

# Blossoms Trading Limited

# Clarity Homecare

### **Inspection report**

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### Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service well-led?	Good

# Summary of findings

### Overall summary

#### About the service

Clarity Homecare is a domiciliary service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 48 people using the service with seven receiving support with personal care relating to their physical conditions.

People's experience of using this service and what we found

People we spoke with told us the service was safe, had a positive impact on them and was well led. One person told us, "I did have a long struggle in finding a service that would support me the way I wanted to be supported until I found this one." And "I think with the help of the staff I have really moved forward."

People were supported to remain safe with staff who could recognise potential signs of abuse and take correct action. Care plans detailed people's needs and risks had been identified and assessed. People were supported by staff who had been recruited safely, arrived on time and helped people to maximise their independence. Staff wore personal protective equipment to reduce risk of infection.

The registered manager, manager and staff had an open and transparent approach to learning lessons when things had gone wrong, reported incidents to the Care Quality Commission and raised safeguarding alerts to the local authority when required.

There was a positive culture amongst the service. People were complimentary of the management team and staff felt supported in their role. Regular checks and audits of the service were completed to ensure people were receiving good quality care and action was taken to improve this going forward as necessary.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

#### Rating at last inspection and update

The last rating for this service was good (Published September 2019)

#### Why we inspected

We received concerns in relation to staffing and the quality of care people were receiving. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

The overall rating for the service has remained good based on the findings of this inspection.



# 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.	
Details are in our safe findings below	
Is the service well-led?	Good •
Is the service well-led? The service was well-led.	Good



# Clarity Homecare

**Detailed findings** 

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who is also the provider.

There was also a new manager who had been in post for one month and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people, two relatives, four members of staff and the registered manager. We reviewed a range of care records. This included four people's care plans and associated records. We looked at two staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service were also reviewed.



### Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving support from Clarity Homecare. One person said, "The carers really give me encouragement and advice and I feel very safe with them." And a relative told us, "Yes [person] is really safe with her carer."
- People were protected from the risks of abuse by staff who knew what signs to look out for and how to report any concerns they had.
- One staff member told us, "If I was concerned, I would try and make them as safe as possible, complete my incident records and report to my manager." Staff told us they were confident that actions would be taken when concerns were raised to the management team.
- Records of safeguarding alerts we reviewed showed these were raised and reported to the local authority safeguarding teams appropriately.

Assessing risk, safety monitoring and management

- Risks to people had been identified such as with the environment or equipment required to assist people to move. Some people's health needs were identified but not explained clearly. We discussed with the registered manager making the assessments clearer for staff. This was addressed during our inspection and the registered manager sent records to us showing these had been updated.
- A relative said, "[Staff] go about their tasks well enough. They're trained well enough too." And, "They know how to handle [loved one] and do it well. We have special sheets for moving in bed and they know how to use them. They are kept clean and we think they are well trained to work with [loved one]. Like the special sheets used for turning or sliding they can use them well."
- Staff told us risk assessments were regularly reviewed and the management team communicated with them to ensure they were aware of the most up to date information to provide safe care and support.
- Concerns regarding people's care and support, were reported to the management team to make sure relevant healthcare professionals or relatives could be contacted and involved.

#### Staffing and recruitment

- People were supported by staff who had been recruited safely. Full employment history was checked and any gaps in this were discussed and recorded.
- References from previous employers were obtained and were recorded. This helped the recruitment teams and registered manager to ensure applicants were of good character to support vulnerable people in the community.
- All new staff had Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.

The information helps employers make safer recruitment decisions.

• There were enough staff to meet people's needs. People and their relatives we spoke with told us they receive support from regular care staff who arrive on time and had built good relationships with them. People told us, "Some staff go out of their way to be helpful." And, "Yes, the staff seem well enough trained for me, they support me well and I feel safe. I really need support and am getting guidance and skills training from them so I can live here safely."

#### Using medicines safely

- People were supported to manage their medicines in a safe way. One person told us, "[Staff] make sure I have my medicines. These are on time and done properly."
- There was clear information in care plans for staff as to when people required support with their medicines and what level was required. For example, the majority of people required prompts to take them only.
- People's medicines had been risk assessed and responsibility for ordering and storage of these were recorded.
- Staff were trained about medicines management and their competency was assessed by the registered manager.

#### Preventing and controlling infection

- Staff were following the latest government guidelines in relation to COVID-19. Staff wore masks and had access to various items of personal protective equipment (PPE).
- People and relatives told us that PPE was used appropriately
- Staff had completed infection prevention and control training when they started with the service. Records showed all staff were up to date and current with this.

#### Learning lessons when things go wrong

- The registered manager and staff understood their responsibilities to record and report any accidents and incidents or near misses.
- The registered manager knew what should be reported to the local authority and the Care Quality Commission (CQC). There had not been any reportable incidents since the provider registered with CQC.
- Learning had happened when calls times were changed for people and the registered manager told us "this could have been managed better." As soon as the registered manager became aware of the concern it caused people and their relatives, calls were immediately changed back to the original times and they apologised to the people effected.



### Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service was well led and had a positive impact on them. One person told us, "They have the human touch which I need, not mechanically functional people. I feel they have empathy with me, they listen, give me advice and most of all encourage me."
- One person was supported by Clarity Homecare as they had been struggling to support themselves independently. The care provided by staff had positively impacted the person, enabling them to start to accept more support and increase their independence.
- People were supported with goals they wished to achieve such as cooking their own meals or attending to aspects of their own personal care. Actions needed to achieve these were regularly reviewed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their regulatory responsibilities. They had informed the Care Quality Commission (CQC) and the local authority of important events in line with guidance.
- The registered manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider and/or registered manager should follow when things go wrong and to be open and transparent.
- Staff were encouraged to raise any concerns, report accidents or incidents and be honest when things had gone wrong. Staff we spoke with told us the reporting structure and felt confident these will be recorded and investigated appropriately.
- The management team completed regular effective checks and audits on the quality and safety of the service.
- The registered manager, manager and staff we spoke with, all demonstrated a clear understanding of their roles and responsibilities when supporting people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to be involved in the care and support provided. We were told staff supported them the way they wished to be supported and also adapted the support when required.
- One person told us, "They have really helped me move forward. Like they've taught me batch cooking so I can save time and money. I can talk to my carers, like I can chat about quite personal things so they can help

me. The carers encourage me and like I said have really helped me."

- People, their relatives, health care professionals and staff were asked to provide feedback about the quality of service.
- It had been arranged for people to be involved in informal interviews with newly recruited staff to ensure they felt comfortable with new staff who potentially would be supporting them.
- The service had an electronic system with important information and helped to keep people up to date. This enabled people and their relatives who had been given consent, to access information held about them. One relative told us, "We can look on the app and see who is coming into support [loved one] and we can also see other things within the company too. There's no paper copies of care plans so am happy to see the information online."

Continuous learning and improving care; Working in partnership with others

- The registered manager, manager and staff worked closely with health and social care professionals to provide effective and joined up care and support.
- The registered manager kept up to date with changes in legislation and best practice. They were a member of organisations and forums.
- The management team completed regular calls to people and their relatives to gather feedback on what was working well in relation to peoples care and support and what could be improved. One person told us, "I have never had an occasion to call the office for anything, but they do call and ask for feedback to see how things are going."