

Pharma Homecare Ltd

Clarity Homecare Ealing

Inspection report

222a
Northfield Avenue
London
W13 9SJ

Tel: 02088472462
Website: www.clarityhomecare.co.uk/

Date of inspection visit:
04 February 2021

Date of publication:
04 March 2021

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

Clarity Homecare Ealing is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The majority of people funded their care privately. At the time of our inspection 19 people were using the service. 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

During the inspection we found the provider did not have appropriate risk assessments in place for staff around the risks of COVID-19. We have made a recommendation about COVID-19 risk assessments.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. The provider followed safe recruitment procedures and medicines were managed safely. Staff followed appropriate infection prevention and control practices.

Staff were supported to provide effective care through induction, training and supervision. The provider assessed people's needs to ensure these could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people well and were respectful. Staff provided care in a dignified way and provided day to day choices for people.

Care plans provided details of people's preference for care and support and their current interests. This included people's communication needs. There was a complaints procedure in place and the provider knew how to respond to complaints.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. Relatives and staff reported the manager was available and responsive.

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

Rating at last inspection

This service was registered with us on 04 /06/ 2019 and this is the first inspection.

Why we inspected

This was the service's first inspection.

Follow up

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

Good ●

Details are in our safe findings below.

Is the service effective?

Good ●

Details are in our effective findings below.

Is the service caring?

Good ●

Details are in our caring findings below.

Is the service responsive?

Good ●

Details are in our responsive findings below.

Is the service well-led?

Good ●

Details are in our well-led findings below.

Clarity Homecare Ealing

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

The inspection was conducted by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The registered manager 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 manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from the local authority. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the nominated individual, the manager and the field care supervisor. The nominated

individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records which included six people's care records and multiple medicines records. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with five relatives, four staff and one social care professional about their experience of the service.

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.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe including risk management plans to help reduce the risk of avoidable harm to people. However, the provider did not have appropriate risk assessments in place for staff around the risks of COVID-19 as they were part of the risk assessments of people using the service and were too general. The manager rang their head office about this and told us they would implement individual staff risk assessments for COVID-19 immediately.

We recommend the provider consider current guidance on COVID-19 risk assessments and act to update their practice accordingly.

- People using the service had a range of risk assessments and action plans to mitigate risk that included medicines, mobility, skin conditions, diabetes and COVID-19 risk assessments. Assessments included relevant information such as previous falls.
- The provider reviewed and updated risk assessments and management plans six monthly or when there were changes in people's needs.

Systems and processes to safeguard people from the risk of abuse

- Relatives said they thought people were cared for safely.
- The provider had systems and processes to safeguard people from the risk of abuse, including safeguarding adult policies and procedures.
- Staff had completed safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and staff knew how to respond to concerns.
- The service had not had any safeguarding alerts; however the manager knew what to do and who to inform if a safeguarding alert was raised in the future.

Staffing and recruitment

- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. These included checks on new staff members suitability for the job and criminal record checks.
- New staff members undertook an induction, so they knew how to work safely and effectively at the service.
- Staff told us they had enough time to travel between calls. Staff logged their care visits using an electronic system and the provider monitored this to make sure people received their planned care. Comments from relatives included, "The care workers start on time and leave on time and do what they are supposed to do. I can't fault them on that" and "I am very impressed with them. They are always punctual and very efficient."

Using medicines safely

- The provider had a medicines policy and procedure in place with guidelines to administer medicines safely.
- Medicines competency assessments were being undertaken to help ensure staff had the skills required to manage people's medicines.
- Staff completed medicines administration records (MARs) appropriately, and managers audited these weekly to help ensure people were supported to take their medicines as prescribed.

Preventing and controlling infection

- The provider had appropriate procedures for preventing and controlling infection. These included an infection control policy and procedure and a procedure on the correct use of personal protective equipment (PPE). The provider also had a 'Coronavirus Risk Assessment for all Service Users, Contractors, Staff, Visitors' that recorded control measures the provider had in place to prevent and manage the spread of COVID-19.
- There were risk assessments and risk management plans around COVID-19 for people using the service and the manager told us during the inspection they would update staff risk assessments, so they were more robust.
- Staff had relevant training and were provided with PPE such as gloves and aprons to protect people from the risk of infection. Staff and relatives confirmed PPE was used appropriately during care calls to help reduce the risk of infection. Additionally, the provider undertook spot checks that included observing staff practice around the use of PPE.

Learning lessons when things go wrong

- The provider had a policy for responding to incidents and accidents and systems in place to investigate them.
- The provider completed a monthly events analysis that included incidents, accidents, complaints and safeguarding alerts that recorded further action required and lessons learned, which helped to improve service delivery.

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

- The provider assessed people's needs prior to beginning a package of care, to confirm these needs could be met safely. These assessments formed the basis of people's care plans.
- In addition to the assessment the provider asked for confirmation of a COVID-19 test prior to beginning the care package.
- People's assessed needs included current and past medical information, dietary requirements, communication, mobility, continence, the home environment, religion and personal goals.
- Relatives told us they were involved in planning the person's care. One relative said, "I was invited to plan [person's] care when Clarity was setting up the care. It was the manager and senior who sat with me to understand [person's] needs to effectively communicate that to the care workers."

Staff support: induction, training, skills and experience

- Staff were supported to provide effective care through induction, training, supervision, appraisals and spot checks.
- Staff new to care received an induction and training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities.
- Staff completed annual training to keep their knowledge and skills up to date. In the last year staff had completed infection control training on line and paper workbooks to help promote infection prevention and control. Other training the provider considered mandatory and staff had completed included safeguarding adults, manual handling and medicines training.
- The provider completed regular checks of staff while they worked in people's homes to monitor staff competency when delivering care.
- The provider had a 24 hour on call system, so staff could talk to a manager at any time for support. Staff told us managers were available to provide support to them.

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

- People were supported to have enough to eat and drink. Staff did not prepare any meals but heated up food for people.
- The care plan recorded dietary needs. This meant where there were specific dietary needs, for example if someone had diabetes, there were guidelines for staff providing care about how to meet the person's requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans included information about other health and social care professionals involved in people's care.
- Most people lived with their families who liaised with other professionals as required.
- People had hospital passports which provided relevant information to health professionals about the person and their needs in relation to medical care.

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.

- The provider had an MCA policy and staff received training on the principles of the MCA.
- Mental capacity assessments were undertaken and where required best interest decisions were completed.
- Care plans indicated when people should be offered choices. Relatives told us they were involved in making decisions about people's care and support.

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's relatives told us people were treated well and staff were respectful. One relative said, "They are definitely respectful. [Care worker] talks to [person] and explains what they are doing so [person] knows exactly what is happening." Another relative told us, "[Carer worker] is very kind and patient. If there is a problem they will say straightaway. [Carer worker] is observant."
- The provider had an equality and diversity policy and staff respected people's cultural needs. For example, a staff member told us they supported a person to access church services on line. Another staff member said if it was part of the person's religion to have their head covered, they always gained consent before touching the head covering.
- People's preferences for how they liked personal care were respected and this was confirmed by the relatives we spoke with.

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

- Relatives told us they were involved in decision making and people had care provided in a way that met their needs. One relative said carer workers were providing support according to the person's wishes. "There is definitely good communication. They know [person] and they seem to be interested in [them] and [their] care and comfort. They really do their job well. They take their time. They are not rushing in and out, they talk to [person] and to me."
- Staff told us how they supported people in a person centred way. One staff member said, "The person is quite anxious so I have to let them do things in their own time."
- Care plans included information about people's preferences and choices and people were contacted either in person or by telephone to provide feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity were protected when providing personal care. One relative said, "They always make sure the carer who does personal care is someone [person] is familiar with. They always make sure they keep to [person's] routine. They know exactly what the routine is" and another relative told us, "Sometimes [person] doesn't feel like a shower. The carer always asks if they are ready. They don't rush [person]."
- Care plans had guidelines for how to complete personal care tasks and noted people's preferences.

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

- Care plans were person centred and provided details of people's preference for care and support and their current interests. However, there was a lack of family and social background information to provide staff with context when communicating with the person. The manager said they would update the care plans to better reflect people's social backgrounds.
- Relatives told us they were involved in planning care. One relative said they and their adult children all had input into the care plan and that Clarity knew exactly what the person wanted and were able to provide this.
- Care plans contained guidelines for staff so they could meet people's individual needs. For example, the care plan for one person provided information about their medical condition and guidelines for how to support the person with personal care and in line with the occupational therapist's guidance.
- Reviews were completed six monthly or when people's needs changed, and the care plans were updated to reflect changes. Staff were able to access people's care plans and risk assessments on their work mobile phones, so they had the most up to date information.

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.

- Care plans included information about people's communication needs. For example, one person no longer used English and staff used translation apps to communicate with them.
- One staff member told us a person they supported had a speech impediment and this required them to be silent and look directly at the person when they were talking to make sure they understood what the person was saying to them. This was supported by the guidelines in the person's care plan.

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

- All the people using the service and receiving personal care, except one, lived with their family which reduced people's social isolation.
- Care plans included people's hobbies and their interests such as football or television programmes.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure but had not had any formal complaints about the service.

Relatives told us if they had a concern, the manager responded appropriately. Comments included, "The management are fine. I have never had to make a complaint. I think they are good at what they do. No problems at the moment" and "We haven't had any concerns. Communication is good."

- As it was a small service the manager had regular contact with relatives and was able to address issues before they escalated.

End of life care and support

- No one was being supported with end of life care at the time of the inspection. The provider had recorded if people wanted to be resuscitated and information about their funeral arrangements. They agreed to expand this to include more about how people would like to be cared for at the end of their life. However, as most people were living with their relatives, relatives would be managing end of life arrangements.

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

- Relatives told us they were happy with the service and the provider promoted an open culture by being available and responding to any concerns. Comments included, "They do everything brilliantly. Communication is second to none. They always contact me to let me know if they are concerned."
- Staff were satisfied with the level of support they received. One staff member said, "I cannot fault the management. They are always there at the end of the phone."

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 provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had policies and procedures in place to respond to incidents, safeguarding alerts and complaints and knew who to notify.

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

- The manager and field care supervisor had only been in the service for three months at the time of the inspection. The new manager was in the process of applying to be registered with CQC. A relative told us the handover between managers had been very smooth.
- There was a range of policies and procedures which linked to relevant legislation and guidance which were regularly reviewed and updated.
- The provider had systems and procedures to monitor and assess the effectiveness of service delivery. This included surveys, spot checks and phone calls to get feedback from people using the service.

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

- Relatives told us the provider regularly asked for their feedback through phone calls and home visits. One relative said, "It is very noticeable that one of the senior ladies comes regularly to do spot checks. They ring to check on me." Where appropriate, relatives could also access people's care plans on an electronic system.
- Team meetings were held to share information and give staff the opportunity to raise any issues. Staff felt

supported and told us, "Managers are friendly and not intense but always there. Any problems I can contact them" and "The management team are always available. Clarity provides a person-centred approach. They are very invested in each service user and know what is going on."

- People's diverse needs, including characteristics such as religion and disability were considered as part of the assessment process.

Continuous learning and improving care

- The provider carried out a number of audits to monitor and check the quality of the service provided. These included care planning audits, daily progress record audits and medicines audits.
- The provider also conducted a monthly events analysis that included incidents, accidents, complaints, safeguarding and compliments with further action required and lessons learned
- The manager attended network forums to discuss current themes in social care and share and learn best practice.

Working in partnership with others

- Where appropriate the provider liaised with other relevant agencies such as the local authority and pharmacies to help ensure people's needs were met.
- One social care professional confirmed the provider was 'very helpful and professional'.