

Clarity Homecare Ltd

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Inspection report

Unit 2b
11-13 Eagle Parade
Buxton
Derbyshire
SK17 6EQ

Tel: 0129827437

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 18 July 2017. This was an announced inspection and we telephoned the week prior to our inspection in order to ensure staff would be available and to arrange home visits. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the Buxton area. At the time of the inspection 50 people were being supported by the service. This was their services first inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager works across two sites. The other site is registered separately and receives its own inspection independently.

The provider had not completed audits to reflect the service improvements or to drive safety aspects relating to risks. Staff enjoyed working for the service, however would have liked some additional support for their role. Care plans had not always been updated to reflect people's needs. Where people had not got capacity to make decisions about their own care an assessment had not been completed to reflect how important decisions had been made.

People felt safe when being supported by staff and that staff knew how to protect people if they suspected they were at risk of abuse or harm. Recruitment checks were made to confirm staff were of good character to work with people and sufficient staff were available to meet people's support needs. Risks to people had been identified and staff understood how to support people to reduce risk. When required specific risk assessments had been completed in relation to equipment or supporting people in the community.

Staff had received updated information about people's needs so they could provide the care that was required. People felt comfortable with staff and had developed relationships with them which were positive. The staff team that people received was consistent and provided flexibility if changes were required. When required staff had supported people with their meal choices to ensure their nutritional needs had been met. Other people received support with their medicines or the application of creams, this was done safely and in accordance with guidance.

People were positive about the way staff treated them and said staff were kind and compassionate. People felt comfortable raising any issues or concerns and there were arrangements in place to deal with people's complaints.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe and protected from possible harm. Risks to people and their environment had been assessed and the areas of risk reduced. People received support from regular staff and any new staff employed had received the appropriate checks to work with people. Medicines were managed safely by staff who had received appropriate training.

Is the service effective?

Requires Improvement ●

The service was not always effective

When people lacked capacity they had not received an assessment and there was no process to ensure decisions had been made in the person's best interest. Staff received training and an induction to ensure they have the necessary skills for their role. People were encouraged to make choices about their food and maintain their nutritional needs. Support was provided from health professionals when needed.

Is the service caring?

Good ●

The service was caring

People had positive, caring relationships with the staff. The support people received ensured their privacy and dignity was respected. People's information was kept securely.

Is the service responsive?

Good ●

The service was responsive

Staff knew about people's needs and provided care in line with their preferences. When people had interests and hobbies these had been supported by the service so they could maintain these as part of their wellbeing. People knew how to raise and concerns they may have about their care and the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audits had not been completed to reflect any changes to improve safety or drive improvements of the service. Staff felt they needed additional support, however enjoyed working for the service. People's care plans had not been updated to reflect

their current needs. Views about the service had been obtained, however they had not been used to reflect any changes to the service.

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Detailed findings

Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 18 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector. This was the provider's first inspection since registering with us in September 2016.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. The provider completed 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 used this information to formulate our inspection plan.

We used a range of different methods to help us understand people's experiences. We visited two people in their own homes and spoke with two relatives. We spoke with three members of care staff, the care manager and the registered manager. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People felt safe when they received care. One person said, "I feel safe with the care staff, they are always patient." Staff understood how to report any concerns. A staff member said, "I would report anything not quite right to the office or we have a number for the council and the police if needed." Another staff member said, "If I was suspicious for any reason which place the person at risk I would report it." We saw that referrals had been made to the local authority and that any incidents were recorded at the office which meant they could be investigated and any actions to reduce future risks could be considered. This meant staff demonstrated they understood how to act to protect people from any possible harm.

We saw that environmental risk assessments had been completed. For example, the access to the person's property or the use of appliances within the person's home. A staff member said, "We are in the person's home all the time so we see if the environment becomes unsafe, like the carpet coming loose, I would inform the office so they could discuss it and see about removing the risk." When people required equipment, there was a separate risk assessment. This identified the equipment to be used and the guidance staff were required to follow. Staff told us they had access to protective equipment when providing personal care and meal preparations. One staff member told us, "You just pop into the office and get what you need, there is always plenty." This showed the provider managed the control of infection and protected staff in maintaining standards of hygiene and cleanliness.

People received care from a regular number of care staff who provided their care when this was expected. One person said, "I mostly received the same staff." Another person said, "They always keep to time." Staff we spoke with felt there was enough staff, one staff member said, "The office is flexible with the work and listen to what you can do. We have some new staff starting which will support the workload." People also told us that when staff were running late they received a call. One person said, "When it snowed, there was only one day when they rang to say they were running late. I don't mind as long as I know." We discussed the staffing with the manager; they told us they would not take on any additional work until they had recruited staff. They said, "We want to build the work, but do it correctly, making sure we have the staff to meet the calls."

Staff had a call system which they or the people could call in the event of an emergency out of office hours. One staff member said, "I had to call it the other morning as I could not get in to a person's home. The on call person came to me and supported me." Another staff member told us they had to call the other day when a person had not received their medicine delivery. People we spoke with know about the number; however none had cause to use it. This meant staff and people could receive support if required to respond out of office hours or in response to a situation.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a police check and references. We reviewed records which confirmed these checks had been completed. The manager told us, "All the checks are completed by head office, the person is set up on the system and only when all the checks have been completed can we start to

commence them working."

People were supported to take their medicines and have creams applied. One person said, "They look after my skin. The staff are like hawk eye, they check and if they notice any sore area they put cream on it." We saw that when people received support with their medicine it was delivered in blister packs. Medicine administration sheets (MAR) were in place for staff to record when the person had received their medicine. One relative told us, "I generally support mum with their medicine, but we have the MAR sheets in place in case I am out and unable to do it." Staff told us they had received medicine training before they were able to provide this support to people. One staff member said, "The medicine training had a test and we learnt different techniques to try if a person was refusing their medicine." This demonstrated staff had received training to enable them to support people with their medicine.

Is the service effective?

Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as 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. . On this inspection we checked whether the provider was working within the principles of the MCA.

We checked whether the provider was working within the principles of the MCA. Staff told us that some people lacked capacity to make important decisions and that those decisions had been made by the family. We saw that a capacity assessment had not been completed for these people and when a decision was required, there was no records of best interest meetings to show how the decision was agreed for the person. We discuss the decision making process with the manager, they agreed they had not got a clear process in place at the present time. All the staff we spoke with had either not received training in the Act or had limited understanding. One staff member said, "I don't think I have received any or I don't remember it." This demonstrated that the staff and manager had not fully understood their responsibilities to comply with the Act. This meant decisions were being made by people that may not be in their best interests.

We recommend that the provider researches current guidance on best practice, to assess capacity in relation to specific decisions for people living in their own homes.

People and relatives felt the staff were trained to support them. A relative said, "I don't have any new staff unless they have been shadowing one of the regulars." We saw that new staff received a structured induction. This involved training and shadowing experienced staff. One staff member said, "I worked at different times, in the day and evening. The staff were really helpful."

Other staff told us they received training in a range of areas. One staff member said, "The moving and handling training was really useful. I learnt a technique to reduce any risk to my back when putting a sling on a person." The manager told us they had identified some training on dementia which they would be rolling out to staff. They also told us, "We are planning to put all the training on the computer system, that way it will flag up when a person needs their training updating." We saw the care manager had completed a train the trainer course, they told us, "This training is better as it is face to face and gives people the opportunity to ask questions as we go through the training." This meant staff received the training for their role.

Some people required support with their meal preparation. A staff member said, "I always ask people what they would like and give them a choice." They added, "I look at the log sheets and see what they have had the last few days so they get a variety." We saw that some people had records within their home so that staff could monitor their level of appetite and ensure they received a varied diet. One staff member said, "We notify the office if we are concerned about a person's appetite." This showed people were encouraged to maintain good health.

People had been supported to access health care when they felt unwell. We saw records which showed when a person was found unwell and the staff had supported them by contacting the relevant health care professionals and family member at the person's request. Following this event the family had sent a letter of gratitude thanking the staff for their prompt action.

Is the service caring?

Our findings

People had positive relationships with the staff. One person said, "They make me feel comfortable, they are as patient as saints." Another person said, "I have a good relationship and know them all." Staff we spoke with expressed their enthusiasm for their role. One staff member said, "I enjoy my job, I like the company." Another staff member said, "I really love it, people are so welcoming."

People felt the staff valued them. One person said, "Staff go the extra mile, the other day the staff organised some cream I needed and collected it so I did not have to wait." Everyone we spoke with told us they were involved in discussing their care needs with staff. Relatives also felt included. One relative said, "We work it out together, what's needed. It's good they reflect my needs along with the person who receives the service."

People's privacy and dignity was respected. One person told us about an event which showed the staff respected their wishes and dignity. They told us, "The carers always ask to close the curtains, however we are in the country and I prefer them to be open. However, the other day the window cleaner came, the staff member swiftly closed the curtains. It gave us something to chuckle about." A staff member told us, "We need to ensure the person is comfortable. Some people like to be independent so we wait outside the bathroom in case they need us, other people need more support and then we would be respectful by covering them with a towel."

The provider ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we saw copies of care plans were held in people's homes in a location of their choice. Where people had a key safe to enable staff to gain access to the home, this number was stored securely and only issued to staff who required it.

Is the service responsive?

Our findings

People felt the staff knew about their needs and preferences. One person said, "They know me really well." We saw that staff had received a memo each week to provide them with any changes or updates on people's needs. We saw some care plans reflected people's needs and provided a guide to the tasks identified by the person during their assessment, which were available in each care folder within the home. The manager told us, "We are in the process of updating all the care plans. In the mean time we sent the memo each week so that staff are familiar with the needs of people."

Staff had a work phone which was individually password protected. One staff member said, "The system is good, you have all the information on the screen and it's impossible to miss a call." Another staff member said, "The phone is really helpful, as you're on your own most the time. It has enough information on screen, and then we have the folder in the person home."

Some people told us they received a copy of their care rota each week which detailed the staff who would be providing their care. One person said, "I get a printed sheet each week; it's nice to know who is coming." The manager told us they aimed to keep staff in the same location. One staff member said, "The calls are well organised and we can discuss any changes."

People told us the staff supported them to follow their interests and hobbies. We saw that some people had planned one to one time with staff to access activities. For example, some people visited the local swimming pool and the leisure facilities. The staff member said, "I am just there for support and to help them with their personal needs." Other people had time with staff which provided respite for family carers. A relative told us, "They get to go out all over the place with the staff whilst I am at church. It works well for us." During these support visits, personal care was not provided and therefore this support is not regulated by us.

The [provider] had a complaints procedure which was included in the information people received about the service. People we spoke with felt able to raise any concerns. One person told us they had raised a concern and it had been dealt with very respectfully. The provider had not received any formal complaints. We saw there were several letters and cards complimenting the service, 'Thank you for the support, you showed patience and good humour which was much appreciated.' Another said, '[Name] would not have been able to remain at home if it wasn't for your service and that was where they wanted to be.'

Is the service well-led?

Our findings

The provider had not carried out any quality audit checks on how the service was managed. We saw that one person had several falls and these had been recorded, however no analysis of the falls had been completed or any cross referencing with the information about the falls and the service. We also saw that no auditing had been considered following the completion of the monthly medicines administration. This meant that any possible mistakes or reoccurring incidents had not been addressed. We discussed this with the manager. They told us, "I accept we have not done any auditing, we are developing this." We saw that the provider had recently moved to an electronic recording system which allowed for a range of reports to be compiled. The manager said, "The systems allows for reporting, we just need to start. We know where we need to be, we just need to put it into practice." The manager told us they worked across two sites and the new system had not been implemented into the other office, they said, "This has an impact as I cannot see the information unless I am here looking at the system. Once it had been implemented at the other office I will be able to view all the information across both sites."

Some staff felt they would like additional support. One said, "I would like more support, I have not had supervision for ages." We saw records which identified supervisions had not been completed for some staff for over a year. We discussed this with the manager they said, "We could do more and realise this is an area which we need to move forward." We saw when staff had been off sick they received a return to work interview, however there was not a clear plan of how the person would be supported during their initial return to ensure their health and wellbeing. This meant we could not be sure staff received the support they required for their role.

The provider had sent out a letter asking for people's views on the service. Some people had responded, however the manager had not completed an action plan to consider how they could use the information to drive improvement. They said, "This is an area we need to reflect on and see if we can respond to these people or comments to make improvements."

This is a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We saw that records for people had not been updated. For example, two care plans we reviewed were still on the previous owner's paperwork and any changes had not been made. One care plan still reflected the person received a daily personal support call, which had not been changed to reflect the person's new needs. Staff we spoke with said, "We know people's needs, however the care plans are not all up to date." The manager told us they had recognised this and had recruited a team leader position. They said, "This post will be responsible to ensure the care plans are up to date." We saw that the new post was to commence their training for the role the following week. This meant we could not be sure the information that was available to staff was up to date.

People and relatives told us that communication from the office was positive and responsive. One relative

said, "If I call they're always polite and dealt with my query quickly." Staff told us they felt welcomed when they visited the office. One staff member said, "I like working here, it's like a family." Another staff member said, "I enjoy it, every day is different." This demonstrated that staff felt able to approach the office as part of their support network for their role.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve quality of care. Staff had not received sufficient support for their roles.