended care plan review meetings.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care. Staff knew the people they cared for well and understood their likes, dislikes and the best way to engage with them. Staff understood and respected people’s individuality and it was clear when we spoke with them they knew people well. We saw that people’s care plans included clear description of learning disability care needs where appropriate and described how to communicate using awareness of their visual signs and knowledge of their preferences and life experiences.

The registered manager told us, “Everyone has a keyworker and they all know who is responsible for supporting them to access any health or care or other support that they might want either as part of their care plan or otherwise.” On those people’s files we looked at, there was information about their life histories. This was useful in helping staff to understand more about the lives of people living in the home.

The registered manager told us that regular needs and risk assessments were carried out for people together with them and their families and involved health and social care professionals. We saw evidence of this on people’s care files. We also saw that care plans had been updated and that reviews had been maintained regularly at least annually or earlier if a person’s needs had changed. Staff had opportunities to discuss information from reviews at staff meetings so necessary information was shared about people’s care and changing needs.

The service supported people to access classes and groups that were important to them and which enabled them to remain a part of their local community and see their friends. Whilst we visited the home we saw people returning from their activities programme. People told us they really enjoyed the activities they did generally and those they had done on the day of the inspection. We saw that the home had arranged activities for them both inside and outside the home that suited them and each person had a unique timetable of activities.

People told us they knew how to raise concerns by speaking to staff or the registered manager and they said they felt comfortable doing so. Relatives of people who we spoke with said, “They listen and respond to anything I might raise with them as a concern.”

The registered manager said people were encouraged to raise any concerns or complaints that they might have. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of on-going learning by the service and so that improvements could be made to the care and support people received.

Staff we spoke with were aware of the complaints policy. This had been discussed with them at a team meeting so that staff were equipped to support people to make complaints, respond appropriately and give people the information they required. A copy of the policy was displayed where people could see it and an easy read copy was also seen to be available in people’s rooms.

Is the service well-led?

Our findings

People we spoke told us they thought the registered manager was "good" and "very understanding" and made them feel well cared for. They told us the home's registered manager had made a big difference to the home since coming into post. One person said, "They care about how the home is run and they ask us for our opinions". A relative said, "I've noticed an improvement since the new manager came in."

At our inspection of this service we found there was a positive management ethos that included an open and positive culture with approachable staff and a clear sense of direction for the service. Staff agreed that this was a fair reflection. They said the service was forward looking and the registered manager considered how the staff team could provide people with better standards of care and support. Staff told us they had had to work harder with the new registered manager and one member of staff said, "that was no bad thing" and another member of staff told us they had been given learning and development opportunities to help them widen their knowledge and skills base. Staff said they were encouraged to learn and develop professionally, which they said was motivating and encouraged them to take pride in their work.

The registered manager told us that people's views were sought formally about aspects of the running of the home via quality assurance feedback forms. We were shown the returns from the last survey carried out earlier this year which were positive. We saw that the feedback had been analysed and an action plan drawn up that was being worked on by the registered manager. For example relatives had requested there be more social events that they could all attend. The registered manager told me this was understood and additional events would be arranged, starting with one this Christmas. The registered manager had a clear vision for improvement based on feedback provided by the surveys and that people felt the service was continually progressing towards providing a better standard of care.

The home had a clear leadership structure. People knew who the registered manager and deputy manager were and who was in charge when one was absent. People knew they should report to the registered manager if they experienced any problems with the staff who supported them. Daily handover meetings had helped to ensure that staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

The service had other quality assurance systems in place. There was an up to date audit for fire drills; for medicines management; for general environment conditions such as for room decorations and repairs. We saw that there was a process in place that ensured where improvements were required, actions were taken and checked by the registered manager. We saw that the audits were carried out monthly. This demonstrated that the registered manager provider was aware of the need to maintain standards in the home and worked continuously to manage these.

Meetings were held with people at which issues regarding the general running of the service were discussed. Minutes were written in a way that supported people who used the service to understand and participate in decisions. For example, people had made suggested options for the menu. We saw posters on the wall of the home, clearly visible for all to see, that advertised local advocacy services. The registered manager told us this was discussed in meetings with people who used the service so they would have the information if they needed it. We saw minutes of meetings that evidenced this.