Clarence Care Limited

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Inspection report

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Date of inspection visit:
18 September 2017

Date of publication:
05 October 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We last inspected this service on 26 September 2016 when we found that improvements were needed in how effective the service was and how well led it was. At this inspection we found that although several improvements had been made further improvements were needed to ensure people received a consistent service.
Clarence Care Ltd provides personal care to people in their own homes. At the time of our inspection 27 people were receiving a service.

This announced inspection was carried out on 18 September 2017 and carried out by two inspectors. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to support the inspection.

At the time of our 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.

People received a good quality service in which they had confidence. There were processes in place to monitor the quality of the service and people were asked to comment on the quality of service. However, improvements were needed to the auditing process so that shortfalls and developing themes and trends were identified and actions taken to address them in a timely manner. Records regarding planning and attending of calls to people did not provide an audit trail of changes and reasons for the changes of call times and staff carrying out the calls. The registered manager was not always aware of these changes showing that there were some shortfalls in the management of the quality assurance systems.

There were not always sufficient numbers of staff to ensure that people received their calls at the times required and by the staff they expected to assist them.
People received their medicines as prescribed but records were not always accurately completed to show that people had been supported to take their medicines.

People received a safe service because the provider had procedures in place to ensure that staff were trained and followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way.

People received care and support from staff that were trained to be effective in their role and that were supported by the registered manager to carry out their roles effectively. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required.
Staff were caring and people's privacy, dignity independence and individuality was respected and promoted

by staff and the registered manager.

People's views about the service were sought through surveys and complaints. People were able to raise their concerns or complaints and their complaints were acted upon, so people could be confident they would be listened to and their concerns resolved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were not always sufficient numbers of staff available to provide care at the times agreed and by the planned staff.

People received their medicines as prescribed.

Procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm. Risks associated with people's needs had been identified and were adequately managed.

Is the service effective?

Good

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do job effectively.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink in take. People's health care needs were met where needed.

Is the service caring?

Good

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in all decisions about their care and the care they received met their individual needs.

People were able to raise concerns and these would be dealt with to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were systems in place to monitor the quality of the service however; these were not always effective in identifying and addressing shortfalls in the service.

People received a service that met their needs and the management of the service was open and responded to people's concerns. People and staff were able to give feedback on the quality of the service provided.

Clarence Care Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 18 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to support us during the inspection. The inspection was undertaken by two inspectors.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

Before the inspection, we asked the provider to complete 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. The PIR was returned within the required timescale. Following receipt of this information we sent questionnaires to people, relatives and staff. We received completed questionnaires from ten people that received a service, five staff and one relative. We used these responses to guide our inspection.

During our inspection we spoke with six people that used the service, two relatives, four staff and the registered manager. We sampled four people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of three staff, complaint records, questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor and improve the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People spoken with told us that generally the staff arrived on time and stayed for the allocated time. One person told us, "They do their tasks and go but they always ask if there is anything else I want doing before leaving." Another person told us, "Ninety nine per cent of the time they [staff] are on time. They are usually within 15 minutes and if they are going to be late they always ring to let us know." However, not everyone we spoke with told us that staff arrived at the agreed time. One person told us, "They don't always come on time but not more than 20 minutes late." People accepted that on occasions staff could be held up at their previous calls or be held up in traffic. Some people told us they would ring the office if the staff were late to find out where they [staff] were.

Records looked at showed that calls were not always carried out at the planned times and by the staff rostered to do so. We asked the registered manager about these discrepancies and the reasons for them. We saw that there was no evidence available to show why the calls were late or why different staff had attended the call. One staff spoken with told us that on occasions this occurred because a different staff member was in the locality so it was easier for them to complete the call rather than the person rostered. We also saw that on some occasions two calls were rostered to be carried out at the same time by the same staff member. One staff told us that sometimes this was because they were short of staff, especially during the weekend. Another staff member said in response to what improvements could be made, "More carers, there is a shortage of staff and this means we to do a lot of calls and get tired; especially at weekends."

Prior to our inspection we had received some concerns that indicated that due to a shortage of staff senior carers and co-ordinators had to pick up a large number of calls. We discussed these issues with the registered manager who told us that there was a 15 minute leeway for attending the calls so the calls would be within this time. We discussed that this should be emergency situations and not planned for this leeway to be used. The registered manager confirmed that they were aware that they needed more staff and that there was ongoing recruitment to employ more staff. Systems were being put in place to encourage staff to carry out calls during the weekends.

Most people we spoke with told us they were able to take their own medicines or received support from their family members. One person told us the staff took their [person's] medicines out of the packaging and placed them in a container so that they [person] were able to take the medicines by themselves. Staff spoken with told us that they had undertaken training in how to administer medicines safely and knew where medicines were stored in people's homes. We saw that medicine administration records (MAR) did not always reflect good practice because there were gaps in the recordings.
People told us they felt safe with the staff that supported them. One person told us, "Yes, I feel safe." enough with them. Another person said, "I feel safe because I know them [staff] and they always lock the door."

The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with told us they had received training in how to keep people safe from harm and how to escalate any concerns they might have. One staff member told us, "We have had safeguarding training we would raise any concerns with the manager. We look out for signs

such as bruises and signs of distress." Information we hold about the service showed that the manager took actions when needed to inform the relevant authorities of any concerns so that the appropriate actions could be taken to keep people safe.

People were kept safe because risks associated with people's needs had been assessed, discussed with the people they related to and plans were put in place to manage them. People told us that their needs had been discussed with them when the care plans were written up. Staff were knowledgeable about people's needs and their [staff] responsibilities. One staff told us, "We have the care plans available to us in people's homes that we read to make sure we know what the risks are." Records we looked at showed that there were a number of risk assessments in place that covered issues such as medication and the environment. This reflected the information provided in the Provider Information Return (PIR).

The provider had a recruitment process in place that included pre-employment checks that needed to be completed before staff started their employment. Staff spoken with confirmed that the pre-employment checks had been undertaken before they started their employment. Staff recruitment files confirmed that checks such as previous work references, identity checks and Disclosure and Barring (DBS) checks. The DBS checks are police checks that support employers to make good employment decisions and assist in ensuring that only suitable people are employ

Good

Is the service effective?

Our findings

People spoken with were happy with the care and support they received. One person told us, "Excellent service, the girls [staff] are nice and do what they need to do." Another person told us they were happy with the care provided. Everyone we spoke with told us that they although they couldn't comment on whether staff were trained they felt the staff knew what to do and how to assist them. One person told us, "Some carers are better than others but I am happy with them." Another person said, "They [staff] know what to do. They look in the book. There is a care plan." Staff told us that care plans were available in people's homes and they [staff] read them to be sure they knew what to do. One staff told us, "I always ask what they would like me to do first." Everyone we spoke with told us they would recommend the service to other people.

Staff told us they had received training to equip them to carry out their roles. They [staff] received training as part of their induction which also included a period of time working with experienced staff supporting people. During this period of shadowing, new staff were also observed as to how confident they were and how well they carried out the tasks. The Provider Information Return (PIR) told us and staff and records seen confirmed that the induction training was based on the requirements of the Care Certificate. The Care Certificate is a framework for good practice for the induction of staff and sets out what they should know when providing care and support. Staff told us that they were supported in their roles through on-going training, supervision sessions where they could discuss additional training requirements and feedback after spot checks when their practice was observed by senior staff.

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.

Staff we spoke with told us they had undertaken training in relation to the Mental Capacity Act (MCA) 2005 and records confirmed this. One member of staff told us, "Care is based on the five principles of the MCA. People have a right to make their own decisions. If they are not able to do so we have to support them in a way that is in their best interest. We would speak with the manager and the family if we felt someone's capacity was changing." The PIR told us, "Obtaining consent from the service user or service user appointed advocates to liaise on third party agencies in the best interest so that the service user voice is heard." Our conversations with people and staff confirmed that this was happening. People told us that staff gave them choices and asked what help they wanted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and if any applications had been made to the Court of Protection to authorise any deprivation of liberty. The registered manager confirmed there were no Court of Protection orders authorising the deprivation of liberty for anyone who received a service.

People were supported to eat and drink to maintain their nutritional needs. One person told us, "My relative prepares my meals. The staff get it for me." Another person said, "She [staff] cooks my breakfast. She knows now what I want and I don't want anything different. She leaves me a flask of tea and makes a sandwich for me at teatime." A relative told us that staff would prepare a drink and snack if requested by their family member although they [relatives] prepared the meals. Staff told us they always gave people a choice of what they wanted to eat or drink each time they visited.

Most people told us that they or their relatives organised access to their GP or other health providers such as hospitals. However people said the staff would get medical attention for them if needed. One person said, "If I need the GP they [staff] will ring." Records looked at showed that other people providing care such as district nurses were recorded so that they could be contacted if the person was unwell.

Good

Is the service caring?

Our findings

People and relatives spoken with were very positive about the regular staff that provided care. One person told us, "Carers are not bad girls. I'm happy with the care provided." One relative said, "[Staff are] caring. They [staff] are very gentle and patient with [person]." Another relative said, "They [staff] are gentle and kind. They [staff] are brilliant. They [staff] take care and make both of us a cup of tea."

People told us that the staff were all polite and respectful and they had built up good relationships with their regular staff. One person said, "We play each other up, in a friendly way." Staff spoke about people in a caring way and understood people's individual needs. One staff member described how an individual was often tired when they arrived to get them up. They [staff] told us, "I ask what they would like me to do first, breakfast or assist with a wash." A relative told us that on one occasion when they had gone out the staff had gone back to check the person was okay and said, "They [staff] didn't have to." People expressed their appreciation for presents provided by the registered manager at Easter and Christmas.

We heard from the registered manager how they had identified that some people had been identified at risk of fire either due to their environment or their lifestyles or at risk of being burgled. With people's consent the registered manager had arranged for assessment and advice from the fire and police services to promote the individuals' safety and wellbeing. This showed that a caring attitude was evident throughout the whole organisation.

The registered manager ensured care staff received sufficient information at the right time to enable staff to deliver quality care. Care staff told us they read people's care plans before they started working with people to help them understand the preferred way a person liked to receive their personal care. People told us staff treated them with dignity and respect and this was made better by having a regular group of staff to assist them. A staff member said, "People now tend to get the same staff. Feedback from people has been people feel regular carers is good." Staff told us they would always ensure that doors and curtains were closed to ensure people's privacy and dignity was maintained.

People and their relatives told us that they felt involved in their care because staff always asked what help they wanted and how they wanted to be assisted and they were involved in planning their care. Staff told us, "We try and involve people by giving choices such as what they eat and drink. We involve them in their care and they can choose the staff that support them." People confirmed that if they had not been happy with a carer they had been changed.

People told us that they were supported to do what they could for themselves. A staff member told us, "[Person receiving a service] does whatever she can do, [person] does upper half, I do legs and lower half." Another staff told us about a person who sometimes forgot to use their walking frame and they were reminded to use it at visits. Records and staff comments showed that people had the equipment they needed to keep them as independent as possible. This included things such as commodes and walking aids.

Good

Is the service responsive?

Our findings

People told us they had been involved in planning their care and were aware of the care plans in their homes. One relative told us, "They [staff] assessed [person] although she had already been assessed. A care plan was in place." Staff confirmed that they read the care plans so that they knew how people liked to be supported, their preferences and likes and dislikes.

People's care plans were written in a personalised way providing step by step instructions to guide care workers. The plans contained information about people's, likes, dislikes and preferences, and how they wanted to be supported in personal care tasks. One person told us, "I get the care I want not what they [staff] think I need." Although the people we spoke with were unable to remember if they had had any reviews, people felt that staff asked if they were happy with care and if they needed anything different to be done. Staff told us that any changes they observed in people's needs would be referred to the registered manager so that people could be reassessed.
There was an on call system which enabled people and staff to contact someone at any time of the day and night for any changes to care or if they needed an urgent response.

People knew how to raise concerns or complaints about the service they received. Some people told us that they had raised concerns about staff in the past and these concerns had always been listened to and actions taken so that those individuals no longer visited them. Most other people told us they had not had any need to raise any complaints but they had telephone numbers to use if they wanted to make a complaint. One person told us, "If I was unhappy I would contact the office or I would tell my [relative] who would contact them [staff]." The Provider Information Return told us that four complaints had been received in the past 12 months. We saw that there was a record of complaints in the office but it was not easy to see how many there had been as they were stored according to the month and each month held complaints from previous years.

The provider had other systems to gather the views of people including compliments and questionnaires. Some people told us that they could not remember having received any questionnaires but some people confirmed they got them occasionally and sometimes the registered manager visited them to ask if they were happy with the service.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this service in September 2016 when we found that there was no registered manager in post and improvements were needed to the management and quality monitoring of the service. At this inspection we saw that there was a registered manager in post and although several improvements had been made to the management and monitoring of the service further improvements were needed.

The registered manager who was also the registered provider had conducted some audits of systems and processes, for example there were monthly checks on the content of daily record sheets completed by staff and medication records. We found that the audits had not identified some shortfalls in the service. For example, auditing of daily records did not identify that staff were not always attending calls at the planned times. Audits of medication records showed there were gaps but did not identify what actions had been taken to ensure the same errors were not repeated.

The provider had invited people receiving services to complete a satisfaction questionnaire. We saw that the majority of people were happy with the service being received. There was a record of complaints and concerns. However, we saw that there was no analysis of these to determine if there were any themes or trends that needed to be addressed so that the service could be improved.

We saw that the management of care records did not always allow for an accurate audit trail for the changes made to people's care and the reasons for the changes. For example, there was no recorded reason for some changes in call times, or changes to the staff attending some calls. The registered manager was not always aware that these changes were taking place. The registered manager told us they were looking at extending the scope of the computer system to ensure decisions could be recorded accurately.

People we spoke with said they felt the service had improved and was well led. They told us that they would recommend the service to other people. The registered manager told us that the majority of new support packages had come to them following personal recommendations. The registered manager also told us that they had limited the number of new people they had agreed to provide support to as they were aware that they needed to recruit more staff before they did this. Since our last inspection we saw that the management team had been restructured so that there were individual responsibilities for recruitment and accessing business opportunities and; organising staff rotas and monitoring the care provided as well as the registered manager position for ensuring that the requirements of registration were met.

Since our last inspection the registered provider had registered with us to become the registered manager. The registered manager had kept us informed of significant occurrences that had affected people meaning they had met their legal responsibilities. The registered manager had taken steps to receive support and guidance in the management of the service and improve the service through a mentoring scheme.

Most staff spoken with told us that the registered manager was supportive and accessible when they needed support and advice and they enjoyed working there. Staff told us that they felt listened to and able to raise any concerns with the registered manager and senior staff so that there was an open culture where issues

could be discussed. We saw that there were systems in place such as the use of social media sites such as WhatsApp so that there could be quick and easy passing on of information and concerns between staff and managers.