

Esteemed Life Ltd

Clarriots Care Coventry

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We visited the offices of Clariotts Care Coventry on 19 May 2017. It was an announced visit. We told the registered manager before the inspection visit we were coming so they could arrange for care workers to be available to talk with us.

Clariotts Care Coventry is registered as a domiciliary care service to provide personal care and support to people in their own homes. This was our first inspection of the service which registered with us in March 2016. At the time of our inspection visit the agency supported four people with personal care.

A registered manager was 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 felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely.

Care workers understood how to protect people from the risk of abuse and keep people safe. The suitability and character of care workers was checked during the recruitment process before they worked with people who used the service.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People told us care workers arrived at the time expected and stayed long enough to complete the care people required. People said they were supported by care workers who they knew and felt comfortable with. People told us care workers were kind and knew how they liked to receive their care.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's individual needs effectively. People told us care workers had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

People knew how to complain and information about making a complaint was available for people. Care workers said if they had any concerns or issues they could raise these with the management team, knowing they would be listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time.

The provider had systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff, returned satisfaction surveys, 'spot checks' on care workers' performance and a programme of other checks and audits.

The registered manager was aware of their responsibilities to report events to us. For example they had sent us statutory notifications when events occurred that they had a duty to notify us of.

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.

Care workers understood how to keep people safe and to report any suspected abuse. There were procedures to protect people from the risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Care workers completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005. Referrals were made to appropriate healthcare services. People were provided with meals of their choice that met their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they said were kind. Care workers respected people's privacy and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were informed about changes in people's care needs. People knew how to make a complaint. The registered manager responded promptly to any complaints or concerns they received.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service and said they were able to contact the office and speak with the management team if they wanted to. Care workers were able to raise any issues or concerns with the management team. There was good leadership and the quality of service was regularly reviewed. The provider and registered manager was actively involved in developing and improving the service.

Clarriots Care Coventry

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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 19 May 2017 and was announced. We gave the registered manager 48 hours' notice that we would be coming, so they could ensure care workers would be available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with one person who used the service to gain their views on the care they received. We also spoke with a relative of a person who used the service. During our inspection visit we spoke with one care worker and the registered manager. We reviewed two people's care records to see how their care and support was planned and delivered.

We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality assurance audits and records of complaints.

Is the service safe?

Our findings

People and relatives told us they felt safe with their care workers. A person told us "I feel very safe with them, my carers are worth all the money in the world. A relative told us, "My [family member] is definitely safe with them (care workers). Every carer has been introduced to us so we know them and we never have had a carer we don't know." They went on to explain this gave them reassurance their family member would receive consistent care from people who knew how to support them.

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. A care worker we spoke with had a good understanding of abuse and how to keep people safe. They told us, "If I had any worries I would contact the office who would then refer it to safeguarding to investigate further." Care workers understood what constituted abusive behaviour and their responsibilities to report this to the management team. The registered manager told us, "I encourage staff to tell me of even the smallest concern about people. That means we can inform a social worker or health professional immediately." The registered manager told us they had not needed to make any referrals to local safeguarding authorities in the past 12 months, however, they were aware of how to do this and said they would inform us of these.

A care worker told us they knew about the provider's whistleblowing policy and felt confident in using it. They said "I don't have any concerns but if I did I would contact CQC immediately." A poster was on display in the office which provided staff with details of how they could raise concerns with external organisations. Whistleblowing is a process which allows people to raise concerns about misconduct within an organisation.

There was a procedure to identify and manage risks associated with people's care. This included assessments of people's care needs when they started to use the service to identify any potential risks to providing their care and support. We saw there was a risk assessment in place for a person who had limited mobility and used a wheelchair. The risk assessment gave detailed instructions for care workers about how to support the person to transfer from their wheelchair. Care workers knew about these risks, one care worker told us, "Information about any risks involved in people's care, for example moving and handling, is detailed in their care plans which are kept at their house."

Care workers told us they were kept informed about any changes in people's needs by the registered manager and this information was recorded in the risk assessments as appropriate. The registered manager told us risk assessments were reviewed regularly and were updated immediately if risks changed. Risk assessments we saw had been regularly reviewed.

There were enough staff employed to support people safely. People and relatives told us they had regular care workers who arrived on time. A person told us, "They (staff) are never in a rush, they are always on time and stay for as long as I need them." The registered manager told us it was important to them that people did not feel their care was rushed by staff so their shortest call time was one hour. They went on to explain this enabled staff to provide a high standard of care and encouraged people to feel comfortable to ask for

the support they needed. The registered manager told us they never used agency staff, they said, "We employ enough staff to cover any absences. We don't use agency staff because I think it is important that people know who are entering their house and providing care."

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us, and records confirmed, they had to wait until their Disclosure and Barring Service (DBS) and reference checks were completed before they started working with people unsupervised in their own homes. The DBS assists employers by checking people's backgrounds for any criminal history. If required, people were safely supported to take their medicines. One person told us, "I take my own medicines but the carers check with me each day if I have taken them, it's a nice reminder!" Care workers told us, and records confirmed, they had received training to administer medicines safely which included checks of their competence. One care worker said, "Before I could give medicines I completed training. I was watched to make sure I checked the medicines and how to administer them." The registered manager explained that if staff supported a person to take their medicines, there were ongoing checks of the staff member to make sure they gave medicines safely.

Care workers recorded in people's records whether prescribed creams had been applied and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by the registered manager during spot checks. Completed MARs were returned to the office every month for auditing. By completing these checks, the registered manager was able to monitor that medicines had been administered and recorded accurately. The registered manager explained if any errors were found they would be investigated.

Is the service effective?

Our findings

People and relatives thought that staff had the knowledge and skills to provide effective care to people who used the service. A person told us, "Yes I think they are well trained. We all must learn a trade and they (care workers) are very willing to listen to me and how I want things done." A relative told us, "Their training is very good. When you talk to them (care workers) they have an in depth knowledge of how to provide good care. It is very person centred which is most important to me."

Before people began to use the service, the registered manager completed an assessment of their care needs with the person and, if appropriate, their relatives. The registered manager told us, "This means we can be sure we can give them the care they need safely and that we have the knowledge for any particular health needs." This meant that the registered manager could be sure the service could meet the person's care needs. A relative told us, "They (care workers) took great trouble to professionally assess mums needs and provided carers who developed a consistent and empathic relationship with mum. They helped to build her confidence in the support that she needed and the way it's delivered."

Care workers told us they completed an induction to the service before they supported people. Staff told us the induction included training which the provider considered essential in order to meet people's care and support needs. They also told us they spent time shadowing (working alongside) experienced members of staff to learn how to support people who used the service. The registered manager explained they did not set a time limit on how long a new member of staff could spend shadowing an experienced member of staff. This was because it was important to them that all members of staff felt confident with how to support a person to meet their needs.

The induction training provided staff with the Care Certificate at the end of the programme. The Care Certificate is a recognised qualification, acknowledging staff have achieved fundamental skills and knowledge expected from staff working in a care environment.

A care worker told us they felt confident and suitably trained to effectively support people. A Care worker told us "The training is very good, it has helped me to gain a good knowledge about how to support people. [Registered manager] makes sure we have training updates so our knowledge is up to date." Records confirmed care workers received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and infection control.

A care worker told us their knowledge and learning was monitored through 'one to one' meetings with their manager and unannounced 'observation checks' of their practice. They said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they followed the provider's policies and procedures. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice. The registered manager told us one to one meetings were held at least every 4 weeks. They told us that in addition to this, "We have an open door policy so staff can come to talk to us at any time." During our inspection visit we observed staff visited the office and spoke

with the registered manager in a friendly and relaxed manner. This showed that staff felt comfortable approaching their manager and were able to discuss their role with them.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in the community are called the Deprivation of Liberty Safeguards' (DoLS). At the time of our inspection visit no one using the service had a DoLS in place.

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the Act. The registered manager told us that capacity assessments had been completed for people who were unable to make some decisions independently. Care workers had a working knowledge of the MCA and how this impacted on people. One care worker said "You can't assume a person does not have capacity. They might have capacity at different times of the day, you get to know a person and you learn what they are able to make decisions about. If someone does not have capacity you must make sure any decisions made are in their best interest." Care workers had completed training in MCA. They knew they could only provide care and support to people who had given their consent. If they did not have capacity to give consent staff knew it must be agreed that their support was in the person's best interest.

Staff told us relatives provided all the meals and drinks for most people they supported. A care worker explained they supported one person with their meals and they always asked the person what they would like at each meal. Staff were aware of dietary restrictions people had due to health, cultural or religious reasons. A care worker said, "If there is anything people can't eat for dietary or religious reasons it is written in their care plan. For example, if someone has diabetes, we make sure they don't have high levels of sugar."

Care workers knew how to monitor and manage people's nutrition and hydration if this was required. The registered manager explained when people were at risk of not eating or drinking enough, care workers completed nutritional charts so that the amount they eat and drank could be monitored. The registered manager also told us referrals to healthcare professionals were made. We saw a person's family had made a referral to the Speech and Language Team (SALT) for a person who had difficulty swallowing. The person's support plan had been updated following the assessment with guidance to support staff in meeting the person's needs.

People told us staff supported them to access healthcare services when needed. A person said, "The staff remind me of routine appointments and if they've had any concerns about me, they have made referrals to the district nurse."

Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists and GPs. People's support records showed that information and guidance from these professionals was recorded which ensured that care workers were aware of any changes in people's support needs.

Is the service caring?

Our findings

People told us care workers were kind. Comments included, "My carers are wonderful I couldn't ask for any better, it makes my day when they come." They went on to say "I couldn't ask for any better carers they are like my friends they have such a caring nature."

We were told care workers made sure people's privacy and dignity was respected. A person told us, "They (care workers) are very respectful, I never feel uncomfortable with them." A relative explained "They (care workers) treat [Name] with dignity and as an individual rather than just the next client." Care workers knew how to maintain people's privacy and dignity. For example, one care worker said, "Personal care is always done in a private place with windows and doors closed."

People confirmed they were allocated regular calls from care workers that they knew. People and relatives told us that this reassured them because it meant they did not have an unknown person supporting them. A relative said, "[Registered manager] understood the importance of pairing the right carer with my mother and what a fantastic lady carer we have. Mother's carer is amazing, I say carer, it's like having a family member coming into our home. Our gratitude cannot be expressed enough. It can seem like an invasion having carers coming into your home but mother looks forward to seeing [Carer's name] every day. Yes, it's the same carer every day which is so important for familiarity."

The registered manager explained that because they were a small company, all care workers knew each person well. Call schedules showed that people usually received care from the same care workers, however, the registered manager explained that if there was an absence then it meant that a different worker could cover the call but they were still known to the person.

We asked people if they were supported to maintain their independence and they confirmed they were. One person told us, "I would struggle on my own, they (care workers) help me and let me stay in my own home." A care worker told us they helped people to maintain independence. They said, "I always encourage people to do what they can for themselves, that might be washing their face with a flannel or choosing what clothes they want to wear."

People and relatives said they were involved in making decisions about the care provided and were able to tell care workers what they wanted. People and relatives said they had been involved and consulted when care plans were developed and information from the provider's quality assurance questionnaire confirmed people were involved in reviews of their care.

Is the service responsive?

Our findings

People and relatives told us their support needs had been discussed and agreed with them when the service started. A relative told us, "When [name] came home (from hospital) we sat together with [registered manager] and planned their care together." People also told us the service they received met their needs, choices and preferences. One person said, "Every decision is discussed with me. Nothing is done without my agreement."

People told us they had support plans that were reviewed regularly. The support plans provided care workers with information about people's individual preferences and how they wanted to receive their care and support. A relative told us "The care plan is very in-depth, the daily recordings are excellent, they are very detailed and legible." We saw care plans included instructions for staff about how to provide the care people required. For example, how staff should support people who required assistance or equipment to move. Records of calls completed by staff confirmed these instructions had been followed. The records we viewed had been reviewed and updated as needed.

Care workers had a good understanding of people's care and support needs. A care worker told us, "Before I started to support [Name], I was introduced to them and learnt from them and their other carers how they liked to be supported. I read their care plan to understand what their support needs were and I am told about any changes in their needs." Care workers told us if there were any changes in people's care and support they contacted the office staff who reviewed and updated care plans. This meant care workers had the required information to continue to meet people's needs. A care worker told us they had communication sheets which they updated after every care intervention, this enabled information to be available for the next care worker.

A care worker explained one person they supported had a hearing problem but they knew how to communicate with the person effectively. They told us, "They don't wear a hearing aid but I make sure I face them when talking and I speak clearly. I wait for them to respond before continuing to make sure they understand what I have said." Care records showed information was recorded about how people communicated using facial expressions, gestures and sounds. This information was available to the care workers and ensured they were able to understand what a person they were supporting told them.

People were supported to follow their chosen faith. A care worker explained, "There are some things that some people don't eat because of their religious beliefs, when I make meals for them I make sure what I make is appropriate for them and follows the correct guidelines." A relative had written to the registered manager and stated that staff had, "Adapted and taken into account our culture and religion and have adjusted their care to make [Name] feel at ease." Whilst we visited the office we heard the registered manager making arrangements to support staff who were fasting during Ramadan. The registered manager also told us that staff were given time during their day for prayer. This showed that the consideration was given to the religious and cultural needs of staff as well as people who used the service.

We asked the registered manager how they promoted a culture that was open and non-judgemental. They

explained they provided training to staff "To help challenge their thoughts and any pre-conceived beliefs." They went on to say, "This helps build an environment where staff accept people who have different beliefs, cultures and sexualities to their own. It is very important that my staff are able to support each person in the way they want."

We looked at how complaints were managed by the registered manager. People and relatives said they would raise any concerns with the management team in the office. Care workers knew how to support people if they wanted to complain, we were told that information was provided in people's support plans about how they could raise complaints. Records showed when people had contacted the office to raise minor concerns, these had been recorded and resolved to their satisfaction. Records showed complaints received had been recorded and investigated in a timely manner. The registered manager recorded all complaints to identify if any themes developed. The registered manager told us no themes had been identified with complaints, however, if this did occur, then additional training would be considered for all staff.

Is the service well-led?

Our findings

People and relatives said they were happy with the service they received. A person told us, "If I had a complaint, I would say it, I'm not going to hold anything back, but I don't. They do everything I ask for and they always have a smile for me." A relative told us, "The managers are very approachable and all the staff are very good."

The service had a registered manager who had been in the role since the organisation registered with CQC in March 2016. Care workers told us they felt supported by the registered manager. One care worker told us, "[Name] is the best manager I've had. They are very knowledgeable and you can go to them with anything. Nothing is too much trouble."

A care worker said they could contact or visit the office at any time to discuss any issues. They said, "We can always speak to our manager, they encourage us to phone them whenever we need to." During our inspection visit we observed staff came into the office, or phoned the office staff and the registered manager during the day. This effective communication enabled the service to be responsive to people's changing needs and reassured the care staff that people received access to the services they required.

Feedback was encouraged from people who used the service, relatives and professionals. Quality assurance calls and questionnaires were completed throughout the year. Quality assurance results from the previous 12 months provided positive feedback and comments stated that people were happy with the care provided. Comments included, "When the manager came to discuss Clariotts services it was like having a family member coming into our home. We chatted, we laughed, it was such a relaxing, lovely experience." Another relative had written, "It has been nothing short of a life changing experience having Clariotts care as our new care provider. I have experienced problems with other providers so having your team come into our lives is an amazing experience." No suggestions to improve the service were made. We viewed the most recent questionnaires which provided positive feedback about the care people received and how the service was managed. All of the feedback was positive with no suggestions made to improve the service.

During our inspection visit the registered manager received confirmation that the service had received an award from www.homecare.co.uk which recognised Clariotts Care as a "Top 10 Recommended home care agency in the West Midlands." This award was based on customer reviews about the care provided.

Care workers told us they had regular one to one meetings with their manager as well as group meetings. They told us these enabled information to be shared about the service, people's care and training that was available. People told us these meetings were enjoyable and informative.

The provider used a range of quality checks to make sure the service was meeting people's needs. We found the registered manager played an active role in quality assurance and ensured the service continuously improved.

Care and medication records were regularly audited by the registered manager to make sure people

received their medicines as prescribed and care was delivered as outlined in their care records. One audit identified that daily notes could be improved by including more detailed information. This was shared with care workers who had started to include more information in the daily notes. By regularly checking the quality of care provided, it allowed the provider and registered manager to continuously improve the service.

The registered manager understood their responsibilities and the requirements of their registration. For example they knew what statutory notifications they were required to submit to us and had done this when it had been necessary.