

Mrs Claire Collis

Claire's Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was the first inspection since the service was registered on 03 April 2014. We told the provider 48 hours before our visit to ensure that relevant people were available to assist us with the inspection

Claire's Care provides personal care and support to people who live in their own homes. At the time of the inspection Claire's Care was supporting 47 people. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that people were kept safe because the provider had adequate systems and processes in place to identify risks and where possible to mitigate risks. The provider was in the process of reviewing the recruitment and selection process because they had identified gaps.

Summary of findings

People received care which was appropriate to their needs and staff knew them well. People were supported with a range of services which enabled them to continue to live in their own homes safely. People and relatives told us they had been involved in the assessment and planning, of the care and support provided.

We found that care and support staff understood their roles and responsibilities. However the support arrangements that were in place for staff were 'informal' were not planned on a regular basis and not always

recorded. We spoke to the provider about this and they told us these were in the process of being formalised as the business had grown and the need to strengthen processes had become more apparent.

There were systems in place to assess, monitor and improve the quality of the service provided. During the inspection the provider told us about improvements they were making to ensure the service was strengthened and continued to improve.

Summary of findings

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.

Staff knew how to recognise and report allegations of abuse.

Risks were assessed and where possible, actions put in place to mitigate risks.

People's medicines were managed safely.

Good



Is the service effective?

The service was not always effective.

Staff did not always have effective support, supervision, appraisal and competency checks.

Staff sought people's consent before providing all aspects of care and support.

People were encouraged and supported to enjoy a healthy range of foods.

People were supported to access health care professionals to ensure that their general health was maintained.

Requires improvement



Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Good



Is the service responsive?

The service was responsive.

People were supported in a way which enabled them to retain lifestyle skills and abilities.

People were supported to be involved in decisions about their care as far as possible.

People's concerns were taken seriously, and addressed before they became formal complaints.

Good



Is the service well-led?

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, transparent and inclusive.

People had confidence in staff and the management team.

Good



Claire's Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 05 August 2015 and was carried out by one inspector. We told the provider 48 hours before our visit to ensure that relevant people were available to assist us with the inspection. Before our inspection we reviewed

information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with the registered manager, who was also the provider. Following the inspection we spoke with six people who used the service, and nine members of staff. We received feedback from health and social care professionals. We viewed four people's support plans, reviewed four staff files and reviewed other documents associated with the day to day running of the service, including a range of policies and procedures.

Is the service safe?

Our findings

People told us that the staff “were wonderful”. A person who had a ‘respite’ service told us they felt their loved one “was in good hands” and had “no concerns about the skills and abilities of the care staff”. People were protected from risks associated with poor care practices, because staff ensured people were kept safe.

We found the provider had some processes in place to ensure people were protected from avoidable harm. However the registered manager was reviewing the recruitment and selection process as they had identified gaps in which could have put people at risk.

We found that there were several gaps in employment on people’s application forms. We spoke to the manager about these and they gave a satisfactory explanation about the periods in question. This demonstrated that the gaps had been explored but had not been recorded. The manager told us all future gaps would be explored and recorded. Also references were not recorded in writing. The manager told us references were obtained verbally and as it was a small family run business the care staff were known personally to the manager. The manager told us that staff did not work prior to satisfactory references being obtained and in future written references only would be required. This policy was under review at the time of our inspection and we saw evidence that care staff who were employed at the service had been asked to provide the required information retrospectively. This meant that the provider had identified the risks associated with the existing recruitment process and had taken remedial action to ensure the process was robust and people who used the service were not put at risk.

Staff spoken with were able to demonstrate they knew about safeguarding people from abuse. They understood

the procedure to follow to raise any concerns. They had all completed safeguarding training, and the registered manager had checked their competency, following the completion of the training. The manager understood how to refer concerns to the local authority safeguarding team.

Staff were able to tell us about the whistleblowing policy and procedures. Staff said the management were very open. They encouraged and supported them to share any concerns they may have immediately, to enable them to be addressed without delay.

We saw people had care plans and risk assessments in place. Risk assessments assist care staff to deliver safe care. However we found that when we spoke to and visited people who used the service they did not have a copy of the risk assessment in their file in their home. This posed a risk if there was a change to the person’s ability or if the staff did not know the person’s needs very well. However when we brought this to the attention of the manager, they agreed to address this with immediate effect.

There were sufficient numbers of staff employed by the agency to meet the assessed needs of people who used the service. People were sent a list of staff who were providing care to them so people always knew who to expect and at what time to expect them. Care was provided in a timely way and at the time of our inspection there were no time critical visits required. For example no one required medicines at a specific time to control a medical condition such as diabetes.

People were prompted and assisted to take their medication safely, Staff had completed appropriate training and the manager had checked that they were competent in the safe administration of medication. The policy had been updated in April 2015.

Is the service effective?

Our findings

One person said “they know my Relatives likes and dislikes and all the small things that matter”. Another person said the carers are brilliant “they know the routine now and I feel comfortable with them”. These positive comments demonstrated that people’s needs were met in a way that was important to them.

Staff were able to demonstrate that they knew people’s needs well. There were systems in place to ensure that where possible the same staff provided care and support to their ‘regular clients’. This ensured continuity of care and people told us “they were able to forge good relationships with the care staff”.

People also told us that staff “always respected their privacy”. We heard feedback from several people who all spoke positively about the way care staff treated them. Family members echoed the positive feedback and said they always “consult with me and check that it’s ok before proceeding”, “I have choices”. People told us that as far as they knew staff had received appropriate training relevant to their role. The manager said they were exploring options to link with organisations that provided guidance and training linked to best practice in leadership and the delivery of care, for example Hertfordshire care providers association (HCPA).

However we saw that formal support arrangements were not in place and although staff and the manager told us they had regular contact to discuss all aspects of their work, we did not see any evidence that this was recorded or actions put in place to support personal development, identify training needs or to discuss people who used the service. The manager told us that they would ‘formalise’ these processes without delay and we were provided with evidence that formal support arrangements had been put in place following our inspection. These included team

meetings, one to one meetings with their line manager, an annual appraisal and a ‘spot check’ to observe practice in people’s homes. The ‘spot checks’ assessed staff’s competency as well as their approach and attitude.

The manager showed us on the system where regular updates from care staff were recorded for example relating to a change of need or time. This demonstrated that communication was effective and when people’s needs changed they were acted upon.

We saw people had been involved in their care planning and had signed to demonstrate they had given consent to their care plan. Staff told us that people could withdraw their consent at any time and they always gave people the option to accept their offer of care or to refuse it they wished.

Staff and the manager were aware of legislation relating to the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. However people were supported in their own home and had no restrictions placed on their liberty. Staff had not received training in respect of MCA/DoLS and this was something that was being arranged for the future.

People were supported with meal preparation and to eat and drink adequate amounts to maintain good health. Staff told us they could only support people within the availability of what they had available in their homes. However staff said if they were concerned about people’s nutritional intake they would speak to relatives and or raise it with the manager so they could address the concern.

People were supported to both make and attend health care appointments. One aspect of the service was to accompany people to doctors or hospital appointments. People were supported to access dentist, opticians and chiropodists as required. This demonstrated people had access to on-going healthcare support.

Is the service caring?

Our findings

People told us that the staff were “caring and they were comfortable with them”. One person said they “are brilliant” “I rely on them so much and look forward to them coming”. Staff spoken with told us they had really developed positive relationships with the people they supported.

People told us that the staff were respectful and caring. People said they did not feel rushed or under pressure and the care staff enabled them to go at their own pace.

Staff said they treated people “like they would like to be treated themselves”. Staff told us they respected people’s wishes and always gave them a choice. For example, whether this was about what clothing they wanted to wear or whether they wanted to have a wash first or to eat their breakfast.

We saw from care plans and records in people’s homes that people and their relatives were involved in the care planning and in the way the service was provided. People told us that the manager kept the staff “in check” and this contributed to them providing a caring service. People told us if staff were running late, the manager would call them to let them know demonstrating that it was important that people were informed and valued.

Staff told us that they supported people to retain as many skills as they could, so for example where people were able to do some tasks themselves they were supported to do this. People said “this was important to them and increased their confidence”.

We saw from care records that people were asked their preferences about how their care was delivered and by whom (there were no male care staff employed at the service at the time of our inspection). People’s preferences were respected and adhered to. We saw people’s confidential records were stored in locked cabinets within the office.

Staff spoke fondly about people in their care and gave many examples about how important their clients were and how they “always tried to go the extra mile”. People told us that the staff provided a much needed ‘companionship service’ and this provided not only care for their relative but also provided much needed ‘respite’ for them also.

We saw from reviewing care records people had been asked about their end of life ‘care arrangements and how they wished to be supported. Care staff were aware of people’s wishes. They often discussed these to ensure people’s wishes were current or to give them an opportunity to update them or change their minds about their care and support for the future.

Is the service responsive?

Our findings

One person told us, “They are just there when you need them” and that “Takes the pressure off me”. People who used the service had a range of support needs and the service was able to meet all these needs. This demonstrated a holistic approach to both the needs of people who used the service as well as support for the family or relatives.

The range of support service available in addition to personal care included accompanying people to doctors or hospital appointments, companionship, gardening and support with household tasks, and shopping. People told us that the staff were able to support them to live their “lives to the full”. One person said “They are not the same as other care agencies”. “The manager keeps them all in line”

We saw the care plans contained individual and detailed support plans for each person which included their assessed needs. The information contained specific detail such as days and times of the visits, likes and dislikes, as well as the people who were important to the person, and involved in their lives.

Staff were able to demonstrate that they knew how people wished to be supported. For example a staff member told us that a person liked to be assisted with household tasks but liked to do as much as they could themselves and they were supported to do this. Another member of staff spoke about assisting people to attend hospital appointments

and how they accompanied them and offered reassurance to take their mind off their appointment. It was evident from speaking with care staff that they knew about people’s life histories, about their careers, families and what their hobbies and interests were.

The manager told us that they also supported people to enjoy days’ out at the coast, a garden centre or going out for lunch. People who used the service were central to everything that the service aspired to achieve.

People told us that they felt they received support that was appropriate to their needs. One person said “I can’t think of anything I would want to change about the service”.

People were supported by staff who knew them well. Staff had taken the time to get to know people and were possible were supported by a small group of care staff so they always had staff that they knew and who knew them.

We saw there was a complaints policy and procedure in place and people were made aware of this when they started to receive support from the service. There had been just one complaint which had been investigated appropriately. The manager told us that they welcomed comments and feedback as a means to improving the service. By addressing feedback and comments early on it prevented concerns from elevating to a ‘formal stage one complaint’.

People who used the service told us they were confident that if they had any issues and raised them with the manager that they would be addressed without delay.

Is the service well-led?

Our findings

We found that the service had an effective system in place to monitor the quality of the service provided. In addition systems were in place to assess and mitigate the risks relating to the health, safety and welfare of people who used the service.

The manager spoke positively about the objectives of the service and told us how they strived to provide a quality service. For example when assigning care calls to staff they always allocated time to travel between visits to ensure that staff arrived at the assigned time and were not 'under pressure' to rush through the visit and move on to the next visit.

The service provided to people was person centred and the manager told us the high standards were a fundamental part of the success of the business. Most of the business had been generated by word of mouth from people who had been supported by the service and had a positive experience.

We found the manager had identified some areas of the service, it's policies and processes which required updating as the business had expanded and therefore a more formal approach was required. The manager told us they knew most of the staff and it had been an informal and relaxed approach to all aspects of the service. However as the business had expanded the manager had identified that some of the processes required 'strengthening' to ensure the service was robust and systems were sustainable and would withstand the test of time. This demonstrated that the systems were effective in identifying areas where improvements were required and actions were put in place.

Audits were in place around update and review of care plans and risk assessments. Staff support arrangements were being formalised and policies had all been updated in April 2015 to comply with the introduction of the new regulations. This process showed that the manager was responsive to changes in the legislation, relevant to the service they provided. We saw that although there was an accident/incident book, there had been no incidents. The manager told us that they would record incident as a way of identifying possible trends, and would put remedial actions in place.

We saw the results of a quality monitoring survey which had been completed by people who used the service. People gave positive feedback on all aspects of the service, and there were no specific actions recorded as a result of the survey results.

However the manager and staff told us they were always looking for ways of improving the quality of service they provided and one of the things they done was to send people a letter every week informing people of the days and times of their support visits and also the name of the care worker who was attending. People were contacted by the manager if staff were running late. This process ensured people were kept informed of what was happening in the service.

People who used the service told us they got a good service and were happy with all aspects of the agency. Staff told us that the manager was available and supportive. One member of staff told us the manager "knew the business requirements and ran a tight ship". Throughout the inspection, we found the manager to be open, honest and transparent about how they ran the service, what they were doing to ensure continual improvement and they were receptive to information given to them at the inspection.