

Clifton Care Services Limited

Clifton Care Services Limited

Inspection report

90 Harewood Gardens
South Croydon
CR2 9BJ

Tel: 02034881389
Website: www.clifton-care.co.uk

Date of inspection visit:
23 October 2019

Date of publication:
20 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clifton Care Services Limited is a domiciliary care agency and is based in the London Borough of Croydon. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Quality assurance systems were not in place to ensure shortfalls were identified and prompt action was taken to ensure people received high quality care at all times.

Care plans contained some risk assessments to effectively manage risks and keep people safe. However, risk assessments had not been completed regarding people's health conditions. We have made a recommendation in this area.

The registered manager was the only staff member that supported people. People were safe when supported by the registered manager. Systems were in place for infection control and to learn lessons following incidents.

Assessments had been carried out prior to people receiving a service to determine if they could be supported effectively. The registered manager had received training to carry out their role in most areas. Some training had expired. Plans were in place to attend training that had expired.

People received care from staff who were kind and compassionate. The registered manager treated people with dignity and respected their privacy. The registered manager had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.

Care plans were person centred and included people's support needs. Systems were in place to obtain feedback from people and relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 August 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service started to provide the regulated activity of personal care. The service started to provide the regulated activity of personal care in June 2019.

Enforcement

We have identified breaches in relation to need for consent and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Clifton Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support us with the inspection.

Inspection activity started on 23 October 2019 and ended on 23 October 2019. We visited the office location on 23 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we already held about the service. This included details of its registration, and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks. We looked at other documents such as training and quality monitoring records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found, such as reviewing policies. We also spoke with one relative of a person who used the service as the person was unable to communicate with us due to communication difficulties.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There were risk assessments in place for moving and handling, falls and the environment.
- However, risk assessments had not been completed in relation to people's health conditions. For example, one person had a history of stroke and may encounter breathing issues. There was no information on the signs and symptoms of stroke or breathing difficulties and what staff should do if these signs occurred.
- The registered manager was able to talk to us about people's health history and how to respond to risks but told us they would ensure risk assessments were completed in this area.

We recommend the service follows best practice guidance on risk management.

Staffing and recruitment

- The registered manager was the only member of staff that supported people with personal care. We saw records of the registered manager's identification and criminal record checks.
- The registered manager told us that they were in the process of recruiting a staff member. We were informed that background checks were being carried out before the staff was employed. We were shown copies of their application form.
- Relatives told us staff were punctual. A relative told us, "[Registered manager] comes on time absolutely." An out of hours on call system was in place should people or relatives needed to contact the service.
- The registered manager told us once staff were employed, systems would be put in place to monitor time keeping through feedback from people and staff time sheets. The registered manager also told us they would look to purchase a digital monitoring system that would allow the service to have oversight of time of visits and duration of visits.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- The registered manager had received safeguarding training and understood their responsibilities to keep people safe.
- Relatives told us people were safe. A relative told us, "[Person] is absolutely safe. [Person] has confidence in [registered manager], [person] is safe."

Learning lessons when things go wrong

- There were system in place to learn from lessons following incidents.
- There had been no accidents or incidents since the service started supporting people with personal care. The registered manager was able to tell us the procedure for recording incidents and how they would

analyse the incident to learn lessons to minimise the risk of reoccurrence.

Using medicines safely

- The service did not support people with medicines.
- There was a medicine support plan that detailed the medicines people took and the side effects this may have on them.
- The registered manager had received training on medicine management and told us they were confident with supporting people with medicines, should they need to. The registered manager told us once staff had been recruited, they would be trained on medicine management also. A medicines policy was in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- We observed that personal protective equipment (PPE) such as gloves and aprons were available. The relative we spoke with confirmed PPE was worn when supporting their family member.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us that a person may not have capacity to make decisions. However, assessments had not been completed to determine if the person had capacity using the MCA principles.
- Consent had not been sought from people or their relatives prior to receiving care from the service.

The above concerns meant that assessments had not been completed using the principles of the MCA and consent had not been sought to ensure people's rights were protected. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager had received training on the MCA and was aware of the principles of the act. They told us that they always requested people's consent before doing any tasks and would ensure consent was sought and MCA assessments were carried out.

Staff support: induction, training, skills and experience

- The registered manager had completed mandatory training and refresher courses in most areas to perform their role effectively. However, we found some training had expired, such as first aid and moving and handling training. We were informed these would be completed by the registered manager.
- Relatives told us that staff were suitably skilled to support people. A relative told us, "[Registered manager] knows what she is doing. We have pretty much total confidence in her."
- The registered manager told us once staff were recruited, systems would be in place to support them. This includes carrying out regular supervisions. A supervision policy was in place that detailed the frequency and method of supervisions in order to ensure staff were supported.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-service assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans included if people required support with their meals. There was a nutrition and hydration assessment that assessed people's ability to eat and drink and to identify nutritional risks. We were informed the service did not support people with meals and records confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- The registered manager was able to tell us the signs to identify if people were unwell and what actions to take to report an emergency.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff were caring and they had a good relationship with people. A relative told us, "[Registered manager] is always caring and friendly to us."
- People were protected from discrimination within the service. The registered manager understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. The registered manager told us, "I would always treat person as the individual person taking into account their needs and preferences."

Supporting people to express their views and be involved in making decisions about their care

- People or relatives were involved in decisions about their care. Care plans showed that relatives had been involved with the support people would receive. A relative told us, "[Registered manager] always involves me with decision making."
- The registered manager told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected when they were supported by staff.
- The registered manager told us that when providing support with personal care, it was done in private. They said, "I would make sure the curtains and doors are closed and [people] are covered up. I would ask if they are ok, keeping them informed of what I am doing." A relative person told us, "[Registered manager] totally respects [persons] privacy and dignity."
- The registered manager gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. The registered manager understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on areas people were independent. For example, information in one care plan stated that a person was able to wash their lower half of the body but would need support with the upper half. The registered manager told us, "I would never take over and would prompt the person if needed. For example if someone has upper body strength, I would support and encourage them to clean their upper body." A relative told us, "[Registered manager] does encourage [person] to do things by themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and detailed people's support needs. A relative told us, "Care plans are accurate and detailed. It has been positive. I would find it very difficult if [registered manager] did not come to support [person]."
- Care plans were specific to people's needs. For example, information in one care plan included that staff should ensure that a person wore their pendant alarm after being supported so they can call for help when needed. Information was available on when care was required and included people's routines when staff came to support them.
- There was an 'All about me' section in the care plan that included people's backgrounds and their upbringing.
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. People did not have communication difficulties. The registered manager was aware of what AIS was and told us, should they support people with communication difficulties then they would explore what equipment or resources were available to ensure staff communicated with people effectively and responded to their needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place.
- No complaints had been received since the service started supporting people. The registered manager told us about the complaints process and people were given information on how to complain if they needed to. A relative told us, "We were given information on complaints, it is in the binder in our home."

End of Life Care:

- The service did not support people with end of life care. The registered manager was aware should they support people with end of life care in future, then an end of life care plan would need to be in place and staff should be trained to deliver end of life care. An end of life policy was in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires improvement: The management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- As the registered manager was the only person that supported people, audit systems were not in place. However, we found shortfalls with risk assessments and MCA assessments and systems would need to be put in place to ensure these shortfalls were identified and prompt action taken to ensure people received high quality care at all times.
- Although the registered manager was aware of risks associated with people, it is important to ensure risk assessment records were in place as the service was in the process of employing a staff member to deliver care and staff would need to be made aware on how to mitigate identified risks to ensure people received safe care.

This meant the service had failed to ensure that adequate quality assurance and systems were in place to identify shortfalls to ensure people received safe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an effective system to gather people's feedback on the service.
- The provider obtained feedback from people on the support provided by the service. Records showed feedback was sought on time keeping, service satisfaction and staff approach.
- Relatives told us they liked the service. A relative told us, "We are very, very happy particularly with (registered manager). (Registered manager) is quite exceptional."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and understood risks and regulatory requirements. The registered manager told us once staff were employed, training and induction would ensure staff were clear about their roles, quality performance and regulatory requirements. We were informed that risk

assessments would be made robust and communicated to staff to ensure they were aware of risks and how to provide safe high-quality care at all times.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Telephone surveys had been carried out to gather feedback and this was analysed to identify areas of continuous improvement. The results were positive. Comments from the survey included, 'I would highly recommend (service)' and 'Very happy with service'.
- The manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- The registered manager told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health.
- The registered manager had also attended meetings with other care agencies to share best practices and obtain ideas to help improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1)(3).</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17 (1)(2)(a)(b).</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1)(2)(c).</p> |