

Clifton Care Services Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Clifton Care Services is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, some of whom are living with dementia. 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. At the time of the inspection, four people were using the service.

People's experience of using this service and what we found

Improvements had been made since our last inspection in October 2019. People's experience of care was consistently monitored by staff to ensure they received a good service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, further work was required to strengthen the provider's quality assurance framework. The provider's quality assurance checks did not consistently identify shortfalls or recognise how improvements could be made. We have made a recommendation for improvement

Staff received training and regular support to be effective in their roles. Staff supported people to access the healthcare services they needed to maintain good health. People and their relatives praised the care delivered. They commented that they liked the way staff provided care and support which met their needs. Staff treated people with dignity and respect.

People were enabled to retain their independence by being encouraged and supported to do the things for themselves, that they still could. This promoted their self-worth and improved their quality of life.

Staff understood their responsibility to identify and report potential abuse to keep people safe. Risk assessment and management enabled staff to minimise the risk of harm to people. People's medicines were managed safely. Staff practiced safe infection control and prevention procedures to reduce the spread of infection. Relatives spoke highly of how management and staff had provided support during the height of the pandemic. Safe recruitment practices and robust induction ensured new staff were suitable to provide care.

People's needs were assessed and regularly reviewed to ensure staff delivered appropriate care to them. People and their relatives felt confident to raise concerns about their care and knew the process about how to make a complaint.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 20 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology. Inspection activity took place on 9th and 11th August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people and relatives using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with four relatives, three care staff, the office administrator and the registered manager. People using the service were not able to speak with us due to their care needs. We reviewed records relating to the care provided, staffing and the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection in October 2019 we recommended that the provider follow best practice guidance around risk management. At this inspection, improvements had been made and best practice guidance was being followed.
- People received safe care. People's care plans included robust and clear guidance for staff on their individual risks. This included risks relating to falls, mobility and individual healthcare needs. However, risks related to the use of bedrails were not consistently documented within people's care plans. For example, how the risk of entrapment was to be minimised. We discussed these concerns with the registered manager who took action during the inspection to update and amend the documentation.
- People had individual personal safety checklists in place. These considered and detailed environmental risks such as potential trip hazards, fire safety and risks associated with the external environment of the person's property. Guidance was also available on the steps required in the event of an emergency. For example, whether the person could evacuate their property independently.
- People had regular care staff and felt safe with them. Arrangements to enter the person's home were clear to ensure safety. Staff understood the importance of leaving a person's home safe and secure following a care call. One relative told us, "The carers always leave the property safe, we have no concerns there."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us that they felt their loved one was safe when receiving care from Clifton Care Services. One relative told us, "The agency takes the safety of the people they support very seriously. I have never been concerned for the safety of my loved one."
- Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
- The registered manager understood when and how to raise safeguarding concerns with the local authority.

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable individuals. The provider carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with obtaining references from previous employers to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People received care from a team of consistent staff team. Staff rotas were planned and organised a week

in advanced. Relatives confirmed that staff arrived on time and stayed the allocated time. If staff were running late, relatives were informed prior to the call starting that the staff member may be a couple of minutes late.

Using medicines safely

- People received the support they required to manage and take their medicines when needed. Medicine risk assessments were in place which detailed the support required, where medicines were stored alongside information on the side effects of the medicine being taken.
- Staff received training in medicines management and had their competencies assessed.
- Medicine Administration Records (MAR) were completed, checked and audited to identify any concerns. The MAR chart for one person identified that medication should be administered in the morning. Daily notes often referenced that staff were administering the medicine in the afternoon. The registered manager explained that the individual often slept in and therefore was not awake in the morning to take their medicine. They added that the GP had been contacted who confirmed that it was safe for the individual to take their medicine in the afternoon. This information was not recorded within the person's care plan or risk assessment. Action was taken during the inspection process to update and amend the individual's documentation.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures and training for staff. Relatives spoke highly of how the provider was managing the risks associated with COVID-19. One relative told us, "I don't know what we would have done if had not been for Clifton during the pandemic." Another relative told us, "The manager went above and beyond during the height of COVID, ensuring there was plenty of PPE (personal protective equipment), she was amazing."
- The management team carried out checks which included observations to help make sure staff were following infection prevention and control procedures.
- Policies and procedures included updates regarding COVID-19 and information about this was shared with staff. The provider also made sure staff were following government guidance regarding COVID-19 testing.

Learning lessons when things go wrong

- An incident reporting process was in place and staff knew how to report and record any concerns.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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

At the last inspection in October 2019, the provider was not working within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was not in breach of regulation 11.

- People received care that was in line with their wishes and which they had consented to or had been agreed in their best interests.
- Care plans included information on whether the individual had a power of attorney in place and who that individual was.
- Where people lacked capacity, mental capacity assessments were in place alongside best interest decisions. We noted one example, whereby the mental capacity assessment was not decision specific. We brought this to the attention of the registered manager who took action to address this during the inspection.

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

- People's needs were assessed in detail with them and their representatives involved. People and their relatives told us the agency carried out an assessment before they had begun to receive care. One relative told us, "We met with the manager and went through everything before they started to provide care."
- People received care and support which was planned and delivered in line with current legislation and

good practice guidance for example with regards to support with oral hygiene. Oral care assessments were in place which detailed whether the person was registered with a dentist, the support they required with oral hygiene and what was important to them about oral health and care.

Staff support: induction, training, skills and experience

- Staff received an induction before they started working and providing care. This included a range of online and face to face training, alongside competency assessments and shadowing care shifts. For staff new to the care industry, they were supported to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervision, received regular phone calls to check they were okay, and staff meetings took place to share information. Staff told us that they felt valued and supported within their role. One staff member commented, "I really enjoy working for this company. We are valued and respected."
- Relatives told us that they felt staff were skilled, trained and competent. One relative told us, "We have no concerns regarding the skills and competency of the carers."
- Care and support was provided to people living with dementia. Staff had received training on dementia care and spoke with compassion on how they supported people living with dementia. Relatives also praised staff's compassion and understanding of dementia care. One relative told us, "The service is very good. They have a good understanding of dementia care and shown empathy and sensitivity when talking with my loved one."

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. Nutrition and hydration assessments were in place which considered if the person was at risk of malnutrition, if they are able to make food and drink independently alongside what was important to the individual.
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances or allergies.
- During recent hot weather, staff supported people to remain hydrated and best practice was shared with staff on how to support vulnerable people during a heatwave. The registered manager told us, "We kept staff informed and shared guidance with them." Staff told us how they encouraged people to drink plenty of fluids and how to keep their house cool. Relatives praised staff's support during the recent hot weather. One relative commented, "They were amazing during the heatwave, ensuring she had bottled water in the fridge, keeping her cool and hydrated. I cannot praise them enough."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The service made timely referrals to health and social care professionals such as GPs, occupational therapists, district nurses and podiatrists. Relatives praised the registered manager and staff's ability for sourcing and seeking additional support for their loved ones. One relative told us, "The manager has been so helpful with supporting us in getting access to healthcare services. They have supported us in sourcing a podiatrist for my father. They've also noticed and taken action whereby my father was prescribed medication he didn't need. They organised a medicine review which was really helpful." Another relative told us, "They have taken action when my father has shown signs of infection, such as disorientation. Their support with healthcare needs has been beneficial."
- A professional's views of the service included, "The manager is very involved and hands on, she knows the clients very well and is very kind and patient."

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke highly of the staff members supporting their loved ones. They described how staff were kind and caring. One relative told us, "They are so caring and kind. I cannot fault them." A further relative told us, "The focus of their attention is keeping my father safe and well-looked after."
- People and relatives valued having support from a regular team of staff who they felt knew them well. One relative told us, "We have had support from the same care worker for about eight months. They know my loved one really well and have built up a good rapport."
- Staff respected people's preferences about how they wished their care to be provided. Records showed people's life history, their likes, dislikes and preferences. Staff understood equality and diversity and respected people's diverse needs including their cultural backgrounds and things they valued such as celebrating their heritage through food and dressing.

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

- People received the support they required to express their views and to make decisions about the care they wished to receive.
- Staff involved people using the service and their relatives where appropriate to plan and develop their care and support plans. One relative told us, "Mum has always been involved in decisions about her care, when we first explored having care, the manager met with us to go through the care plan and explored what was important to mum, what she liked, even asking her favourite tv channel and what she prefers to be called."
- Relatives confirmed that the registered manager regularly sought their feedback and checked that they were happy with the care delivered.
- Staff were matched to the people they supported. Staff completed 'all about me' profiles which detailed their interests and hobbies. People receiving care also had 'all about me' profiles in place. The registered manager told us that through matching staff and people, a more personalised and safe service was provided. They added, "Having staff in your own home and providing care can be overwhelming. We try and match staff so that a rapport can be built, and people know a little about their carer before they start providing care." Relatives spoke highly of how staff were matched to their loved ones. One relative told us, "Even during COVID-19, we had zoom calls with the carers so that Mum could meet them before they started providing care."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and treated them with dignity.

Relatives also confirmed that their loved one's dignity and privacy was always respected. One relative told us, "The staff always ensure their dignity is respected, especially during personal care."

- People were encouraged and supported to remain as independent as possible and live the lives they wanted to. Daily notes and staff confirmed this. One staff member told us, "We are encouraged and taught to support people to be as independent as possible. For example, during personal care we support them to do as much as for themselves as possible."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives were positive about the care provided meeting their or their loved one's needs. One relative told us, "The carers take good care of her." Another relative told us, "I feel confident that we are in good hands with Clifton care services."
- People's care was personalised, well-planned and regularly reviewed with them. Care plans were in place which gave information regarding people's health conditions, preferences and what was required during each care call. Social, cultural and religious preferences were documented, respected and supported by staff where required. Staff were knowledgeable about the person's diverse needs and how best to support them.
- Staff told us they had enough information to provide care to people. The provider utilised an electronic care app whereby staff were able to access key documentation at all times. One staff member told us, "It's helpful being able to familiarise yourself with the person's care plan before the care call."
- Relatives spoke highly of the personalised and responsive care provided by Clifton Care Services. One relative told us, "We receive a daily update from the agency on how my loved one has been." Another relative praised the service for providing continuous feedback on how their loved one was doing during the care calls.
- Care plans included information on people's support networks and what was important to them. 'All about me' profiles were also in place which detailed information on people's hobbies and interests.
- Staff knew people well and recognised the importance of companionship and supporting people to minimise the risk of loneliness. Staff told us how they spent time chatting with people during care calls and supporting them to engage in hobbies that were of interest to them. One staff member told us, "What I enjoy about the role is talking to people. One person also enjoys playing bingo, so we do that together."
- Technology was utilised to help people engage in social activities and hobbies that were of interest to them. Staff and the registered manager told us how they played people's favourite songs on Youtube. Staff and the registered manager recognised and understood how the power of music could help people living with dementia.
- Staff supported people to celebrate events that were important to them, these included birthdays and religious events.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were addressed in their care plans. Staff knew how to communicate with people well and people told us they felt listened to and encouraged to express themselves.
- Staff were aware of any specific needs of people, for example when people needed reminders, simple language to be used or for them to speak clearly and louder than usual so people could understand.
- The registered manager was aware of their responsibilities in regard to the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and relatives were regularly encouraged to provide their feedback on the quality and delivery of care. We saw a number of compliments from people and relatives who had provided positive feedback to the registered manager. One compliment included, 'Thank you for taking good care of (person), it is lovely to see her smiling and very excited.'
- People and their relatives knew how to make a complaint if necessary. One relative told us, "If I had any concerns, I would not hesitate in contacting the manager. I know that any concerns would be addressed immediately."
- A complaints policy was in place and was accessible to people and their relatives. The provider had not received any complaints since the last inspection.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection in October 2019, the provider 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 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was not in breach of regulation 17.

- Since the last inspection in October 2019, the provider had implemented a range of quality assurance checks. These included regular audits of MAR charts and daily logs. Whilst quality assurance checks were now in place, further work was required to ensure these checks identified shortfalls with documentation and how improvements could be made. For example, one person's mobility assessment referenced that they required the support of a hoist. Information was not clear on how staff should safely use a sling when using a hoist.
- The provider's internal quality assurance framework also failed to identify how improvements with documentation could be made. For example, ensuring all mental capacity assessments were decision specific. Ensuring care plans were reflective of healthcare professionals advice and that risk assessments included clear guidance on how to safely mitigate any risks associated with the person's care.
- Action was taken during the inspection to address the shortfalls with documentation. However, whilst a quality assurance framework had been implemented since the last inspection, further work was required to strengthen this framework.

We recommend that the provider seeks guidance from a reputable source on how to operate and implement an effective quality assurance framework.

- Staff told us relationships amongst themselves, and with management were good and felt supported in their roles by the registered manager. Staff attended regular supervisions and received feedback and updates from the registered manager about people using the service which enabled them to develop their practice. Team meetings provided opportunities for staff to discuss people's needs, risk management, policies and procedures, and any concerns staff had.
- Various support systems had been implemented to help staff's knowledge and understanding, included spot checks, supervisions, staff meetings and regular check ins with staff. One staff member told us, "I really

enjoy working for the agency. The manager regularly checks in and I am well supported."

- Electronic call monitoring systems were in place which enabled the registered manager to ensure that staff arrived to care calls on time and stayed the allocated time. Where staff were late arriving to a care call, the registered manager received an alert which prompted them to check in with the staff member, to ensure they were on their way and inform the person that the staff member may be running late.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive, person-centred and inclusive culture for people. Relatives spoke highly of the registered manager and the support that their loved one received. One relative told us, "I would describe the agency as excellent. We had a couple of care agencies previously and I'm glad we found Clifton care agency."

- People and their relatives and staff spoke positively about their involvement with the service. Relatives told us that the registered manager regularly visited them, conducted spot checks and telephone monitoring calls to ensure that they remained happy with the care provided. One relative told us, "The management team are great, we can always contact them, and they always check in with us, asking for any feedback."

- People's equality characteristics were acknowledged and celebrated with people being supported to live their lives how they wanted to. People's and staff diverse needs were also met. Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs. COVID-19 risk assessments for staff were completed which considered risk factors and what support was required.

- Relatives praised the registered manager and staff for promoting and achieving good outcomes for their loved ones. One relative told us, "The manager has been extraordinary in providing support and helping us." Another relative told us, "Since receiving care from Clifton Care Services, we have noticed a real difference in Mum. She is healthier and happier."

- Staff told us that they felt appreciated by the service. The registered manager recognised the importance of valuing staff and offered incentives throughout the year, such as bonuses at Christmas.

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

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency during our inspection. The Duty of Candour is a regulation that all providers must adhere to.

- The registered manager was actively involved in the day to day running of the service working alongside staff with people to meet their needs. This promoted a well-led person-centred service.

- There were a range of policies and procedures which were regularly reviewed and updated. Staff had information about these. There were regular meetings with staff to keep them informed about changes in guidance and practice.

Continuous learning and improving care: Working in partnership with others

- Staff and the management team worked closely with other healthcare professionals and agencies.

Feedback from one healthcare professional described Clifton Care Services as kind, caring and good at escalating healthcare concerns.

- Staff recognised the importance of open and honest communication. For example, staff often worked in partnership with private carers (carers employed by the relative or person and not by Clifton care services).

Staff ensured that a robust handover was provided to the private carer at the end of their care call and staff also provided an update to family members. One relative told us, "I receive a daily report from the service and there is a constant flow of information."

- The registered manager attended the local authority's support forum for managers of care at home services for peer support and continuous learning.