Clarriots Homecare Limited

Clarriots Care Shropshire & Telford

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 February 2017 and was announced.

Clarriots Care (Shropshire and Telford) Limited is registered to provide personal care to people living in their own homes. The service provided personal care to eight people at the time of our inspection.

Clarriots Care did not have a registered manager in post. However, the manager had made their application with us to be registered which was being processed. '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.'

The provider had not taken steps to ensure that sufficient members of staff were employed to meet people's individual needs consistently and within reasonable time frames. The manager was working care shifts to cover sickness. Therefore they did not have time to undertake quality checks on the service provided. Observed practice checks were not regularly carried out to ensure people were receiving safe and effective care and support from staff members.

People felt safe when staff supported them in their own homes. They were supported by staff who had received training in and understood how to protect them from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

Checks were completed on potential new staff before they started work to make sure they were suitable to support people living in their own homes. Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff. People were supported by staff who knew them well and were caring in their approach. Staff made sure people were involved in their own care and listened to what people and their relatives had to say.

People were treated with dignity and respect. They were encouraged to maintain their independence as much as they were able to. People were supported to identify how they wanted their care delivered. Staff provided care and support how people preferred it and in a way that was individual to them. People knew how to complain if they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always sufficient staff to support people as they preferred.
People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect them from harm or ill-treatment. Risks were assessed and action taken to reduce them.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training to care for them.
People were supported to maintain their independence and make their own choices. People's consent was sought before support and care was offered.

Is the service caring?

Good

The service was caring.

People enjoyed caring relationships with staff.
People were supported by staff who knew them and how they preferred to be cared for.
People were supported in a dignified and respectful manner.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their own care and support.

people and their families knew how to complain and were confident to do so if necessary.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality monitoring, staff support and staff competence was not monitored by the management team. Effective monitoring and auditing systems at service level were required to provide consistent, good quality, safe and effective care for the people who used the service.

The manager had applied for registration with CQC.

Clarriots Care Shropshire & Telford

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. Clarriots Care (Shropshire and Telford) Limited is a new service and this was their first inspection.

This inspection took place on 28 February 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we spoke with three people who used the service and three relatives. We spoke with five staff which included care staff, and the manager. We viewed two records which related to people's care and support needs, people's medicines and assessment of risk. We looked at the recruitment processes for three staff members. We also viewed other records which related to quality monitoring and the management of the service.

Requires Improvement

Is the service safe?

Our findings

Clarriots Care (Shropshire and Telford) limited, was a new service. At the time of our inspection, they were providing care and support to eight people. We saw that at times of staff absence calls could not always be covered. This was when staff were off sick. For example, One person told us, "The staff are friendly but it is a bit hit and miss at the moment due to being short staffed." One close relative of a person receiving support told us, "The staff look after [family member] well – when they come. They are having staffing problems and sickness." One staff member told us that they felt there was not enough staff to cover. They said, "We cannot be off sick as the manager says they cannot cover our calls." The manager told us that there had been a lot of sickness which had caused difficulties in covering calls. They said that they had been covering shifts when there were not enough staff available.

People we spoke with felt that they were supported to be safe in their homes. One person said, "The staff are very diligent. They are always checking things for me. They give me confidence in my own home." Another person agreed that the staff were trustworthy. They told us that they had no concerns about their belongings being safe.

Staff we spoke with were knowledgeable about how to support people to be safe. This included being provided with safeguarding procedures showing how to keep people safe from the risk of abuse or harm. Staff were able to tell us the types of abuse and harm which people could be subjected to. They were all clear that they would not condone any abuse. One staff member said, "If I thought anyone was at risk I would report it to the manager straight away. Another staff member confirmed that they knew who to contact externally. They said they would contact the CQC or the local safeguarding team. We saw that the provider's policies with regard to safeguarding and risks was available to all staff at the office. Staff were made aware of the policies during their induction training.

People felt that they were safe because risks to their safety were assessed. They told us that their care plans reflected their individual risks. Where required, action had been taken to minimise the risk whilst maintaining people's independence. For example, one person told us that the staff always made sure the gas was turned off before they left. They said, "They (staff) have a look around to make sure everything is OK before they leave." We saw risk assessments which showed that the home environment had been assessed for risks. These included trip hazards, gas and electric concerns and staff safety during their visits. There were also arrangements to ensure that staff who were lone working were safe to do so. These included risk assessments and provision of panic alarms. Staff had mobile phones and told us that they knew the on call arrangements for out of office hours support.

People were supported by staff who had received appropriate checks prior to starting work with them. We reviewed three staff files which confirmed that before staff started work, references had been sought from their previous employers by the provider. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people in their own homes. These checks are called disclosure and barring service checks.

People supported by the service were either able to take their medicines themselves, or had family members who assisted them. This meant that, at the time of the inspection, no staff were administering medicines. We saw that the staff received training in medicines awareness during their induction. The manager told us that the staff team would receive further training if they were required to administer medicines.

Good

Is the service effective?

Our findings

People who used the service and their relatives felt that staff who cared for them had the skills they needed and knew how to look after them. One person told us, "They are very good, they do very well. I can tell they know what they are doing."

Staff told us they received regular training which was kept up to date. Training was monitored and staff told us they were prompted to update their training when it was needed. We saw the Clarriots Care training manuals which staff worked through as part of their induction to their roles. One staff member said, "We have lots of training in all aspects of care." Staff confirmed that they had received training on human rights and diversity. They knew to respect people's individuality. One staff member said, "We never judge people. They have the right to be who they want to be." The manager had experience in facilitating training for staff. They had undertaken a 12 week course to enable them to teach staff about dementia. They were also members of the local partners in care training scheme. As well as the training provided to support staff in their general roles, we saw there were plans to develop person-specific training. The manager said, "Before we accept a support package for someone with specific healthcare needs, staff would receive relevant training to be able to support them well."

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

People who used the service confirmed they were always asked for their consent. People we spoke with also stated staff always asked for their consent before commencing personal care. One person told us, "They always find out what I want to do when they come. Sometimes we just have a cup of tea." One staff member said, "Everyone I support is able to make their own decisions. I support them to make choices. They have the right to refuse and decline care if they want to." Other staff we spoke with told us that the people they supported were all able to give their consent to the care they received. The manager told us that all the people who used the service had the mental capacity to make day to day decisions about how they wanted to be supported. They explained that due to the specific nature of some people's conditions they had plans in place to review people's mental capacity in the future if necessary. We saw that they included relatives when people preferred this to review and comment on people's care plans. This supported people to make informed decisions about how they wanted their care to be provided, and helped to maintain family relationships

Most people were either able to make their own meals, or had the support of close family members to prepare meals. The staff would, occasionally, prepare small meals such as sandwiches for people. One person told us, "They (staff) always make sure I have plenty of food and drinks available before they leave.

People were supported, where needed, to access healthcare services. Staff members said that they would

provide support for this if needed. For example, they would support the person to make a GP appointment if they required one.

Good

Is the service caring?

Our findings

People were cared for by staff they were familiar with. Everyone we spoke with thought staff had a caring and kind approach when they supported them. People and their relatives told us that because they usually saw the same staff they were able to build relationships with them. One person said, "They are smashing. They can't do enough for me." Another person told us, "They are very good, they do everything I want straight away." A relative told us, "I have no complaints about the staff, they are all lovely and helpful." One relative told us that staff understood how their family member's medical condition could affect their emotions. They said, "[Person's name] can be difficult at times. The staff team are spending time gaining their trust first. The difference in [person] is noticeable in such a short time. Their quality of life is much improved."

Staff we spoke with talked about people in a respectful manner and it was clear that staff knew people well. One member of staff described how one person's body language could demonstrate when they were low in mood. They told us what things they liked which could make them feel happier. They had just taken the person out for a drive which they enjoyed.

We reviewed people's care to see whether they were involved in planning, making choices and being able to change the care if they wanted. We found people were free to make changes to their care when and if they desired. This ensured the person received care and support based on their individual preferences. Where people had close relationships with family members, their wish to have them involved in their care and support was respected and encouraged. One person who wished to have their spouse involved in how staff supported them told us that this was respected by staff.

People and their relatives told us that they felt they were treated with dignity and respect. For example, one person said, "The carers respect my property as well as me. They take care of my belongings." Where people's conditions meant they required support to be involved in the planning of personal care, relatives and healthcare professionals were also consulted. One relative told us that they were very pleased that their family member was being treated with respect and kindness. They said, "[Family member] is not the easiest person to get to know. The staff treat [person] with respect. They take their cues from [person's] demeanour and change their support accordingly."

Good

Is the service responsive?

Our findings

People received care and support that was individual to them and was responsive to their needs. They told us staff provided their care the way they wanted it. One person told us, "The staff help me to get up, washed and dressed every day. They give me confidence around the home. They are smashing." We contacted the relative of a person who had recently started using the service. They were the main support for the person who was living with complex emotional needs. The relative told us how they, the manager and staff were working together to improve the person's quality of life. They said that the person was beginning to look forward to the staff visiting them. They commented, "We are working on the staff gaining [person's] trust. The staff team have approached the situation very well. As a family, we feel that [person] has already begun to have an improved quality of life. We are working together to gradually increase support as our family member will allow." One staff member felt that they had developed good relationships with the people they supported. They said, "I know them well. I help [Person's name) to be as independent as possible."

We reviewed two care plans for people receiving support. We saw that assessments were carried out with the person before a support package was agreed. This was to ensure the service could provide the required care and support. The plans contained information from the person about their likes and dislikes.

The provider had a complaints procedure which was freely available to staff in the offices. People and their relatives told us that they knew how to complain. They told us that they would complain to the manager if they had a concern. One person told us about a complaint they had made which was being addressed. They confirmed that they and the manager were working to resolve the concerns they had. We were also able to see the documents pertaining to this issue which was very through. One person said, "I would contact [manager's name] and they would sort anything out but I do not have any complaints. Staff we spoke with confirmed that they knew the processes for people to make complaints. They also stated that they would support people to complain if they wished.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection, quality monitoring of the service was not being consistently overseen. For example, key checks, such as observed practice checks on staff in people's homes had not been undertaken. This meant that the manager was not able to be sure that people were receiving the best of care in their homes. The manager acknowledged that these were still to be done. They confirmed that they were currently prioritising the service's ability to maintain care calls. They stated that, once the staffing concerns had been addressed, then the quality checks would be commenced.

We saw that the manager had processes in place to communicate with the staff team by text and telephone. Staff rotas were completed by the manager and sent to staff by text messages. One staff member told us, "I get my rota and sometimes it is not correct. I was supposed to be in two places at once recently. I messaged the manager about the timing and it was sorted out." We discussed this comment with the manager. They told us, "I prefer to talk to people directly so I also call staff to discuss their rota. I spoke with this staff member, it was an error on the rota." We were also told that the manager had limited access to some Human Resources (HR) information which was dealt with at the provider's head office. This included the need for staff to request annual leave directly to the HR department. This meant that the manager of the branch was not always clear about who was on annual leave and not available for work. The manager confirmed that they would discuss this with their line manager so that they could access the information more effectively when required.

Staff told us that they had not had the opportunity to have personal supervision meetings with the manager. One staff member said, "The old manager had booked them then left, so they haven't happened." The manager told us, "I have allocated time to begin to develop the quality monitoring and staff supervisions. Once the staff sickness eases, I will be in a position to prioritise these checks. They told us that they spoke with the staff team frequently. One staff member said, "The manager came to see me at home as we had not met. I feel that they are interested in me as a person, which is very refreshing." They also said, The manager is very relaxed and I feel happier in my job since they came."

People, relatives and staff felt that the manager was supportive and approachable. One person told us that they felt the manager listened to them. They said, "They make me feel important. They have been to see me at home to introduce themselves because they are new." Another person commented that the manager was not afraid of 'getting their hands dirty.' They told us, "[Manager's name] came to do my care yesterday due to staff sickness. They were very kind and knew what they were doing." We spoke with a relative whose family member had been receiving support for two weeks at the time of our inspection. They told us that they had quickly developed a rapport with the manager. They explained that their family member had very complex emotional needs. The manager had supported them to provide care for their relative. They said, "[Manager's name] is experienced and knowledgeable. We have faith in them."

The manager told us that, because they were new in post, they were working to stabilise the service. They were confident that they would be able to do so in a timely manner. They told us that they recognised that there were areas which needed to be worked on. Their priority was the recruitment of new staff to

strengthen the staff team and provide extra support to people. In addition, the manager wanted to encourage the involvement of people and staff in the future development of the service. They also confirmed that they felt the senior team were supportive of them in their role. They said, "I do feel that the management team support me. I know what I want to achieve here and I will get there."

The manager told us they were required to complete monthly quality assurance reports for the provider. These reports were sent to the management team at the provider's head office for collating. They included any accidents or incidents, staff sickness and so on. The manager acknowledged that these reports were delayed due to their requirement to support the staff team in covering calls. The manager was unable to access this information on the day of the inspection because they had limited access to the IT systems in use by the provider. They told us that the information was collated at the head office by the senior management team and not routinely made available to them. As a result, we were unable to identify if any information from the audits was used to drive and improve practice.

The provider had a software system in place which could be accessed by the business manager. We noted that some areas of the system could not be accessed by the manager of the service. This meant that they were not able to access information which they may need immediately, such as staff's authorised annual leave. We were told that, as part of the plans for the future of the service, the provider intended to introduce computer software into the services' office to be able to monitor processes locally.

The manager was going through the processes to become registered as manager with the Care Quality Commission (CQC). They had previously been a registered manager with CQC and were knowledgeable about their responsibilities as a registered manager. They were experienced in the management of domiciliary care services and had a clear understanding of the requirements of the registered manager role.