

Clear Thinking Care Limited

Suite 13

Inspection report

The Business Centre
Cattedown Road
Plymouth
Devon
PL4 0EG

Tel: 01752548042

Date of inspection visit:
10 May 2017
12 May 2017

Date of publication:
23 June 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 10, 12, and 16 May 2017 and was announced.

Suite 13, Clear Thinking Care Limited provides home care support to adults within Plymouth and the surrounding area. They support people living with a learning disability, a mental health condition, a physical disability, substance misuse, dementia and sensory impairments.

On the days of our inspection the service provider was providing personal care to four people. The service had a registered manager. 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 told us they felt safe when staff entered their homes. Staff understood what action to take if they were concerned someone was being abused, mistreated or neglected.

People were protected from risks associated with their care because staff knew people well and could describe what action they would take in order to keep people safe, however risk assessments were not always in place. This meant staff did not always have the necessary information written down; to ensure the continuity of people's care and to help mitigate ongoing associated risks. Following our inspection the registered manager had taken immediate action to update people's care plans to ensure risk assessments were in place.

People's environment had been assessed for risks and people were protected in the event of a fire because they had been supported to obtain the necessary fire equipment for their home. People were supported by staff who had received training to help prevent the spread of infection.

People told us there were enough staff to meet their needs. The registered manager involved people and their families in the recruitment process. Staff were recruited safely to ensure they were suitable to work with vulnerable people. The provider had disciplinary procedures which were used when staffs' conduct had been unsatisfactory.

People, who required support with their medicines, were supported by staff who had received training. The provider had a policy and procedure in place to help ensure medicines were managed safely.

People told us they felt the staff had the skills and experience to meet their needs. Staff were complimentary about the training and support they received. New staff joining the organisation received an induction and the registered manager implemented the Care Certificate when necessary. The Care Certificate is a set of standards that social care and health workers are expected to work to. It is the new minimum standards that should be covered as part of induction training of new care workers.

People's human rights were protected because the registered manager and staff understood their responsibilities in relation to the Mental Capacity Act (2005) and people's care plans recorded their mental capacity so staff were aware of how to individually support each person.

People were supported and encouraged, when required, to eat and drink throughout the day. People's care plans, provided guidance and direction for staff about how to meet people's nutritional and hydration needs.

People were supported to access health care services, such as their GP or district nurse. Some people had a 'hospital passport' in place. A hospital passport is a document which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

People told us staff were kind and caring. Staff knew people well and spoke fondly of them. Staff, were able to tell us about people's likes and dislikes and how they enjoyed spending their day. However, although staff knew people well, people did not always have care plans in place to provide guidance and direction to staff about how they wanted their needs to be met, in line with their wishes and preferences. Following our inspection, the registered manager told us they had taken immediate action to update people's care plans.

The registered manager promoted a caring ethos, and told us they tried to go the extra mile for people and their families. Staff also told us they felt cared for and valued by the registered manager.

People were supported to express their views, enabling them to make decisions regarding their care and support. People's privacy and dignity was promoted.

People received a pre-assessment of their care needs to ensure the service could meet their individual needs. People told us they received individualised care and were involved in reviewing their care plans with staff. People's independence was promoted. People were encouraged and supported to develop and maintain relationships with people that mattered to them.

People told us the service was well-led. Staff, were also complimentary of the registered manager and the way in which the service was managed. People, relatives and staff felt the registered manager created a positive culture.

The registered manager felt well supported by the provider. The registered manager kept her professional knowledge up to date and in line with best practice by attending training courses.

People's complaints were regarded positively and used to help make improvements to the service. People's views and opinions were in the process of being sought via questionnaires to help ensure the service met with people's expectations.

The service was underpinned by a number of policies and procedures, made available to staff and these were reviewed in line with changing regulations. There was a whistleblowing policy in place which protected staff, should they make a disclosure about poor practice.

The registered manager had quality checks in place to help identify when improvements were required. Following our inspection, the registered manager had created an action plan to help ensure checks captured gaps in people's care plans better.

The registered manager told us they apologised to people when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider had notified the Commission of significant events which had occurred in line with their legal obligations. For example, of safeguarding alerts or police incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe.

People were protected from risks associated with their care. However, risk assessments were not always in place, which meant staff did not have information about how to keep people safe. Following our inspection the registered manager took immediate action to ensure risk assessments were put in place.

People told us they felt safe.

People were supported by sufficient numbers of staff who had been recruited safely to ensure they were suitable to work with vulnerable people.

People were supported safely with their medicines.

People were protected from the spread of infection because staff had an understanding of infection control procedures.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who had undertaken training to enable them to support people's individual needs.

People's consent to their care was sought in line with the Mental Capacity Act (2005) which meant their human rights were protected.

People were effectively supported with their nutrition.

People had access to external health and social care professionals in order to help maintain their ongoing health and wellbeing.

Good ●

Is the service caring?

The service was caring.

People told us they liked the staff who supported them. Staff

Good ●

spoke fondly of people and of the positive professional relationships that they had.

People were supported to be actively involved in decisions regarding their care and support.

People's privacy and dignity was respected.

Is the service responsive?

The service was responsive.

People had care plans in place to provide guidance and direction to staff about how they wanted their needs to be met, in line with their wishes and preferences. However, people's care plans were not always reflective of the care being provided. Following our inspection the registered manager took immediate action to ensure care plans had been updated.

People told us they received individualised care.

People's independence was promoted.

People's complaints were received positively and used to help make improvements to the service.

Good ●

Is the service well-led?

The service was well-led.

People, relatives and staff were complimentary of the registered manager and felt the service was well managed.

People, relatives and staff felt the registered manager created a positive culture. The registered manager worked hard to ensure the culture of the service meant people were kept at the heart of the service.

The registered manager kept her professional knowledge up to date and in line with best practice by attending training courses.

The registered manager had quality checks in place to help identify when improvements were required. Following our inspection, the registered manager created an action plan to help ensure checks captured gaps in people care plans better.

Good ●

Suite 13

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 checked 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 10, 12 and 16 May 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of adult social care inspector and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. We also contacted Healthwatch Plymouth and the local authority.

During our inspection, we spoke with two relatives and an external health and social care professional. We also spoke with three members of care staff, the registered manager and the provider.

We looked at four records which related to people's individual care needs. We viewed two staff recruitment files, training records for all staff and records associated with the management of the service including policies and procedures and quality checks.

Following our inspection we contacted a community nurse and a social worker to obtain their views about the service.

Is the service safe?

Our findings

People were protected from risks associated with their care. Staff knew people well and could describe what action they would take in order to keep people safe. For example, some people were at risk of having epileptic seizures. Staff were able to tell us exactly what they would do to keep people safe. However, although staff knew what action to take, people did not always have risk assessments in place. This meant staff did not always have the necessary information written down; to ensure the continuity of people's care and to help mitigate ongoing associated risks.

People who were at risk of self-harm, choking and of becoming verbally and physically aggressive, also did not have risk assessments in place. Following our inspection the registered manager had taken immediate action to update people's care plans to ensure risk assessments were in place.

People had risk assessments in place relating to their moving and handling needs. Staff told us they had received moving and handling training and explained to us how they ensured people were kept safe when equipment was being used. People's environment had also been assessed for risks; staff described how they kept people's hallways clear of trip hazards or unnecessary obstacles.

People told us they felt safe, one relative told us "I have total confidence in my relative's care and trust me, I am really fussy". An external health and social care professional expressed staff built a rapport with people and that there were no concerns about the safety of care being provided.

People were protected in the event of a fire because they had been supported to obtain the necessary fire equipment for their home. Staff told us they had received fire training and explained how they would support one person to leave their home, who used a wheelchair. Telling us that the person had a fire evacuation slide sheet which would enable staff to move the person safely.

People were protected from abuse because staff had undertaken training to enable them to know what action to take if they suspected someone was being abused, mistreated or neglected. The provider also had a safeguarding policy in place which had been shared with staff. The registered manager had a good understanding of the local authority safeguarding procedures and was confident about what action to take. Safeguarding was a topic which was discussed with staff and with people on a monthly basis in order to keep people safe at all times.

People told us there were enough staff to meet their needs. Telling us, "A meeting was held before the carers were appointed to ensure that a good relationship would be established", and "Carers arrive on time and are committed and consistent".

The registered manager involved people and their families in the recruitment process, commenting "There is no point in me recruiting staff that the person does not want to be looked after by". Staff were recruited safely to ensure they were suitable to work with vulnerable people. The provider had disciplinary procedures which were used when staffs' conduct had been unsatisfactory.

People, who required support with their medicines, were supported by staff who had received training. Staff, were able to describe how they supported some people with 'as required' pain medicines. Explaining that some of these medicines were administered via syringe pumps and that people had care plans in place to provide guidance. The provider had a policy and procedure in place to help ensure medicines were managed safely. The policy had recently been updated following a medicine error, and to incorporate changes to the National Institute for Clinical Excellence (NICE) guidelines. The provider had also detailed in their PIR that over the next 12 months, they wanted to ensure that "Robust systems are in place in relation to the management of medication". This demonstrated the provider was pro-active in making changes to ensure the continued safe management of people's medicines. One relative told us, "Where medicines are being given, and there are many, there is a MAR chart so all things can be double-checked which is good practice".

People were supported by staff who had received training to help prevent the spread of infection. One member of staff told us how impressed they had been with the practical training they had received, commenting "We learnt all about germs!" They continued to explain what they had learnt, by telling us of the importance of wearing personal protective equipment (PPE), such as gloves and aprons when supporting people with their personal care.

Is the service effective?

Our findings

People told us they felt the staff were trained in order to meet their individual needs, one relative told us, "Some of the carers are medically qualified (first aid trained) which gives us peace of mind around any emergency treatment that may be needed".

Staff received effective support by attending staff meetings, one to one supervision and by having an annual appraisal. Staff explained this gave them opportunities to discuss their training, ongoing development and raise any concerns that they may have. Staff were complimentary of the support they received telling us it was a two way process and that the registered manager was not only interested in their work, but concerned about their wellbeing too.

Training was bespoke to people's individual needs, for example when people had specific care needs such as catheter care, epilepsy or mental health staff had received training in these topics. Staff told us training was of a high standard, with one member of staff commenting, "The training is really, really good. It's really in-depth". The registered manager told us, she was committed to ensuring staff received high quality face to face training with external providers, rather than completing ELearning courses. This was to facilitate staff to meet others working in the sector and help them to share good practice. Ensuring staff had the right skills and experience was an area the registered manager was passionate about, they detailed in their PIR that over the next 12 months they would "Ensure all staff have completed or working towards Diploma Level 2 or 3" in a subject related to the care they provided.

New staff joining the organisation received an induction and the registered manager implemented the Care Certificate when necessary. The Care Certificate is a set of standards that social care and health workers are expected to work to. It is the new minimum standards that should be covered as part of induction training of new care workers.

People's human rights were protected because the registered manager and staff understood their responsibilities in relation to the Mental Capacity Act (2005) and people's care plans recorded their mental capacity so staff were aware of how to individually support each person. The Mental Capacity Act (2005) 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us if they were concerned about changes to a person's mental capacity, they would speak with the registered manager. One member of staff explained how they were in the process of meeting with one person's GP and their family to discuss how to act in their best interests regarding their end of life wishes. People's care plans recorded their consent to care and treatment.

People were supported and encouraged, when required to eat and drink throughout the day. Some people chose to create a weekly menu and were supported to go shopping to buy their ingredients. One relative explained, "(...) gets help to cook the food and chooses the menu so is inter-active in this household chore".

People's care plans, when required, provided guidance and direction for staff about how to meet people's nutritional and hydration needs. Staff told us if they were concerned about someone not eating and drinking enough, they would discuss this with the person and/or their advocate and support them to access external healthcare professionals as required.

People were supported to access health care services, such as their GP or district nurse. Staff told us if they were concerned about a person's general health and wellbeing, they would encourage the person to make an appointment. One person had recently been supported to attend a chiropody clinic, to collect new shoes which they had chosen. A relative explained, "All appointments, which are medical, are organised by the carers". Some people had a 'hospital passport' in place. A hospital passport is a document which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

People told us staff were kind and caring. Staff knew people well and spoke fondly of them telling us "I like to make sure (...) has a good quality of life" and "It's nice to see a smile on (...) at the end of the day when you go home". Staff, were able to tell us about people's likes and dislikes and how they enjoyed spending their day. One member of staff told us, "It's nice, you get to know people". A family member told us, "They are all committed to our relative having a good life".

People were involved in the recruitment process. The registered manager explained this was to ensure people felt comfortable with those supporting them. The registered manager promoted a caring ethos, and told us they tried to go the extra mile for people and their families. Staff also told us they felt cared for and valued by the registered manager, with one member of staff telling us, "I love my job and I do it to the best of my ability".

People were supported to express their views, enabling them to make decisions regarding their care and support. One way in which people were encouraged to do this, was by attending care plan review meetings which were held with people, families and staff. Relatives told us, during care plan review meetings staff did not answer for their loved one, but were there for support and back up if needed; Empowering the person to express their views and to make choices for themselves. An example was provided by families of when staff had placed their loved ones phone on loudspeaker to enable to them to listen so that they could write their responses down to the questions being asked.

When people were unable to express their views, advocacy services had been appointed to make sure they spoke up on behalf of people, so that people could still be listened to and ensure that their views were respected. The details of people's advocates were not always recorded in their care plans, so the registered manager told us she would make sure this information was updated so staff had access.

People's privacy and dignity was promoted by staff who told us they "Tried to put themselves in the person's shoes" which helped to ensure they treated people with respect at all times. Staff gave us examples of how they protected people's modesty, telling us when they supported people with their personal care they made sure doors and curtains were closed and that people's bodies were not unnecessarily exposed. Relatives also confirmed staff were respectful, commenting ""All the carers, when helping our relative, always treat him with such care and dignity but what is also nice is that it is done with respect for him as a person not as a patient".

Is the service responsive?

Our findings

People had care plans in place to provide guidance and direction to staff about how they wanted their needs to be met, in line with their wishes and preferences. However, people's care plans were not always reflective of the care being provided. For example, staff described how they supported some people with their epilepsy; however there were no care plans in place to help ensure the person received personalised care and support. Some people also needed support with their healthcare and mobility, and although staff knew how to meet people's needs, people's care plans were not always up to date. Following our inspection, the registered manager had taken immediate action to update people's care plans.

People received a pre-assessment of their care needs to ensure the service could meet their individual needs. One relative told us during this time, "The support was amazing, the organisation very supportive and the registered manager was second to none".

People told us they received individualised care and were involved in reviewing their care plans with staff. External health and social care professionals told us, "They are very passionate about (...) and work in a very person centred way" and "The care plan is a 'living' document and is changed as and when with agreement from all parties including the person".

People who had experienced mental health challenges had care plans in place to help promote their wellbeing and to reduce the likelihood of a relapse. These individual plans, had been created with people and provided important information for staff about what signs to look out for and what action to take should the person seem to become unwell.

People's independence was promoted. Staff explained how they encouraged people to do as much for themselves as possible. For example, one member of staff described how they empowered people to choose their shopping by visually showing them each item, so as they could make their own mind up. Another member of staff explained, how they had seen one person's independence develop, as they had observed them do up their own seat belt clip. Families told us, "Seeing my relative supported in such a positive way fills me with hope for the future-he is enabled and supported to do as much as possible"; and "My relative is able to continue to do the pastimes he/she so enjoys and also have some social life as well. The carers go out of their way to make these things happen and for it to be as normal as possible".

People were encouraged and supported to develop and maintain relationships with people that mattered to them to avoid social isolation. For example, some people were supported to attend social community groups and to visit their families.

People's complaints were regarded positively and used to help make improvements to the service. At the time of our inspection the registered manager had received a complaint and was in the process of investigating the concerns which had been raised. The registered manager had dealt with the complaint seriously and had spoken openly to the person's family. In response to this, the family had thanked the registered manager for the positive way in which their complaint was being dealt with. People received a

copy of the provider's complaints policy when they started using the service. The registered manager was in the process of developing the policy to make sure it was in a suitable format for everyone.

Is the service well-led?

Our findings

People told us the service was well-led, comments included, "We could ask for nothing more. They are amazing all of the staff in the offices and those who visit us", and " To see my son/daughter being supported and treated as a person is awesome and it's down to the management leadership and carers delivery of the service".

External health and social care professional's described the management of the service as "Excellent" telling us, the manager was flexible and always available to speak with. They also explained they had seen how some people using the service had flourished.

Staff, were complimentary of the registered manager telling us, "(the registered manager) is very approachable", "Really good, really supportive, nothing is too much trouble" and "She is committed to her job, I couldn't wish for a better manager".

The registered manager was line managed by the provider. The registered manager felt well supported and told us they received monthly one to one supervision of their practice and an annual appraisal. The provider was in daily contact with the registered manager, enabling the registered manager to share any concerns that they may have.

People, relatives and staff felt the registered manager created a positive culture. The registered manager worked hard to ensure the culture of the service meant people were kept at the heart of the service. Staff told us, they saw the registered manager very often as they visited people to make sure everything was of a high standard and to their liking. Staff told us, "She (the registered manager) can pop in at any time".

The registered manager kept her professional knowledge up to date and in line with best practice by attending training courses. They also attended a registered manager forum which helped them to keep up to date with changes in legislation.

The service was underpinned by a number of policies and procedures, made available to staff and these were reviewed in line with changing regulations. There was a whistleblowing policy in place which protected staff, should they make a disclosure about poor practice. Staff told us they would not hesitate to raise concerns about staff conduct or practice and felt confident the registered manager would take responsive action.

The registered manager had quality checks in place to help identify when improvements were required and staff told us they observed the registered manager carrying these checks out. Following our inspection, the registered manager created an action plan to help ensure checks captured gaps in people's care plans better.

People's views and opinions were in the process of being sought by questionnaires to help ensure the service met with people's expectations. The registered manager was in the process of re-designing the

questionnaire to ensure it was in a suitable format for everyone.

The registered manager told us they apologised to people when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider had notified the Commission of significant events which had occurred in line with their legal obligations. For example, of safeguarding alerts or police incidents.