

Clarke House Care Ltd

Clarke house care ltd

Inspection report

City Gate East
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Nottingham
Nottinghamshire
NG1 5FS

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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

About the service

Clarke House Care Limited is a domiciliary care agency providing personal care and support to 22 people aged 18 and over at the time of the inspection.

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.

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

People felt safe and the provider assessed risks to the health and wellbeing of people who used the service and staff. Where risks were identified action was taken to reduce the risk where possible. Recruitment processes were in place to ensure that people were protected from staff being employed who were not suitable to work with vulnerable people. Medicines were handled safely by staff who had been assessed as competent to do so.

People felt the service they received helped them to maintain their independence where possible. People said that staff were caring and respected their privacy and dignity. People received care that was planned with them and their relatives to meet their individual needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People knew how to complain and knew the process to follow if they had concerns. People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.

People did not always receive timely care from a regular staff team.

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

This service was registered with us on 30/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Clarke house care ltd

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 Care Act 2014.

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 and support to people living in their own homes in the Nottingham City and Nottinghamshire areas.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought the opinion of 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 all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided.

We spoke with seven members of staff including the registered manager, office managers, a field care supervisor, senior care staff, and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records.

We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People we spoke with told us that most of their care calls were provided on time. Some people mentioned that lateness had been an issue for them. Some people told us they had several different care staff visiting them but for the majority of people they said this was not a problem.
- One person told us, "If they are delayed, they will let me know. They have been very good with time so far." And a relative said, "They are usually on time and if they are delayed someone will usually let me know." While another person told us, "Sometimes staff are really late, and I get annoyed and have to phone them. I spoke to the manager and they said I have to let them know if there are problems and they will sort it out. I now seem to have a small team and it has got better." One relative commented that the lateness of some staff during double up visits had resulted in their relative waiting on occasions to be moved by staff with a piece of specialist equipment.
- When we checked the call monitoring records and discussed this with the registered manager they explained that any late calls were recorded and reviewed appropriately via the computerised application used by the service to ensure that this could not happen in future. We saw that the majority of care calls were provided on time for the four-week period that we reviewed.
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who understood their responsibilities in relation to safeguarding vulnerable adults. People and relatives all told us they or their family members felt safe with staff. One relative said, "I believe my relative feels safe with the staff, they would tell me if they didn't."
- The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I had to report a complex safeguarding relating to a person we support. I was confident doing this." We saw that staff were trained in safeguarding adults and information relating to safeguarding awareness was available within the office.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed safely.
- Risks to people's health and safety were assessed and a range of risk assessments were completed. The registered manager and care staff understood how to support people and manage risks.
- Procedures were in place to make sure care staff knew what to do in the event of an emergency. For example, if access could not be gained to a person's home or in the event of a fire. This helped to keep

people safe.

Using medicines safely

- Staff had guidance about people's medicines, this included their preference in how they preferred to take their medicines. A weekly medicines audit was completed to review how medicines were stored, administered and managed in people's homes and staff had access to a medicine policy that informed their practice. These ensured that any errors were picked up and themes were identified to improve practice.
- Where needed, staff supported people with medicines. One person told us, "Everything like medications are done well."
- Staff training included specific conditions that medication was required for. Staff had a good knowledge of what to look for if, for example someone with diabetes had high or low blood sugar levels. Staff had their competency regularly checked. Staff understood as required (PRN) medication and had a good knowledge about this when we discussed it with them.

Preventing and controlling infection

- Staff had completed training in health and safety and infection control and were up to date with guidance on keeping people safe from the spread of infection. Observations and spot checks by the registered manager took place, to ensure staff followed safe infection control practices. Staff and the people we spoke with told us they had the appropriate personal protective equipment available to support people safely, such as gloves, aprons and hand gel as appropriate. One relative told us, "The staff wear gloves and aprons, a uniform and come across as professional."

Learning lessons when things go wrong

- Staff understood how to record and report incidents and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems and discuss any learning points and actions. We saw evidence that actions had been taken to address any areas requiring improvement within the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw that detailed assessments of people's needs were completed by the registered manager and care manager before care was first delivered, to ensure each person's needs could be met. People's diverse needs were identified, to ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.
- There were detailed assessments of people's personal needs, likes, dislikes and preferences in their care plans. There was clear instruction as to what people preferred for their daily routines, in order for staff to be able to provide effective person-centred care for people.

Staff support: induction, training, skills and experience

- Staff were skilled and experienced, and people received the care they required. Staff went through an induction training package when starting their employment, and continued training took place to refresh knowledge and keep up to date. We saw that staff completed the Care Certificate, which covers the basic standards required for care. Records confirmed that all staff training was up to date. The registered manager carried out spot checks and competency checks on staff to ensure they were compliant with training.
- We had positive feedback from people in relation to manual handling techniques used by staff. And we saw from records that all staff were trained in manual handling techniques. One person told us, "The staff are very skilled with things like my hoist which they all know how to use. They are careful to make sure I am comfortable when hoisting me and would lower me and readjust if needed and they always cover me with a towel to protect my modesty." One relative we spoke with told us, "They know what they are doing and have been trained to use the hoist. I tend to stand back and let them get on with their job, but my relative would let me know if there was a problem and I would ring the office if necessary. I feel they are in safe hands with the skilled staff."
- One staff member told us, "I have had extra training to support people living with diabetes or dementia."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink sufficient amounts, where required. One person told us that the staff were great at doing meals for them and asked what they felt like eating and made it freshly for them, rather than use a ready meal which they knew the person would not eat.
- Staff told us they knew people's preferences and needs with food which were clearly documented within their care plan. We saw that staff had been trained in food hygiene and showed a good awareness of people's needs in relation to specific dietary requirements and culturally appropriate food.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to enable effective care and support. The registered manager told us the service regularly liaised with health professionals such as therapy teams and doctors. For example, we saw information documented in people's care plans between the service and a health professional, to assess new equipment for a person's care.
- The registered manager was working on developing their network of contacts in the community to ensure they worked more closely with those teams involved in people's care and support. We were assured by their actions.

Supporting people to live healthier lives, access healthcare services and support

- We saw that the registered manager liaised with health professionals when required and accessed emergency care for people when needed. One person told us they had become very unwell recently and the registered manager arranged for a member of staff to go and check on them between visits. Another person told us, "The staff that come are nice people who care, we have developed a nice working relationship. I feel comfortable with them and confident they are looking after me well. They will notice changes in my skin colour and let me know. This is really important as I can't afford to get a pressure sore."
- We saw evidence in people's care plans of timely referrals to GP's and occupational therapy services where appropriate.

Ensuring consent to care and treatment in line with law and guidance

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give this. Staff told us that some people could make day to day decisions on their own.
- One member of staff gave a clear example of how positively they supported someone to live well with their dementia, and how their training in the MCA had helped them with this. They told us, "The training gave a real sense of how to communicate with people who may lack capacity, ensuring you are speaking to them with dignity and respect. It is about how we adapt to them and it made me reflect on how we speak to people."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives all told us staff treated them or their family member with kindness and respect. One person told us, "Staff are always friendly and respectful towards me, I have had a good experience so far with the service." A relative told us, "Staff have a lovely chat and don't rush my relative. Staff treat them really well and they look forward to them coming. The atmosphere when they are here is great. They would tell me if they noticed anything unusual, but I trust that they are doing everything properly. My relative is happy and cared for and that's all that matters."
- Staff spoke with genuine affection for the people they supported and their determination to make a difference to people's lives. One staff member told us, "When you have had a really good visit you can walk away with a smile."
- People were treated fairly and without discrimination and characteristics protected by legislation were respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person told us, "They look after me well, things like my modesty when I have a wash. They let me do as much as I can for myself and never take over. They treat me with respect, and we chat about all sorts. They seem to take notice of things like remembering family member's names and always come across as friendly."
- A relative told us the support provided gave them confidence that their family member was well supported at home. They told us, "My relative's care has become quite complex rather quickly. Staff greet my relative and treat them well. They will check they are ready to do something, and they don't rush them at all."
- Staff were aware of the need to protect people's privacy and people told us their privacy and dignity was respected.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in decisions about their care. A daily recording book was completed by staff which provided an opportunity for people and/or their relatives to express their views about the service on an ongoing basis.
- People told us that staff supported them in a caring way, one relative told us, "The staff are very caring, and they have set a up a really nice relationship. The key to everything is consistency though."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We received mixed feedback from people regarding the continuity of staff who supported them.
- One person told us, "I don't always get the same staff, it can vary considerably. Consistency makes a difference because when you get new staff you have to direct them more and it gets exhausting. Some of the new ones have to be told everything." In relation to this concern one relative told us, "Lately my relative hasn't been getting the same consistency so there have been a few different staff coming." One person told us, "I usually have the same few staff although there have been quite a lot of new ones lately. They are good at doing what I want them to do though which is what counts." We discussed these concerns with the registered manager, and they told us they had recently had some changes in staffing and were actively recruiting new staff. They also endeavoured to maintain continuity of staff for people wherever possible. We were assured by their actions.
- People told us the service had responded to their concerns in relation to requests for changes in call times or a review of their care needs. One person said, "The office staff really do go to lengths to fulfil needs and listen to what you want." A relative told us, "We have had some concerns in the past and have contacted the office. They are very good, listen to what your concerns are and if they can't sort it out straight away, they will get back to you as soon as they have dealt with the situation."
- Each person had a support plan developed from the initial assessment of their needs. Changes to people's needs were communicated effectively to staff. The registered manager ensured that support plans were kept up to date, reviewed regularly and available in people's homes. One person told us, "My care plan covers all my needs and was updated a couple of weeks ago." A relative told us, "My family member's care plan was reviewed a couple of weeks ago with me. We went through everything and I believe is it very comprehensive."
- Care delivery was person-centred, and people had choice and control over the care they received. Staff we spoke with knew people well, including their likes, dislikes and preferences.

End of life care and support

- There was no-one receiving end of life care and support at the time of the inspection. The provider told us it was their intention to include end of life care in their overall training programme for staff in future.
- Although we saw that some people had do not resuscitate documentation (DNA/CPR) recorded in their care plans, we discussed with the registered manager that all care plans needed to contain more person-centred end of life care plans, which reflected people's wishes, beliefs and requirements for their palliative care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a policy in place to demonstrate how the provider would meet this standard as they developed.
- Sensory impairments were fully assessed and incorporated into peoples' support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain meaningful relationships with family and friends.
- The service was actively engaged in supporting people to attend a range of day centres, churches, and places of interest to them in the local community.
- Some of the visits provided by the service were for domestic support and to prevent people becoming socially isolated.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to manage and respond to complaints.
- People told us they knew who to speak with if they had any concerns and felt able to do so.
- One person told us, "If I have any problems, I get in touch with the manager and they will sort it there and then. I have always found them very helpful, very good. If they can, they will do their utmost to help in anything. Very flexible overall, very good."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care and support was personalised to meet each person's individual needs. Care plans were detailed in the specifics of each person's routines, preferences, likes and dislikes. We saw evidence that people and their families had been involved in planning and reviewing their care. One relative told us, "The manager is very approachable, helpful and empathetic. I believe they run the company well and are organised and structured in their approach to things. If there are any problems, you just let them know, and they are straight on it."
- People's likes and dislikes, and personal preferences were described so that staff could understand the individual needs of each person. All the staff we spoke with felt they had the time they needed to get to know how people wanted to receive care. One member of staff told us, "You need to get to understand people, and their routines, I've heard people say that all care is the same. It's not, we really know that it is personal for people, we try to help people to gain from it as much as they can, make visits as least invasive as we can."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The people we spoke with told us they could contact the office and speak to a member of the management team easily and were confident to do so. One person told us, "The manager is really good at listening to what you need and will always manage to help. I feel they are building a really good solid company."
- People and their relatives and staff were invited to participate in a quality assurance questionnaire to obtain feedback about services provided. One person said, "We get lots of questionnaires and I try to fill them in truthfully." One relative told us, "We absolutely would recommend the service. They are a superior care company where you are being provided with quality over quantity. They are very patient with my relative, they listen to their clients and understand them." One staff member told us, "The manager is the most uplifting manager I've had in my working life, it's a very nice company to work for."
- Staff meetings and handovers were held regularly which staff told us enabled them to raise topics of important conversation around any issues that needed to be addressed. They all told us they felt listened to during these meetings.
- There were systems and processes in place to ensure that staff were trained and kept updated. Staff felt they were provided with training that helped them provide care and support to a good standard. People

told us that they felt that staff were well trained to support them.

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 service had 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 registered manager had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way.
- There were systems for regular quality assurance checks and audits in place. We saw evidence that where any issues were found, action was taken promptly to ensure improvements were made.

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals to provide coordinated and consistent care. The registered manager ensured that changes in people's needs were reported to those who commissioned care for people. We saw that these referrals were documented in people's care plans.