

Mrs Gillian Ann Harris

# Clifton Care

## 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 ●

# Summary of findings

## Overall summary

Clifton Care agency provides support and care for people in their own homes across the Clifton area of Bristol. At the time of this inspection there were nine people using the service

At our last inspection it was rated Good.

At this inspection it remained Good.

Why the service is rated good

People who used the service told us they felt safe. People told us they were looked after by staff that knew them well and gave them individual attention. Staff respected people's privacy and dignity and their individual preferences.

Staff received training to support them with their role when they joined the service and on a continuous basis, to ensure they could meet people's needs effectively.

People were supported to maintain their independence and maintain their life skills with necessary support required to help them retain their independence.

People received regular assessments of their needs and any identified risks. The service worked co-operatively with external agencies and people's families.

People who used the service, families, staff and professionals who we had contact with spoke positively about the quality of care that the staff team provided. People thought the service was well run and that their needs were met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# 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 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.

This inspection took place on 9 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

The inspection was undertaken by one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

We visited two people in their homes and spoke with one relative, three care staff and the registered manager. We looked at the care records for three people. We also looked at staff training records, complaint records, two staff files and other records relevant to the quality monitoring of the service. We spoke with two other people who used the service, one relative and two staff members on the phone before the inspection. We also spoke with one healthcare professional after the visit to ascertain their feedback on the service.

# Is the service safe?

## Our findings

The service continued to provide safe care to people. At the last inspection people felt safe using the service and spoke highly of the staff that provided their care. At this inspection people told us they felt safe and that staff provided staff care to them. All of the people we spoke with and their families told us they felt safe, felt involved and were able to make choices. Examples of comments included "I have been with Clifton Care for over five years and they are confident in caring for people. They are local and they make me comfortable and safe", "My carer goes out with me twice a week safely to do the things I want to do which is very important to me," "yes I feel safe with them I have been with them for a very long time. A friend recommended them to me. I feel safe because the girls know what I want and they are gentle and kind and support me in a safe way." and "They look after me so well. I feel safe with them". A relative told us "The carers are quite good with my family member. They support them safely from what I can see". Another relative told us "yes [Name] is safe with them. When the shower him I don't have any concerns. I know they are brilliant with him. They go beyond what they are expected to do to make sure he is safe and comfortable".

People that received medicines with the assistance of staff told us that this happened safely with comments such as "Yes my carer gives my medicine safely I have no issues with that at all." One relative told us I give most of the medicines but the ones the carers give they give it safely.

The service was not responsible for obtaining medicines on behalf of anyone using the service unless this is specifically required for staff to assist with this individually. Where medicines were administered with staff support we found evidence that this was correctly logged on care records and medication administration record sheets (MARs).

All said that they were happy with the staffing levels and that the care workers stayed for the allocated time and finished the care task with them. One person said "Yes we have to be flexible with that. Sometimes they do errands for me because those things are important to me and they are a part of my care plan". One relative told us "Yes definitely. Sometimes they stay longer to make sure everything is done. I think they enjoy their job and they don't rush".

There was an up to date safeguarding policy and guidance for staff in the staff handbook on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training on safeguarding people from abuse. There was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff we spoke with were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One staff member told us, "I must report it to the manager if I notice anything or there are changes in a person's behaviour". Another staff member said "I will definitely ring the manager and let her know. I can also ring the CQC, the police or the social service".

Staff understood the term whistleblowing and to whom concerns must be reported. One staff member told us "If I think something is wrong I can contact organisations like the Care Quality Commission (CQC) and the social services if the manager is not taking me seriously or taking any action". Another staff member said

"The policy is there to protect us if we report any abuse or if people are at risk of harm".

Staff records demonstrated that the service had undertaken safe recruitment checks for each person that the provider employed. The provider obtained written references and also checked various different types of documents to verify a person's identification. For example, a passport and UK resident permit. Criminal records checks were completed for all staff that they recruited. This ensured that unsuitable people were prevented from working with people who were cared for and supported by the service.

Risk assessments were updated regularly to ensure people's needs were met and action could be taken to minimise the potential risk. Risk assessments covered environmental and day to day risks and were being updated at regular intervals. All of those we looked at had been reviewed in the last six months.

## Is the service effective?

### Our findings

The service continued to provide effective care to people. All of the people who used the service and their families we spoke with told us said they had a care plan and knew what a care plan was. One person said "Yes I have a folder here with my care plans and the staff look at it when they came. They always write on it before they leave." People said care plan was updated regularly and they felt involved in it. One person told us "I was very much involved. They went through everything with me and I signed it". And a relative said "We were involved and they went through everything with us in the beginning and they have reviewed it regularly ever since then and especially when there is a change in my relatives health."

All staff had been trained in all areas required for their role. This ensured that care staff had the knowledge and skills needed to carry out their roles and responsibilities to care and support people with their needs. The records confirmed that staff had received training in a variety of areas including, food hygiene, dementia awareness, medicines administration, basic life support, person centred care and effective recording skills. There was evidence that these had been updated on a regular basis. One staff member told us "I have all my trainings and also had specialist training in diabetes and palliative care. New staff received induction training in relevant areas including moving and handling, safeguarding, basic life support and health and safety in line with skills for care common induction standards.

Staff we spoke with had received training on Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DOLs) and had an understanding of the principles of the Act. Staff comments included "I understand that the 'Act' is put in place to protect people who have no capacity to make their own decision and another staff member told us "It means that if someone lacks capacity to make their own decisions their family will be involved to make decisions in their best interest".

The care plans showed that consent to care and support was being requested. Where people used the service were unable to provide this consent it was sought and obtained from a relative, or health and social care professional on their behalf

One relative told us "I am involved in making decisions with my family member". One person told us "Yes definitely. The girls ask me first and make sure all they do for me is with my consent and choice". This showed that staff understood how to seek consent.

Staff told us that they received regular supervision (This is a system of staff support and development) every three months and training was always discussed and available. One staff member said that "I have supervision every three months and we discuss my work, I also talk to my manager every week on the phone. I also have appraisal once a year when we sit down and go through what I have done for the year and what I need to do next year" We found from staff records that supervision meetings were taking place at regular intervals and consistent and in line with the service's policy of four times per year.

Where care workers were required to assist people to prepare a meal we found that they had training in food hygiene. Someone who used the service that required this assistance told us "The staff cook my meals and I choose what I eat." We observed a staff member asked an individual what they wanted for breakfast and

prepared it for them how they wanted it. This showed that people were able to choose what they ate and drank.

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the agency required that any changes to people's condition observed by staff when caring for someone were reported. One said "If I noticed that someone was unwell I asked them if they would like me to call their GP." Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific training and guidance to staff about how to support people to manage these conditions.

## Is the service caring?

### Our findings

The service continued to provide a caring service to people. People were supported by staff who were kind and caring. All of the people who used the service and their families told us that the staff were very caring with comments such as "I am happy with my service they are brilliant. The carers are very good and well trained". Another person told us "My carers are very kind and caring. They also compassionate and gentle." One relative told us "I am very happy with the care they give to my relative. They are compassionate and patient. They do exactly what we ask them to do". Other comments from relatives included "The staff treat him with kindness and are very caring. Most of them are excellent. The new ones are learning. They are all cheerful and brilliant".

People's individual care plans included information about their culture and religion, daily activities, communication and guidance about how personal care should be provided. We found that staff knew about people as individuals and had care plan's which described what should be done to respect and involve people in maintaining their individuality and beliefs. One staff member told us "I make sure that I only do what they want and not to be judgemental about their belief and to provide the care in the way that suits the person".

People who used the service and their relatives told us they had been involved in decisions about care planning and if they had seen their care plan, understood it and been allowed to sign to agree that the care plans met their needs. People said that they had been involved in decision making as had associated professionals when relevant. Those we spoke with, and their relatives, raised no concerns about their rights to dignity, privacy, choice and autonomy being respected.

People's privacy and dignity was respected and maintained. One relative said "They are very good with [Name] as you can see they shut the door in the wet room when they are showering them" Staff we spoke with were able to explain the way they worked with people. They said they focused on people's needs being individual and that their role was to respect their dignity and privacy. One staff told us "We ensure that we draw the curtains and close the door when supporting people. Put a towel over them. We ask them if they would like to do their private areas and encourage them to be as independent as possible." This showed that staff knew how to maintain privacy.

Compliments received by the service included " Thank you for those who cared for my relatives and many thanks for the greater care and attention you and your staff gave to my relatives which helped them to continue life with greater dignity".

## Is the service responsive?

### Our findings

Care and support remained responsive to people's needs. The people who used the service each had a care plan. The care plans covered personal, physical, social and emotional support needs. We found that care plans were individualised to the person the care plan referred to. The care plans described people's specific needs and reflected each person's lifestyle and preferences for how care was to be provided. All the care plans had been reviewed within the last year and in some cases when the needs changed. The service kept daily notes of all contact made with people who used the service and others in relation to their support and care. Entries for the people whose care plans we viewed showed that the service was able to clearly show what contact had been made and the actions they had taken in response. For example, contacting the GP or district nurses if someone was unwell.

People who used the service and their families told us that they were visited before the agency started to support them. They said they had a care plan and knew what a care plan was. All said it was updated regularly. All said that communication with the office and manager was good. People and their relatives told us they trust the office staff and that the manager came to see them regularly. One relative told us "We get on very well with the office and the manager visits quite often and when she is not able to visit she talks to us on the phone". Another relative said "Communication with the office is pretty good. It is easy to get hold of them". Other comments included and "They are very professional my relative's care plan is regularly updated we are happy" and "The manager is very good I can ring her at any time and she pops in to anytime to see us to see if we have any concerns or there are any changes so she can update the care plan. One staff member told us "The care plans are updated yearly but when there are changes in a person's circumstance it is updated. For example if someone has just returned from hospital it is updated and all the carers are informed". Relatives also told us they agency will always let them know if care workers were going to be late for their visit.

Staff members we spoke with had a good understanding of maintaining people's rights to independence and respecting the choices and decisions they made about their care. One staff member told us "We respect their choices and their preferences and support them according to how they want it". Another staff member told us "we have to ask permission, before we can do anything for them".

There were opportunities for people to provide feedback about the service and suggest possible improvements. People told us they were asked their opinion of the service and could remember receiving a satisfaction survey. One relative said they could not remember if they had received the survey in regards to the service improvement however, manager had visited and asked questions on how they could improve service or make any changes within the service.

The provider's service standards survey which was undertaken in November 2016 showed that people's experience of being supported by caring staff achieved a high degree of satisfaction by people who used the service and their relatives. For example, one person said " the care staff are brilliant. I am very satisfied with my care".

One healthcare professional said "We have no concerns about the care they provide for [Name].If there are

any concerns with pressure are care, they quickly get in touch and they follow instructions we give them. They provide good support for [name]. The manager will call us if they feel concerned about their health".

People told us that they were aware of the provider's complaints policy and procedure and who to contact if the needed to. None of the people who used service or their families said they had reason to complain but that if they had any concerns it was always resolved quickly. People, relatives and staff were asked about whom they talked to about any concerns or complaints and if they thought they would be taken seriously. People said they felt confident that they would be listened to. The comments that people made showed that people who used the service, their relatives and staff felt able to speak with the registered manager and their own care workers if they had anything they wished to raise. One comment included "I have had no reason to complain. We are happy".

The service had two recorded complaints since our last inspection and we saw they were all responded to and investigated and the outcome communicated to the complainant". This showed that the provider had an effective complaints procedure.

## Is the service well-led?

### Our findings

The service continued to provide a well-led service to people. A registered manager was in post at the time of our inspection. 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.

People said "The manager is approachable and comes and visits regularly. The agency is a very nice we have been with them now for a few years they are very competent" and "They are brilliant." All the people told us that they had been asked their views on the quality of the service. This showed that the agency was well run.

One example of positive feedback from a relative about the registered manager included "I cannot thank the manager enough for the way she enabled my relative to have the best possible end of life care possible. She was always available and responsive, respected and valued our preferences. She did an extra ordinary job and will possibly never know how profound an impact that has had on caring. The management of Clifton care was superb and the manager was an incredible support, unfazed by a rapidly changing and fluctuating set of care needs".

Staff had received regular spot checks to make sure they were providing consistent quality care to the people who used the service. The registered manager told us that they sought people's views every week, which we confirmed as a part of the spot check system. Everyone we spoke with said they would recommend the agency and said they were very good.

Staff felt supported by the management. Comments included "The manager is approachable", "management are very good and very supportive" and "The manager is very good, if you have any problems you can just call them on the phone and they will deal with it."

The registered manager told us they held staff meeting periodically to discuss any issues arising or concerns. These were recorded so that they could keep a close track on issues arising and the topic discussed. A staff member confirmed they had staff meetings to discuss people's care and any concerns they (staff) may have. Each member of staff we spoke with demonstrated that they took their caring role seriously. Staff working at the service felt accountable for the way that care was delivered. One staff member said "I make sure arrive on time and provide care and support to people the way they prefer". Another staff member said "it is important that we follow the care plan to make sure that people's needs are met." The registered manager told us that the values and the visions of the agency was "to give the very best possible care to the people we care and support". This showed that the staff were well supported to provide quality care to people.

People's views about their day to day care were sought. A questionnaire was sent out in September 2016. We saw that the agency received 85 % response rate from the questionnaire. The responses were collated and the report showed that people were satisfied with the quality of the service provided. The registered manager told us that they also visited people regularly to seek their views and also spoke with people on the

phone to make sure the quality of the service they received remained consistently satisfactory.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the agency. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.