

Mrs Oriel Graham

Clifford House

Inspection report

Westlinton
Carlisle
Cumbria
CA6 6AG

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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

Clifford House is a modern detached property, approximately 3 miles north of Carlisle in the village of West Linton. The service provides care and accommodation to five people with a learning disability. There is a large lounge with a conservatory and a dining kitchen on the ground floor. Bedrooms are all single and situated on the ground and upper floor together with toilet and bathing facilities. There are well kept gardens to the side and rear of the property. At The time of the inspection visit three people lived at the home.

There was a registered manager in place who was also the owner. A registered manager is a person who has registered with the Care Quality Commission 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.

At the last inspection on 01 May 2017 the service was rated Good. At this inspection we found the service remained Good.

Clifford House operated as a family home and the three people who lived there had done so for over 20 years as part of the family unit. One person who lived at the home said, "This is my home and family we are all so lucky here to be looked after [registered manager/owner]."

Relatives told us they were made welcome by a caring and compassionate person who supported their relatives. They told us they were happy with the care provided and had no concerns about their relatives safety. One relative said, "I would give [Registered manager/owner] 100% an absolutely wonderful person."

Suitable arrangements were in place to protect people from abuse and unsafe care. People at Clifford house told us they felt safe.

The registered manager/owner with part time support from a family member provided care and guidance for the three people who lived at Clifford House. No staff had been recruited for many years.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found that medicines were managed well and in line with people's needs.

We observed during the inspection visit warm and friendly interactions between the owner and people who lived at the home. We saw the owner was able to communicate well with the people they supported.

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

People who lived at Clifford House told us they enjoyed the meals and choices made available to them and they supported the owner with cooking and cleaning of the kitchen area. One person who lived at the home said, "We make what we like each day, [owner] is a very good cook."

We found people had access to healthcare professionals and records were kept of outcomes of visits and what action was taken to meet their healthcare needs.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. The people we spoke with told us they were happy with the service and had no complaints

Monitoring of the quality of the service provided was done on an informal basis. For instance Informal discussions with people who lived at Clifford house and relatives.

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?

Good ●

The service remains Good.

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.

Clifford House

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Clifford House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Clifford House is a modern detached property, approximately 3 miles north of Carlisle in the village of West Linton. The service provides care and accommodation to five people with a learning disability.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Prior to our inspection visit we contacted the commissioning department at Cumbria County Council and this helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection visit took place on 15 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because the service was a small care home for adults who were often out during the day, we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

During the visit we spoke with a range of people about the service. They included two people who lived at

the home, two relatives and the registered manager/ provider. We also observed care practices and how the registered manager staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of two people. No staff had been employed for a number of years and one part time family member provided support for the registered manager/owner. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We spoke with two people who lived at the home. They told us they felt part of the family. One person said, "20 years I have been here it is my family and home." Another said, "I love my room I feel safe with [registered manager/owner] we are one family." A relative we spoke with said, "[Registered manager/owner] is like a mum to them. I feel so pleased [relative] is looked after so well and kept safe."

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission (CQC) about poor care or abusive practices when we undertook this inspection. Discussion with the owner confirmed she was aware of the local authorities safeguarding procedures and these would be followed if required.

The provider supported people to take day to day risks while keeping them safe. We saw care plans contained risk assessments which were specific to the needs of each person who lived at Clifford House. For example risk assessments had been devised with social workers regarding their safety in the community due to their vulnerability. One person who lived at the home was going to work at a local day centre and told us the owner ensured a taxi was provided and talked about any risks that may occur whilst out in the community. The person had contact details of their address and person to contact should they be required. The owner would discuss the day and any challenges presented. This demonstrated the provider monitored and managed people's safety.

There were no full time staff employed in the service. However the provider was available at all times to support people. During times when the provider required support their relative who was a family member worked part time and had done for a number of years.

No staff had been recruited for a number of years. However the owner was aware of the procedures and checks required should they require staff. The part time staff member had been recruited safely and had required checks in place to support vulnerable people.

We looked around the building and found it was clean, tidy and well-maintained. We found equipment in use had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents recorded. The owner told us any accidents would be looked into and appropriate action taken so lessons were learnt.

We looked at medication provided for the people who lived at Clifford House. Medicines administration records were correctly completed. There were records showing what had been received and details of any medicines returned to the pharmacy. We found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The owner told us both herself and part time staff member had received medication training.

Is the service effective?

Our findings

It was clear people who lived at the home received effective care because they were supported by the owner and part time staff member who had a good understanding of their needs. This was because all the people who lived at Clifford house had done so for over 20 years. We found through our observations and discussions they were received effective and appropriate support that was meeting their needs. A relative said, "[Registered manager/owner] know the residents so well and understand them because of the length of time they have been there. They are treated as a family. It really is a lovely warm family home."

We spoke with the registered manager/owner about training. We were shown evidence of training courses she had attended and for the part time staff member. They included safeguarding, medication and end of life care. The registered manager/owner said, "I like to keep up to date with training as much as possible."

People who lived at Clifford House had a full assessment of their support needs and produced a plan of care to ensure those needs were met. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans regularly. For example we saw care plans had been signed by the person or a family member, and a 'consent to care' document. A relative we spoke with said, "They involve me in any changes or reviews for [relative]."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The owner informed us they had received training to ensure they understand the processes and procedures of the Act. This meant they were working within the law to support people who may lack capacity to make their own decisions. We did not see any restrictive practices during our inspection visit. The owner made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who lived at Clifford House had unrestricted access to the kitchen where drinks were prepared for them or they made themselves a drink or snack. The registered manager/owner and people who lived at the home discussed meal options daily and choose between themselves what they would like to eat. This was confirmed when we spoke with people who lived at the home. Mealtime was a family affair and they had meals together as a family. One person who lived the home told us they chose what they would like to eat and went shopping together. One person said, "We make what we like each day, [owner] is a very good cook." People also told us they went out regularly for meals in the local community. The person said, "I love going out for meals and we do often."

Although this was a family home they had been inspected by the 'Food Standards Agency' who gave them a five-star rating. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People's healthcare needs were carefully monitored and discussed with the person or family members as

part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This demonstrated the service was working together with healthcare services so people who lived at the home received ongoing healthcare support.

Accommodation was on two floors and was a large family home. There were two lounges and a kitchen dining area. The furnishings were of a domestic character. This was confirmed by discussions with people at the home and relatives. One relative said, "It is a beautiful home and kept to a very high standard. It is a family home and could not be better for [relative]." There was stair access to the first floor and people who lived at the home were able to access all areas of the home.

Is the service caring?

Our findings

During the day we observed interactions between the provider and people who lived at the home. We saw the provider was caring, attentive and respectful. For example one person was getting ready for spending the day at a local centre. The registered manager/owner/ talked with the person ensuring they were ready for the day ahead and had everything they needed. We spoke with the person who lived at the home who said, "[Owner] is great she makes sure I am alright and get the taxi ok." A relative we spoke with said, "[Relative] could not be better looked after. This is a fantastic family home for [relative]."

Throughout the inspection visit we saw people had freedom of movement around the home and were able to make decisions for themselves. For example they would come and go as they pleased and helped themselves to drinks and snacks.

We looked at care records of two people who lived at Clifford House. They had been involved with developing their care plans and were encouraged to express their views about how their care and support was provided. A relative told us they were constantly consulted about what care and support was required for their relative. They had input in their relatives care needs to ensure the service had as much information as possible.

We spent some time observing interactions between the provider and people who lived at the home. The provider respected people's privacy and treated them with dignity. The people who lived at the home told us how kind, respectful and considerate the owner was. We witnessed the owner always knocked on the doors before entering people's private room. The owner told us it was their home and she respected that and always treated people as individuals. This was confirmed by discussions with people who lived at the home and relatives.

The provider had information available of local advocacy. The owner also told us the social workers who visit had advised people about advocacy services and what support could be available if they chose to use them.

Is the service responsive?

Our findings

We spoke with two people who lived at the home. They told us they felt both the owner and family member who supported them were responsive to their needs. For example one person told us how they liked to go out a lot to shops and voluntary work. They told us how the owner encouraged and supported them to maintain independence and develop relationships in the community. One person said, "I enjoy working and going out a lot. [Owner] does worry but I am fine."

The service focussed on the importance of supporting people to develop and maintain their independence. We confirmed this by our observations and talking with people who lived at the home and relatives. One person told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines.

We found people at Clifford House were encouraged to live independent lives as much as possible. Social events and activities were centred on each person. Holidays were taken regularly and were the choices of people who lived at the home. For example they had been to Spain and Florida in the last couple of years. A further return trip to Florida had been discussed. People who lived at Clifford house told us how much they enjoyed going on holiday. One person said, "I loved Spain and Florida." Another said, "We have wonderful times when we go away. " A relative said, "They have been to more places than me. It is fantastic the trips and experiences [relative] has had since being at the home."

Care plans we looked at contained assessment information about how the person communicated their needs and wishes. These included whether the person required easy read or large print reading. This was so people were able to understand each other and express their views, wishes and needs.

There had been no complaints received. However a system was in place should the registered manager/owner need to investigate any concerns or issues people may have. They would be acted upon straight away before they became a complaint. People who lived at the home told us they had absolutely nothing to complain about.

We spoke with a relative about complaints. They told us they knew the process to follow should they wish to complain. One relative said, "I could never see myself complaining about anything at Clifford house. I know I would speak with [owner] should I need to."

People's end of life wishes had been recorded so the owner was aware of these. People would be supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by people who knew them. The owner told us both herself and part time staff member had received training in end of life care so that they had the knowledge to support people in a dignified sensitive way.

Is the service well-led?

Our findings

The registered provider who was also the registered manager had cared for the three people who lived in her home for approximately 20 years. They were supported as part of the family unit. One of the people who lived at Clifford House said, "This is my home and family." The registered manager/owner told us that her aim was to give people an independent lifestyle as possible with support there when required.

It was clear by talking with people who lived at Clifford House and interactions between the owner and people who lived at the home they were comfortable and relaxed. One person said, "Everything is done for us. [Registered manager/owner] is wonderful." A relative said, "I would give [Registered manager/owner] 100% an absolutely wonderful person."

We found the service had lines of responsibility and accountability which was between the registered manager/owner and the one part time staff member. The owner told us they had a good system and clear about how the people were to be cared for. The owner was experienced, well trained and treated people who lived at Clifford House as family members. This was confirmed by talking with people who lived at the home and our observations on the day of the inspection visit.

The registered manager/owner worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses.

Monitoring of the quality of the service provided was done on an informal basis. For instance Informal discussions with people who lived at Clifford house and relatives. One person who lived at the home said, "We talk about what to do all the time, every day." In addition the registered manager/owner kept written records of some discussion meetings with the three people at the home. We saw one meeting, a trip to the 'metro shopping centre' had been suggested by two of the people who lived at Clifford House. During our inspection visit this had been arranged and would take place in December for Christmas shopping. This showed the registered manager/owner listened to and acted upon suggestions and wishes of people who lived at the home.

As Clifford house was a small family run home therefore the views of the people who lived there discussed daily and with visits from relatives. A relative we spoke with said, "[Registered manager/owner] constantly keeps in touch and always keeps me informed of any news and to see if we had any suggestions or issues we wanted to discuss."

Clifford House had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.