

Mrs Margaret Elaine Brady

Clifton Homecare

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Clifton Homecare is a domiciliary care agency providing personal care to people in their own homes. The agency provides support in the home for older people and people who live with dementia. The agency operates from offices based on Orchard Road in St. Annes. At the time of our inspection Clifton Homecare provided services to 67 people.

At the last inspection carried out on 13 December 2016 the service was rated Outstanding. At this inspection we found the evidence continued to support the rating of Outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered provider was an individual who also managed the service on a day to day basis. Registered providers 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 supported by the service continued to receive personalised care which was extremely responsive to their individual needs. Staff had an excellent understanding of the care and support people required and provided this with great care and patience.

People supported by the service and their family members consistently told us staff who visited them were polite, reliable, caring and professional in their approach to their work. They spoke positively about the quality of service provided and how the registered provider and her staff went the extra mile to ensure their needs were met.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered.

Systems, processes and practices were embedded to safeguard people from abuse and risk of harm. Good practice guidance had been followed to keep people safe. Staffing levels were continuously reviewed to ensure there were enough staff to provide a flexible and responsive care.

The service continued to be extremely responsive to supporting people outside their contracted hours. We were repeatedly told of occasions where the service had gone above and beyond what was expected of them. This included attending to people who had fallen and responding to support people who were unwell and needed assistance gaining medical attention.

People spoken with consistently referred to the registered provider and her staff as kind and caring people. They told us they valued their relationships with the staff who supported them and the support provided often exceeded what they had requested.

People supported by the service and family members consistently told us they felt safe with the staff who supported them. They told us they received patient and safe care and they liked the staff who supported them. They said staff were respectful, friendly and conscientious.

Links with health and social care professionals continued to remain excellent.

People were supported by the service to attend healthcare appointments to ensure their health and wellbeing was maintained.

People who used the service were supported to attend outings organised by the service or activities of their choice with the services own transport. During our inspection people told us about events they had attended which provided opportunities to socialise and make friends.

Recruitment procedures were safe with appropriate checks undertaken. Careful consideration had been given to ensure staff offered employment shared the same care values of the registered provider to deliver high quality care alongside the existing staff team.

Staff and their mix of skills were used innovatively to give them the time to develop positive and meaningful relationships with people to keep them safe and meet their needs. There was a strong emphasis on promoting independence and empowering people wherever possible.

Staff retention was good and people told us they were supported by staff who knew and consistently met their needs.

The service used innovative and creative ways to train and develop their staff and ensured they put their learning into practice to provide an outstanding service.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People were 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.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided.

Further information is in the detailed findings below

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 remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Outstanding.

Outstanding ☆

Is the service responsive?

The service remains Outstanding.

Outstanding ☆

Is the service well-led?

The service remains Outstanding.

Outstanding ☆

Clifton Homecare

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.

Clifton Homecare is also domiciliary care agency. It provides personal care and support to individuals within their own homes throughout the local community.

This comprehensive inspection visit took place on 21 and 22 January 2019 and was announced. The provider was given 24 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of one adult social care inspector.

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning departments at Lancashire County Council and Blackpool Borough Council. 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.

During our inspection visit we spoke with one person supported by the service and ten family members. We also went to the Clifton Homecare office and spoke with a range of people about the service. They included the registered provider, company director, the services administrator and four staff members providing care in the community.

We looked at the care records of two people, recruitment and supervision records of three staff members, the training matrix and records relating to the management of the service.

Is the service safe?

Our findings

We spoke with the family members of ten people supported by the service. They told us they continued to feel their family members were safe in the care of staff who supported them. They told us staff supporting their relatives were familiar with their needs and preferences and they had no concerns about their care or safety. Comments received included, "I can go away knowing full well [relative] is totally safe and well cared for in the hands of these excellent staff. And, "They keep relative safe which gives me peace of mind."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

The service completed risk assessments to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. Where potential risks had been identified action taken by the service had been recorded.

Records seen confirmed appropriate recruitment checks had been made to ensure staff were suitable and safe to work with vulnerable people.

The service continued to ensure sufficient numbers of suitably qualified staff were available to meet peoples' needs. Rotas and annual leave were agreed in advance and people knew the staff who would be supporting them. People supported by the service told us they were happy with how their care packages were managed.

We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines. People supported by the service told us they received good support with their medicines.

Staff had received infection control training and had been provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection when delivering personal care.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received from relatives of people supported by the service included, "I picked Clifton Homecare because they are a local company and I have never heard a bad word about them. They offer training and information sessions for families." And, "Absolutely wonderful service they have kept me sane. It's so good to know if I need them they will come and help me."

Care plan records confirmed a full assessment of people's needs had been completed before their service commenced. Following the assessment the service, in consultation with the person or family member had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. In addition, staff completed the services mandatory training including health and safety, diabetes awareness, moving and handling people, safeguarding adults and end of life care. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

Food preparation at mealtimes was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices. People supported with meal preparation told us they were happy with the arrangements in place.

Clifton Homecare continued to work in partnership with other health care professionals such as Occupational Therapists, Falls Teams, Physiotherapists, Dieticians, Specialist Nurses and Motor Neurone Team. This ensured people supported by the service were cared for in a holistic manner and that all their needs were taken care of.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. We saw people had access to healthcare professionals and their healthcare needs had been met. The relative of one person said, "Clifton sent a carer to help me when [relative] was taken ill and I needed assistance to put them to bed. The following day [relative] needed an ambulance to go to hospital. Clifton sent the same carer to stay with and support me. They are absolutely amazing."

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and treatment had been recorded on people's care records by the person and where appropriate family members who had the legal authority to do so.

Is the service caring?

Our findings

People who used the service and their relatives continued to be extremely complimentary and enthusiastic about the registered provider and her staff. They told us all staff were very kind, compassionate and respectful. We were told they continued to provide care which was outstanding and staff always went the extra mile to ensure people were happy and cared for. Comments received included, "[Relative] says all the carers who support them are extremely kind and caring people who provide the highest standard of care possible. When I asked [relative] to rate the carers they gave ten out ten." And, "Our carers are absolutely amazing. Best care company by a mile that we have used. Staff are kind, helpful, caring and very supportive of me as I have health problems. The staff are all patient and deal with [relative] properly."

The service continued to have a strong person-centred culture. Relatives of people supported by the service told us staff were very focused on helping their relatives to increase their wellbeing. They told us staff were extremely caring and attentive and showed genuine interest and affection to their relatives when providing their support. The relative of one person said, "The carers are unbelievably professional, caring and dedicated people. They are very attentive when delivering care and have even managed to get [relative] to open up and talk about their past. They also have a great sense of humour and make [relative] laugh. Nothing but praise for them they are a brilliant service."

Throughout our inspection people consistently told us about how Clifton Homecare provided a service exceeding what had been commissioned and agreed. For example, the service had identified three people who they supported who lived alone and wouldn't have had a home cooked meal on Christmas day. The registered provider had made arrangements for all three people to receive a home cooked Christmas meal which she had delivered on Christmas day.

Since our last inspection the service had developed their provision of person centred care for people living with dementia. All staff had received dementia training which had enabled them to provide effective, well-rounded person centred care. We saw they had supported one person who had become confused following a stay in hospital. The service had assisted the person to gradually reestablish their normal daily routine, improve their continence through a regular toileting routine and as a result their sleep pattern had improved. The service also identified the person had lost their appetite. They assisted them by providing small home cooked meals on a regular basis, which they discovered the person enjoyed more when a staff member was sat with them.

We looked at feedback received from relatives of people supported by the service. One family made the following comments, 'I cannot praise the team at Clifton Homecare highly enough. They have been caring for my [relative] for nine months now and we are delighted with the excellent service they provide. Clifton carers have never missed a day. We enjoy the get togethers they organise and all the information and back up sessions too. They are calm, reassuring and efficient in a crisis. As I live nearly an hour away, it gives me tremendous peace of mind to know [relative] is being looked after by a reliable, friendly and caring team. They are brilliant.'

People's independence was actively promoted giving people greater confidence and boosting self-esteem. People expressed how their independence had been promoted by the input of the agency to the extent that many had regained skills they thought they had lost. One person recovering after an operation had been supported by staff with their rehabilitation. This had included taking the person swimming and working alongside healthcare staff.

We noted that privacy, dignity and independence continued to be integral parts of the care planning process, particularly during the provision of intimate personal care and the promotion of people's abilities. Relatives of people supported by the service confirmed staff treated their loved one's with respect and upheld their dignity. They told us staff members spoke with their relatives in a respectful way and were kind, caring and patient. They told us they always treated them with great respect and provided care in a dignified manner. The relative of one person said, "The staff who visit us are very caring, compassionate and understanding. They are good listeners, take their caring responsibilities very seriously and are organised in care package delivery. I will always remain thankful to everyone at Clifton Home Care for the on-going care they provide."

Staff consistently told us the organisation had a caring ethos and positive caring relationships were nurtured and encouraged. Staff said they had the flexibility to respond if people were in need or if people were distressed. They told us they were supported to stay extra to ensure people were happy and content before leaving them. This caring nature was extended to supporting relatives too.

Staff continued to have an excellent understanding of protecting and respecting people's human rights underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff talked with us about the importance of supporting and responding to people's diverse needs. People's personal relationships, beliefs, likes and wishes were recorded in their care records and this helped people to receive the right support around their individual beliefs and preferences. This confirmed the service could accommodate diversity in the workplace and create a positive and inclusive environment.

We spoke with the registered provider about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

We found the service continued to provide outstanding care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with consistently praised the responsiveness of the management team and their ability to support them to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. One person supported by the service said, "This service has been a Godsend to us, absolutely excellent. Can't tell you enough about how helpful they are. Really nice girls and we have good continuity with the same group. You can tell they are well trained."

The service continued to be very responsive to supporting people outside their contracted hours and provided a 24hr service. We were repeatedly told of occasions where the service had exceeded what was expected of them. This included attending to people who had fallen in their home and people who were vulnerable and at risk. The family of one person had cameras fitted in their home because of concerns about their safety. The registered provider had an app on her mobile phone which enabled them to see and communicate with the person when they pressed their lifeline button for help. The registered provider was then able to respond if assistance was required. The relative of one person said, "I have lost count the number of times they have come out to help when I have needed them. They respond and rise to emergencies so well and without any fuss. I have every confidence in them."

Care plans seen confirmed people and their families had been involved in their care planning for end of life. This included an assessment of their needs and preferences, and an agreed set of actions reflecting these choices.

Discussion with the registered provider and staff confirmed they were committed to the delivery of consistently excellent end of life care and people at end of life would be supported with compassion and care. They told us people's end of life care was personalised to their wishes and needs and included attending to their physical, social, emotional, spiritual and religious needs.

We spoke with the relative of one person who had been supported with end of life care. They told us end of life care provided by the service had been excellent, very organised, planned and coordinated. They told us the service provided very high standards of care and they worked well with clinical staff who had commented on the exceptionally high standards of care they witnessed. They told us they had seen staff being truly dedicated to providing genuine person-centred, compassionate care right up until the end of their loved ones life. The person said, "They were amazing. The respect shown to me and my [relative] was wonderful. So kind and staff consistently visited outside commissioned hours to provide support for me. My [relative] was treated with great care and dignity. Always kept clean and comfortable. Forever grateful to them."

The service continued to organise group activities, fund raising events and support group meetings. These had been attended by people who used the service and their family members. The events had provided people with a good opportunity to socialise with each other, reducing social isolation and loneliness. Some

people had exchanged email addresses and regularly communicated with each other. One person we spoke with said, "I attend everything they organise as I live on my own and enjoy getting out and meeting people. I have made so many friends since I was introduced to Clifton Homecare. We have a games afternoon this week which I am attending and can't wait for."

The service had invited family members to attend training sessions they provided for their staff. The registered provider told us this was to make people feel part of their service and also assure them the staff supporting their relatives had been appropriately trained. The relative of one person said, "We have attended many events organised by Clifton and enjoyed them all. I have also attended a first aid training session with their staff which was very professionally delivered."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and where support was required this had been met. For example, one person was communicated with by email and social networks due to difficulties they experienced using the telephone. One person with sight impairment had large print text for their care plan and another person with a hearing impairment was contacted by text messages.

Is the service well-led?

Our findings

The registered provider was an individual who also managed the service on a day to day basis. Registered providers 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 supported by the service and their family members told us the registered provider and her management team were very supportive, caring and led the service extremely well. Comments received included, "Exceptionally well led, well organised and professional service. I have complete confidence in their abilities." And, "Very accommodating and flexible service. After our experiences with other services I cannot believe how lucky we have been to find them. Their excellent reputation is well deserved."

We spoke with the registered provider about the culture of the service. They told us the people they supported were at the centre of everything they were trying to achieve. The registered provider said they wanted people to know when they commissioned their service they would receive the best care and support available. They told us they would always go that extra mile and be there for people whenever they needed them. Throughout our inspection people supported by the service and their family member consistently praised the professionalism and responsiveness of the service. The relative of one person said, "They provide a very flexible and professional service and respond to emergencies without any fuss. Not living locally it is such a relief knowing they are there for you if needed."

The registered provider told us Clifton Homecare followed all current and relevant legislation along with best practice guidelines. This was to ensure the diverse needs of everyone who used their service were met. The registered provider said by treating everyone with dignity and respect, regardless of age, gender, race and sexual orientation, a positive culture of openness could be achieved. We found the management team had constantly updated themselves regarding current best practice and improved care delivery wherever possible.

Exceptional leadership by the management of Clifton Homecare was underpinned by a variety of communication systems to entrench innovative models into care practices. We saw multiple examples of how communication and highly effective procedures were successful in enriching people's lives, whilst mitigating risk. These included; implementing a falls prevention strategy with links to GPs, Occupational Therapists and Physiotherapists. The service also worked in partnership with Lancashire Fire Service for fire safety assessments to be conducted and safety measures to be put in place to keep people safe.

The management team underpinned outstanding training with checks of staff skills and implementation of learning in practice. This included supervision, team meetings and real-time care provision as a basis for learning and guidance sharing. The registered provider told us this ensured staff knowledge remained current and best practice was utilised. Staff we spoke with were extremely motivated and demonstrated a clear commitment to providing dignified and compassionate care.

The service had introduced electronic care plans which enabled families to log onto remotely and keep up to date with what was happening with their loved ones. The registered provider told us this provided families with more timely input into the care provided. The service had also recently introduced SpecalSense care for people with living with dementia and their families. All care staff and families were being trained in Specalsense in order to provide better management of dementia care. The registered provider told us this would assist the service to improve the holistic process of care planning and provide a better understanding of dementia care.

The registered provider continued to actively seek and act upon the views of people they supported. There was a strong emphasis on continually striving to improve their service in order to deliver the best possible care for people supported by Clifton Homecare. This was supported by a variety of systems and methods to assess and monitor the quality of the service. We found regular audits had been completed by the service. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

The service had sought the views of people they support through satisfaction surveys. The surveys had been summarised and although feedback was generally positive an action plan had been produced to address any areas where people felt improvements could be made. This showed the service listened and responded to the views of the people they supported and their family members.

The service organised a number of support groups which people could attend at the services premises. These were organised four times a year and the people supported by the service could choose who they wanted as a guest speaker. One recent guest speaker had been a representative from the Department for Work and Pensions. During the session it had become apparent that some people present were entitled to benefits they were not receiving.

Social meetings had been set up for people who lived alone to combat loneliness, with transport, refreshments and activities provided. During these sessions people's views had been sought about the service provided by Clifton Homecare. This had enabled Clifton Homecare to provide the support with social recreation people wanted. For example, during one meeting it had been decided to organise male and female groups so each group could undertake activities that interested them. The registered provider told us the male's group had overwhelmingly opted to be supported by male carers to go for a drink at their local public house and watch and talk about sports.

The service continued to work in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses, falls prevention team, occupational therapists and the fire service. We saw Clifton Homecare had liaised with health care professionals and specialist teams to ensure timely referrals were made and where necessary additional support had been sought. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

We found throughout the inspection the registered provider was extremely focused on providing the best possible person centred and holistic care. This involved the provision of personal care, practical support within the home, social and emotional support. We also found the service was extremely effective at responding to emergency situations to prevent unnecessary admissions to care homes and hospital.