

Clarence Care Limited

# Clarence Care Ltd

## Inspection report

91 The Green  
Kings Norton  
Birmingham  
West Midlands  
B38 8RS

Tel: 01214582197

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### Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

# Summary of findings

## Overall summary

We last visited this service on 18 January 2016 when we found that improvements were needed in all the five questions we ask and there was a breach of regulations in respect of monitoring and improving the quality of the service. At this inspection we found that the many improvements had been in the service and there was no longer a breach of regulations.

Clarence Care Ltd provided personal care to people in their own homes. At the time of our inspection 28 people were receiving a service.

At the time of this inspection there was no 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 2008 and associated Regulations about how the service is run.

People were able to consent to the care they received and systems were in place to protect people's rights if they did not have the ability to make decisions for themselves. The need for restrictions on people's liberty to be appropriately authorised were not always followed up with the appropriate authorities.

The quality of the service had improved and systems had been put in place to monitor and improve the quality of the service but not all the systems were fully embedded at the time of our inspection.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse.

Risks associated with people's care had been assessed and management plans put in place to keep people as safe as possible.

People were supported to receive their medicines as prescribed.

Staff were safely recruited and trained and supported to carry out their role

People were supported by staff that were friendly, relaxed and polite and they received a service that met their individualised needs.

People's right to privacy was promoted and people's independence was encouraged.

People were able to raise any concerns or complaints they had and felt reassured that they would be appropriately addressed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were protected from abuse and avoidable harm because the provider had effective systems in place.

Risks to people were assessed so that staff understood how to keep people safe.

People received their medicines as prescribed.

### Is the service effective?

Requires Improvement 

The service was not always effective.

People were supported by staff who received the training, supervision and support to meet their needs effectively.

Staff understood the requirements of the Mental Capacity Act 2005 but were not always clear in respect of their duties under the Deprivation of Liberty Safeguards to prevent people from being unlawfully restricted.

People were supported to access healthcare to meet their needs.

### Is the service caring?

Good 

The service was caring.

People were supported by staff that knew them well.

People were treated with kindness and respect.

People were supported to maintain their dignity and human rights.

### Is the service responsive?

Good 

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to take part in activities that they enjoyed and were important to them.

Staff understood when people were unhappy so that they could respond appropriately. Systems were in place to ensure that concerns and complaints would be taken seriously.

**Is the service well-led?**

The service was not consistently well led.

Improvements had been made to ensure a good quality service was provided to people but not all the systems were fully operational yet.

People benefitted from an open and inclusive atmosphere in the home.

**Requires Improvement** 

# Clarence Care Ltd

## **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.

This inspection took place on 26 September 2016 and was announced. 'The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us during the inspection.

This inspection was carried out by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities and looked at information shared with us about services the local authority purchases care from for people, to see what information they held about the service. We used this information to inform our inspection.

We spoke with four people who received support from the service, two relatives, four staff, the deputy manager and registered provider.

We looked at records of four people who received support from the service, medication records, staff training records, four staff recruitment files, safeguarding records, complaint records, staff rotas and quality audits.

## Is the service safe?

### Our findings

People spoken with told us that they felt safe with the staff when they support them with their care. One person told us, "I feel safe. I would pack it up [stop service] if I wasn't happy and didn't feel safe." A relative told us, "[Person name] is safe in their hands." Staff told us that they had undertaken training so that they would be able to recognise abusive situations. Staff were able to describe to us what they would be looking out for that would indicate abuse may have taken place such as bruising or changes in people's behaviours. They were also aware of their responsibility to raise any concerns they had. One member of staff described a situation where they had had some concerns and had raised concerns with office staff that in turn raised a concern with the local authority. Records we hold showed that we were kept informed of incidents that had arisen.

Risks associated with people's care had been assessed and management plans put in place. People told us that they were aware of the risk assessments that were in their home. One relative told us, "It's a strictly run company. We have a care plan and risk assessment." Staff told us if they noticed any changes in people they told staff in the office who would carry out another assessment. Records looked at showed that the risk assessments covered general risks such as the environment, pets, parking and accessibility of premises as well as the risks associated with people's health conditions, malnutrition and skin damage.

All the people spoken with told us that they had not had any missed calls recently and staff usually turned up within the times they were supposed to which meant people were not placed at risk of not receiving the care and support they needed. Most people told us that there were enough staff available to provide the care they needed and that there had been an improvement in this since the last inspection. Staff told us and records showed that the appropriate recruitment checks had been undertaken. These checks included checks with previous employers and the Disclosure and Barring Service (DBS). These checks help employers make decisions to assist them to employ suitable people only.

People received their medicines as prescribed. People told us they were supported appropriately. One person told us, "They [staff] give me my tablets and eye drops and apply ointment." Staff told us they had received training so that they were able to support people with their medicines. Staff training records showed that people were trained in the safe management of medicines.

## Is the service effective?

### Our findings

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. During discussions with the registered provider we were told about someone that the provider was aware about who had a restriction on their liberty but had not taken any steps to ensure that the person's human rights were promoted. It was acknowledged that although the actions had been taken to ensure the person's safety but, under the Deprivation of Liberty Safeguards (DoLS) any restrictions must be in the person's best interest, the least restrictive actions possible and authorised by the supervisory body. In the case of people living in the community this is the Court of Protection. We asked the provider to liaise with the appropriate people to ensure that the deprivation was legal. Following our inspection we were told that the issue had been resolved. The provider has a duty to ensure that any restrictions on people's liberty that comes to their attention and that they are party to must be authorised.

People told us that they were happy with the service they received and had been involved in planning the service. One person told us, "I'm very happy. Been having a service a long time. [Staff] Come within two or three minutes of their time. They [staff] always ask what I would like." People told us that care plans and assessments were available to staff in their homes. Staff confirmed that care plans were available for them to refer to however staff told us that they always asked people what help they wanted. Records looked at showed that people and their relatives, if appropriate, had been involved in planning care.

Staff were supported to carry out their roles. People told us that they were happy with the way staff supported them and they felt that staff had had training to assist them to do their job. One relative told us, "Staff are trained to use the hoist." Staff told us that the training they received had improved a lot and they were happier that they received ongoing support through supervisions, spot checks, training and being able to pop into the office between calls for a coffee and chat. They told us that previously they had not felt welcome in the office. One staff member told us, "I have had a lot more communication recently. We didn't have much communication before [with office staff]." All the staff spoken with told us and records looked at confirmed that staff were having individual supervision sessions, staff meetings and on the job spot checks where they received feedback about the way they carried out their tasks. Training records for staff showed that staff had received training in a variety of topics including hoist training, medication administration and catheter care. Staff told us that when they started their employment they had received training and induction into their roles. Part of the induction included a period of shadowing experienced staff so that they were checked for competency and to ensure they felt confident to work alone. Staff told us and records showed that the new staff were working to complete the care certificate. The care certificate supports staff to have core skills and knowledge needed to provide good care to people.

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. Staff spoken with told us and people confirmed that they were asked what help they wanted and

they were supported to make choices about the food they ate, the clothes they wore and the support they received. Staff spoken with told us that they would report any concerns in people's ability to make decisions to the office staff so that they were able to carry out a reassessment.

People were supported to eat and drink so that they remained healthy. All the people we spoke with told us that staff always asked them what they wanted to eat and drink and then prepared that for them. For example, one person told us, "My [relative] buys ready meals for the freezer. I tell the staff what I want and they get it ready for me." Another person told us, "Staff ask what I want to eat for breakfast." Staff spoken with confirmed that they always offered people a choice. Staff told us about one person who was being restricted on the choice of foods they were able to have so they raised this with the office staff who then addressed the issue with the family so that increased choices were available for people.

All the people spoken with told us that their relatives organised and supported them to attend any medical appointments they had. People told us that they were sure if they felt unwell the staff would contact their relatives. Staff confirmed that they would contact a relative, office staff or the emergency services if needed.



# Is the service caring?

## Our findings

All the people we spoke with said they were treated well by staff and that the staff were caring. People said that they were involved in their care because staff listened to their wishes and did as they asked. People told us that they were very happy with the way staff treated them. One person told us, "They [staff] speak nicely and are polite." A relative told us, "They [staff] are lovely people. They are great and do a lovely job. They are like friends."

People told us that staff were kind and respectful and maintained people's dignity and privacy. One person said, "They [staff] are kind and respectful." Another person told us that when staff entered their home they always shouted out to introduce themselves and let the person know who had come in. A relative told us that they felt the company was very professional. They told us that their family member needed two staff to support them. They told us that if one staff arrived early they waited for the other staff to arrive before they came in. As a result the family felt that any intrusions on their lives were kept to a minimum by the staff.

Many of the people we spoke with told us about 'company time'. We asked what this meant and people told us that if the staff had finished their tasks earlier they had been told by the office staff to sit and have a chat with people. People told us they really appreciated this time. One person told us, "If every old person was looked after as well I am it would be a wonderful world."

People were happy that they received care and support for the same regular staff. One person told us, "They are very nice. I'm happy with what's happening [with the service]. Have the same carers." Staff told us it was important that people knew who to expect and it was good that staff got to know people and their needs. Staff told us that although they were able to ask people how they wanted to be helped on a day to day basis care plans had the details they needed so that they knew what tasks needed to be completed before they left the home.

People told us that they were supported to do as much as they could for themselves but staff were available to help then where they needed help. One person said, "They give me the help I need. They cream my legs and put drops in the eye. They used to give me a wash before, I can do it mostly but not fully so they let me do as much as I can."

## Is the service responsive?

### Our findings

People told us they were involved in planning and agreeing their care. One person told us, "I only just came out of hospital. They come at the times they are supposed to. They are aware of my needs." A relative told us, "They know what [person] needs. It's a strictly run company. We have a care plan. [Relative] was involved [in planning care]." Staff told us that they had access to people's care plans and they would report any changes to the office so that people could be reassessed if they needed to be. Not everyone we spoke about could remember if they had had a review of their care. One person told us, "Review – not really but they would know if I wasn't happy." People told us and staff confirmed that there was flexibility in the service to have their calls at a different time if they had an appointment to attend. One person told us, "I tell them what to do. They are flexible with the times of the calls."

People told us that they knew how to raise any concerns they may have. One person told us, "If I wasn't happy – I'd ring the office but never had to." Staff spoken with told us that if people said they were unhappy about something they would record it and pass it onto the office to look into. Staff felt that they were confident that any issues raised would be looked into now. They had not always been so confident before. During our visit to the office we looked at the complaints and compliments records. We saw that there had been a reduction in the number of complaints being raised since the last inspection. The issues that had been raised had been addressed appropriately and in a timely manner.

We saw that there were several compliments that had been made by people using the service. Some of the recent compliments said, "Wonderful service, gave me emotional support, assessed [relative following discharge from hospital without a care package] that afternoon and package of care started straightaway". Another person said, "The care [person] receives now is vastly improved. As you know we had a number of issues in the past but [person] is much happier now and that reflects in his general health. The consistency of carer is much better for him and the staff now do seem to have a better understanding of his condition;" [Name of carer] is always cheerful, helpful and prepared to take on any tasks. I always like to see my carer come to my home and have a chat with me." This showed that people were happy with the service and had noted an improvement since the last inspection and were responding to people's needs.

We saw that there were other ways in which the views of people were gathered about the service. One person told us, "The office [staff] contact me to ask if I'm happy." Another person said, "They [office staff] come around and we can speak on the phone." We saw that there were questionnaires that were sent out to people to see if people were happy with the service. Staff said that they were asked when they attended meetings if there was anything that could be done to improve the service.

## Is the service well-led?

### Our findings

At our inspection of 18 January 2016 we found that all areas assessed required improvement. We saw that there was a breach of regulation 17 because the systems in place to manage and monitor the quality of the service was not sufficient and several people were unhappy about the service they received. However, at this inspection we saw that a significant improvement had been made in the service since that time and people told us that the service had improved vastly. One person told us, "I can't fault the care. We have had them [provider] for 12 months. We had some blips but we are happy now. The carers are pleasant and respectful. Blips happened when staff went off sick and the routines went to pot and carers couldn't keep to the times; but that's gone now. They come at the right times, now it's the same regular carer. Person has dementia so we get the same carer." One staff member told us, "I see my future with this company but it wasn't so before Christmas." Another carer told us, "It's so much better now."

We saw that although some systems had been put in place some of the systems to monitor the service were not yet fully operational. We were told that the medicine administration charts were to be monitored but this had not yet happened and we saw that there were some shortfalls in the recording of medicines although it was clear that the medicines had been given to people. We also saw that the level of detail in some risk management plans needed to be improved so that staff were clear about how to support people who had difficulties in mobilising independently. We were told that surveys were scheduled but not yet carried out to give people the opportunity to comment on the service.

Since our last inspection the registered manager had left and there had been a change of staff in the office. At the time of this inspection there was not a registered manager in post but the registered provider was ready to submit an application to become the registered manager. The registered provider told us that they had sought support and guidance from a mentor from Skills for Care and the registered manager from another service and had enrolled to undertake a management in care qualification. There was a management structure that staff were aware of and staff understood their roles and responsibilities.

We saw that the registered provider had kept us informed about incidents that had occurred and had responded openly regarding any concerns we had asked them to look into. During our inspection the registered provider was open and honest, as required by the duty of candour, about what had gone wrong before our last inspection and what actions had been taken to improve the service.

The registered provider told us that they had made improvements to the service by limiting the areas in which they provided a service so that there had been a reduction in the number of late and missed calls. The provider was taking on packages through word of mouth recommendations and only increasing the service slowly so that the quality of the service could be maintained.

People and staff told us that the office staff were accessible and approachable and staff said they felt valued and there was an open door approach in the office. One person told us, "I can ring the office and speak with [name of registered provider]. He is a very nice man." Staff told us that they could contact someone in the office or via the on call system for advice and support at any time. Staff told us that there were regular

meetings in the office and that if staff had received a compliment or it was felt they had done a good job they were rewarded with a certificate or small gift. Staff appreciated that they were being acknowledged for their good work. We saw records that showed these presentations took place during staff meetings.

We saw that there were systems in place to monitor the quality of service which included eight weekly telephone checks with people, weekly review of the log books completed by staff and monthly management meetings. A 'WhatsApp' messaging system had been set up for staff so that any issues of calls not being attended could be picked up and addressed quickly. We saw that there was a print out of these messages that could be reviewed by senior staff to monitor where issues were arising and how they could be addressed. People using the service and staff confirmed that there were regular spot checks on staff and there had been incidents where a member of staff had attended a call late and this had been picked up by the spot checks. There was an analysis of complaints which showed that there had been a cluster of late calls due to a particular member of staff who was disciplined and no longer employed by the registered provider.