

Avon Homecare Ltd

# CLARITY HOMECARE (BRISTOL)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Clarity Homecare is a home care service that provides personal care to adults in their own home. The service was supporting around 10 people, 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 said they were well cared for and safely supported with their needs. Examples of comments made by people and relatives included, "They are pleasant and caring," "They help me walk and put me in the chair. They go one each side and I haven't fallen yet" and "They know how I like things done because I tell them."

Several people said some staff sometimes spoke to each other in their first language. People said they did not want to be rude to these staff but found this made them feel uncomfortable as they did not know what was being said. The registered manager was given this feedback and they said they had already been made aware of this matter and were addressing it.

People felt safe with the staff who supported them with their care needs. Staff were guided to keep people safe by current risk assessments showing how to reduce risks for each person they supported. The staff had an up to date understanding of safeguarding. This meant they were aware of what to do to keep people safe if they thought they were vulnerable to abuse.

There was a system to monitor and learn after accidents and incidents had taken place. People's medicines were managed safely. Staff knew how to reduce the spread of infection.

People were protected from the risks from unsafe staff. This was because recruitment and selection processes were in place to employ suitable staff. There were enough staff deployed to provide care and support to people that was safe and met their needs.

Regular training for staff was in place. This meant staff were effectively trained to ensure they were fully competent in their work.

Quality monitoring systems and processes were in place and were effective. These were used to review feedback and to check care delivery, staff performance and training. For example, the time taken for each visit was monitored to ensure people's needs were fully met.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This was the first inspection of the service.

#### Why we inspected

This service was registered with us on 3 August 2020 and this is the first inspection.

#### 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarity Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led	<b>Good</b> ●

# CLARITY HOMECARE (BRISTOL)

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, an assistant 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 home care agency. It provides personal care to people who are living in their own homes. The service had a manager registered with the Care Quality Commission. They were also the registered provider and 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 short notice of the inspection visit because staff might be out of the office supporting staff or providing care. We needed to be sure there would be someone available to support the inspection.

#### What we did:

Before our inspection, we reviewed all the guidance we held about this service. This included notifications the provider is required by law to send us about events that happen within the service.

We used guidance the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

During our inspection

We spoke by telephone with four people receiving a service and four relatives. We met the registered manager who is also a co-owner and spoke by telephone interview with four care staff.

Records we looked at included two care plans, three staff files and a range of documents relating to medicines, accidents, incidents and complaints, satisfaction surveys completed by people and their relatives and quality assurance reports.

# 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 as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives were positive about staff support and felt safe with them. However, some people told us they felt uncomfortable when staff spoke to each other in a language they weren't able to understand. This was passed on to the registered manager. They told us they had also been made aware of this matter and were addressing it with the staff.
- The provider followed appropriate safeguarding procedures to ensure people were safeguarded from the risk of abuse, neglect and poor care.
- Staff were trained in safeguarding and conveyed a clear understanding of types and signs of abuse and knew how to report concerns and allegations. One staff member said, "We went on safeguarding training when I started, we had four or five days and before that I worked in other care companies. We did face to face training."

Assessing risk, safety monitoring and management

- Systems were in place to ensure risks were identified and there were clear risk management plans of people's safety needs and home environment. For example, there was up to date information about how to safely use and maintain household items. This helped to ensure staff were able to safely carry out their role.
- Risks associated with people's health and wellbeing were identified and there were clear actions in place to reduce the risk of harm. For example, how to safely support a person who was at risk of falling.

Staffing and recruitment

- People were protected from the risks posed by unsuitable staff because the provider carried out recruitment checks. This was to ensure only suitable staff were employed to support people. Records showed that recruitment checks for existing staff, for example the right to work in the UK and Disclosure and Barring Service checks (DBS) were up to date. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- The registered manager showed us the online live system to plan and monitor visits. They found the system very helpful for the smooth running of the business. They also said it meant they could track care and support for each person in 'real time'.
- People's needs were met by enough staff to support them safely. People and relatives told us they were usually visited by the same staff. This helped continuity of care and development of positive and friendly relations between people and staff who visited them.
- People said staff were generally punctual or informed them if they were running late.

Using medicines safely

- People were supported to manage their medicines safely.
- Care records explained the support people required with obtaining and administering medicines. They also explained whether people, their families or care staff were responsible for providing this.
- Staff were trained to make sure they knew how to support people with medicines. They had regular checks to ensure they remained safe to support people with medicines.

#### Preventing and controlling infection

- People were well assisted by staff who knew how to prevent and control infection. Staff told us how they prevented and controlled infection. One said, "We have face mask, apron, uniforms, always have a couple gloves, we change the gloves and I'm vaccinated, and we do regular covid testing to protect me and vulnerable people." Another told us "We did infection control training. We have a sanitiser and I change my mask every time I finish and all my personal protective equipment."
- Staff were supported by an up to date infection control policy in place. Staff signed to say they had read and understood it.
- Staff were given infection control training. Staff told us that personal protective clothing such as disposable gloves, aprons and shoe covers were available to them.
- People's relatives told us staff who handled and stored food did so in a hygienic and safe way.

#### Learning lessons when things go wrong

- There were systems in place to help ensure there was learning and improvements when things went wrong.
- Accidents and incidents were recorded and looked at in detail for themes and patterns to consider if lessons could be learnt and these were shared with staff. For example, if a person experienced repeated falls.
- Staff knew the importance of reporting and recording accidents and incidents and records showed this information was well recorded by them.

# 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.

Staff support: induction, training, skills and experience

- People were supported with their needs by staff who were trained and well supported in their work.
- Staff had the knowledge, skills and experience required to meet people's needs. Records confirmed staff had completed training that was relevant to their role. All staff were required to complete an induction in line with the Care Certificate. The Care Certificate is a set of standards for the induction of new social care staff.
- Staff feedback was positive about support and training. Staff told us they were well supported by the registered manager. They received one to one supervision meetings with the manager and this was a way to give feedback about their performance and discuss concerns they might have and training needs.
- Staff training also included dementia awareness in addition to planned training in epilepsy and other physical health conditions. This was to help staff effectively support people with these health conditions.

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

- People and relatives were positive about how their needs were identified and how they were assisted. Comments from people included "I feel my needs are met. At the end of each visit they always ask if there's anything else they can do." and "They seem to know what they're doing. One person said, "X is being treated well, she's safe and she's happy". Another comment was "The carers are just there to support me with safe mobility, helping me to get my relative from bed to wheelchair. I believe the carers have safety training and I'm happy so far." A further comment was, "The carers get me into the hoist and into the wheelchair, then back again. They come in to wash me and change my clothes they help me, but I can do some for myself as well."
- One staff member told us "Every client is different, I have a close relationship with them, they have to trust you, I do double ups, I do singles, it is trust between the client and yourself. I lost a client and I've been invited to the funeral tomorrow because we had a bond. When they trust you, you can help them and support them. I do explain who I am, what I am doing, and I ask them what they want me to do and I check the care plan." Another staff member told us, "Everybody has their own needs, everyone has personalised needs we follow whatever is in the care plan."

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

- People were encouraged to eat and drink enough to meet their needs, where the service was responsible for this. One person told us "I'm happy with the meals they prepare for me. I don't eat much anyway." A relative said "At lunchtime, the carers prepared food, each day they would ask my relative what they wanted." Another relative said "The carers prepare food for breakfast and lunch; they do what my relative asks for."
- Feedback from staff showed they understood how to support people who needed assistance with food

and drink. One staff member told us, "Every client is different, if the client can eat themselves, they have different preferences, the ones who have their own food you can put in the microwave. Dietary requirements are in care plans, if they're vegetarian". Another staff member said "I have to check the file for example to see if a person is diabetic, I have to give them something without sugar. The food they have in the house should be suitable for them."

- The level of support people required to meet their nutrition and hydration needs varied. Care plans and assessments showed these were devised based on people's specific health care needs and preferences.
- Staff had been on food hygiene training to be able to safely support people with preparing and cooking meals and drinks.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People were well supported to make decisions about the care and support they received.
- Care records clearly explained how to support people around making decisions. This meant staff had up to date information to offer the person choices about what they wanted in their daily life.

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

- The registered manager told us staff worked closely with other services. These included the local authority, GPs and community nurses. This was to ensure they provided people with effective support that met their needs.
- Records showed when staff and the registered manager had been in contact with a person's GP and other relevant professionals involved in their care.

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

- Each person's healthcare needs were clearly explained in their care plans. The registered manager told us staff training was provided as well as background information to people's specific healthcare conditions. This helped to make sure staff were able to support people effectively with health needs.

# 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 were well treated and properly supported. One person said, "I think the carers are very respectful towards [my loved one]. He didn't always want or allow them to do personal care, and they didn't insist. If he said no, there was no argument." Another person told us "My relative's carer was brilliant; he spoke to [my relative] continually when he cared for him. He explained everything to the new carer before handing over."
- People and relatives had sent thank you notes of appreciation for the support they had received.

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

- Staff we spoke with understood the needs of people they supported and about what was important to them in their lives.
- Records and some feedback confirmed people had been involved in planning and agreeing to the support and care they received. One person said "The manager came to my relatives' home and did the initial assessment, with both of us there. When I realised that the care wasn't enough, the company was able to increase it to meet what we needed."
- The goals and outcomes for each person and their families were clearly set out in their care plan.

Respecting and promoting people's privacy, dignity and independence

- Care records were written in a positive way and included clear information about how to support people to maintain their privacy.
- Staff we spoke with confirmed they were aware of their role in ensuring they supported people as much as possible to decide things for themselves. One said, "You show time, practice good listening and good communication, and you have to be kind and respectful."
- Staff understood the importance of respecting confidentiality. One staff member told us "For every client we go to everything is confidential. If I go to a home and we have clients and family members are there we prepare everything we are doing, and you lock the door before you start washing the client."

# 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

- People's needs were regularly reviewed, and the service worked in close partnership with people and relatives before any changes were made. When people required varying amounts of support this was explained to individuals and their families. This would include for example where a person had needed more support because they had become more dependant in their needs.
- Care plans were clear and written in a way that was person centred. This meant each care plan showed how care was personalised to meet each person's needs and reflect their wishes. Care plans were put in place on a live electronic care record system.
- Staff had an app on their phones for instant live access to up to date information. The system could be used by people and relatives and care professionals. These were updated at the time an incident happened or when someone's needs had changed.
- Staff told us this was useful as it meant they always had instant access to up to date information. This was so they were able to provide care in the way the person preferred. The technology also ensured people received care at the right times.
- People and relatives all told us staff were on time and stayed the agreed length of time. The electronic system monitored the times staff cared for people to check staff timekeeping met the expected standards. This also meant the provider could react if a care worker was unexpectedly delayed, to ensure a visit was not missed.

Improving care quality in response to complaints or concerns

- The registered manager was open and transparent about receiving complaints, they said, "I love receiving complaints as that's how we learn."
- People and relatives said when they had concerns or complaints, they had found the registered manager approachable. People and relatives also said if they had any issues these would be actioned.
- There was one complaint received at the service. This had been openly addressed using the service's own complaints procedure.

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.

- People's care plans contained information about how to best support their communication and understanding needs.

- Important information, such as guidance about the service was available in different formats when required to make it accessible for people.

#### End of life care and support

- The service was currently supporting some people on their end of life journey. Care plans were developed to include detailed wishes and preferences in relation to receiving care at the end of their life if needed.

# 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; Continuous learning and improving care

- There was a clear vision for the service, and this included ensuring a person-centred culture that was shared by the registered manager and staff. The registered manager told us they used team and individual supervision meetings to remind staff about their values.
- People gave us mixed feedback about how they felt the service was run. Feedback included "I've spoken to [the manager] and found him fine; I spoke to him when the agency first started to support us, and the last time was a few days ago. He's pleasant and approachable." Another person said "I'm happy with the service." A family member told us "I found the communication very poor. The manager has rung me a couple of times recently, since we left, to ask how [my relative] is doing. That's the most communication I've had from them."
- Staff were positive about how the service was run. One said of the registered manager "I do feel involved, he's lovely, my favourite of all the managers, I can call him and talk to him anytime, he's always there, he makes sure his clients are looked after. We have regular meetings and he keeps us up to date, and he makes sure we're comfortable and happy."
- The registered manager showed us the visit plans for a sample of people on their live system. This showed staffing was always arranged in a way that put people's wishes and needs first wherever possible.
- Visit times were reviewed with people and feedback taken on board, for any increase or decrease in times. This was to ensure the service was planned in a way that was person centered and enhanced the wellbeing of each person.

Continuous learning and improving care

- The registered manager said they were always looking for ways to learn and improve the care people received. This showed they had a very open and transparent approach when things went wrong.
- Online live audit systems were in place to check the quality of the service and action was taken when concerns were identified by audits. For example, staff training was checked, and it was identified if staff had not completed mandatory and other training.
- Visit runs were checked during each day to ensure people received the care and support they needed for the right amount of time and at the correct time of day or night.
- The registered manager held regular staff meetings where updates and suggestions for improvement were discussed among the team.

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibilities and was open and transparent.
- The registered manager understood their responsibilities to inform people and families, the Care Quality Commission and other agencies when incidents occurred at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager conveyed a very clear understanding of their role and responsibilities.
- Staff were supported with their roles and responsibilities by a range of policies and procedures to assist and guide them. This information was given to staff via the organisation's app so that it was always readily available. Staff had a job description for their role. This helped ensure they knew their responsibilities. Staff talked clearly and with a good understanding of what their roles were in supporting people.
- Staff received ongoing and regular feedback on their performance in a positive way. Staff said this encouraged improvement and promotion of best practice.
- Staff were trained and supported to understand quality performance, risks and current legal requirements.
- The registered manager was aware of events and incidents that needed to be notified to CQC. There had not been any reportable incidents.

Working in partnership with others

- The service worked effectively in partnership with other organisations. The registered manager told us, and records showed how the service ensured effective working relationships with outside agencies. Other organisations they liaised with included local authorities, district nurses, GP practices, safeguarding and DoLS teams and with us