

Clementina Support Services Limited

# Clementina Support Services Limited

## Inspection report

11 Townson Way  
Northolt  
Middlesex  
UB5 6PS

Tel: 02088411851

Date of inspection visit:  
30 April 2018

Date of publication:  
01 June 2018

## 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

The announced inspection was carried out on 30 April 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. This was the first inspection since the service registered with the Care Quality Commission.

Clementina Support Services (CSS) provides support to people's primary carers by providing them with respite support by way of a sit in or companionship service. They are registered to provide personal care. The provider also runs a weekly day centre and a luncheon club.

The service is required to have a registered manager and there was one 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.

Policies and procedures for safeguarding people at risk of abuse were in place and the registered manager understood how to keep people safe from harm. Risk assessments for risks to people and those associated with the home environment were in place. Relatives confirmed they felt their family members were kept safe.

Recruitment procedures were in place and recruitment checks were carried out. There were enough staff to meet people's needs and relatives confirmed staff attended on time and spent the allocated time with their family member.

Policies and procedures for the management of medicines were in place and being followed. People were protected from the risk of infection as staff understood infection control procedures and followed them.

People were assessed prior to receiving care so their needs and wishes were identified and could be met. Staff received the training and supervision they needed to provide them with the skills and knowledge to care for people effectively.

Staff provided any assistance people required with mealtimes. If staff had concerns regarding people's health they understood the processes to get help and advice for the person.

Staff understood people's right to make decisions for themselves and people using the service were able to do so. Policies were in place and staff understood that if decisions ever had to be made on a person's behalf then this must be in their best interests and as least restrictive as possible.

Relatives confirmed staff were kind and caring and treated their family members with respect. Staff

understood people's right to make choices about their lives and encouraged and respected this.

Information about people's needs and interests was comprehensive and provided a good picture of the person and how their needs were to be met. People were supported to pursue their interests.

There was a complaints procedure in place and relatives confirmed their family members had received copies and said they would feel confident to raise any concerns with the registered manager.

Relatives confirmed they were happy with the provider and felt the registered manager and staff understood how to meet and manage people's needs. The registered manager was experienced in social care and understood the needs of the people using the service. Staff felt supported by the registered manager and were happy working for the service.

There were processes in place for monitoring aspects of the service and this was a work in progress. People's care and support was reviewed and monitored and they were involved with this process and given the opportunity to provide feedback on the service they received. Policies and procedures were in place and reflected current good practice guidance and legislation.

## 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. Policies and procedures for safeguarding were in place and the registered manager understood how to keep people safe from harm.

Risk assessments for risks to people and those associated with the home environment were in place. Relatives confirmed they felt their family members were kept safe.

Recruitment procedures were in place and recruitment checks were carried out. There were enough staff to meet people's needs and relatives confirmed staff attended on time and spent the allocated time with their family member.

Policies and procedures for the management of medicines were in place and being followed.

People were protected from the risk of infection as staff understood infection control procedures and followed them.

Good 

### Is the service effective?

The service was effective. People were assessed prior to receiving care so their needs and wishes were identified and could be met.

Staff received the training and supervision they needed to provide them with the skills and knowledge to care for people effectively.

Staff provided any assistance people required with mealtimes. If staff had concerns regarding people's health they understood the processes to get help and advice for the person.

Staff understood people's right to make decisions for themselves and people using the service were able to do so. Policies were in place and staff understood that if decisions ever had to be made on a person's behalf then this must be in their best interests and as least restrictive as possible.

Good 

### Is the service caring?

The service was caring. Relatives confirmed staff were kind and

Good 

caring and treated their family members with respect.

Staff understood people's right to make choices about their lives and encouraged and respected this.

### **Is the service responsive?**

**Good** ●

The service was responsive. Information about people's needs and interests was comprehensive and provided a good picture of the person and how their needs were to be met. People were supported to pursue their interests.

There was a complaints procedure in place and relatives confirmed their family members had received copies and said they would feel confident to raise any concerns with the registered manager.

### **Is the service well-led?**

**Good** ●

The service was well led. Relatives confirmed they were happy with the provider and felt the registered manager and staff understood how to meet and manage people's needs.

The registered manager was experienced in social care and understood the needs of the people using the service. Staff felt supported by the registered manager and were happy working for the service.

There were processes in place for monitoring aspects of the service and this was a work in progress. People's care and support was reviewed and monitored and they were involved with this process and given the opportunity to provide feedback on the service they received.

Policies and procedures were in place and reflected current good practice guidance and legislation.

# Clementina Support Services Limited

## **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 30 April 2018 and was announced. We gave the service two working days' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we viewed a variety of records including recruitment and training details for two staff, care records and risk assessments for two people using the service, monitoring records and a selection of the provider's policies and procedures.

We spoke with the director of the company who was also the registered manager, the administrator and a care worker. After the inspection visit we contacted two relatives of people using the service to get their feedback.

# Is the service safe?

## Our findings

People were being protected from the risk of abuse. Relatives confirmed they felt their family members were kept safe by staff. Policies and procedures for safeguarding and whistle blowing were in place and staff said they would report any concerns and also knew to report to outside agencies including the local authority and the Care Quality Commission. There had not been any safeguarding incidents.

Risk assessments were carried out and action had been taken to address any risks identified, including liaising with relatives to minimise risks. Where new risks were identified we saw that action had been taken to mitigate them. One relative told us that the registered manager had recommended items to assist with their family member's safety and had suggested the involvement of an occupational therapist for ideas to make the environment safer. Staff knew the action to take in an emergency and we saw an example of this in one person's records where they had experienced a fall and the staff member had taken appropriate action including summoning the emergency services.

Recruitment processes were in place to ensure only suitable staff were employed. We saw staff providing personal care had completed an application form and they also completed a health questionnaire. The provider took up references including one from the person's current/last employer. Disclosure and Barring Service checks were carried out and for one staff member the enhanced DBS check from another current employer had been used and following the inspection the registered manager confirmed they had applied for one for the member of staff. The registered manager confirmed all the staff had British passports and the right to work in the UK. Staff had also declared their British nationality on their application forms and passport and national insurance numbers were included in staff files. Staff confirmed pre-employment checks had been carried out as part of the recruitment process. The registered manager confirmed photographs of staff were taken and they were issued with identity (ID) badges to wear when attending people's homes. We saw an example of the badges issued and this clearly identified the member of staff. The registered manager was clear to adhere to the regulations for employing any staff who would provide personal care to people.

The times and duration of visits was included in each person's assessment and each person had a named member of staff who carried out their visit. Relatives confirmed staff attended on time and if staff were going to be late, for example if there were traffic problems, then they received a telephone call so they were aware. They said staff stayed for the allotted time and that their relatives had continuity of care from the same staff. Timesheets were completed by the staff to evidence their attendance. The registered manager explained that the service offered personal care so that if people who received other services, such as a sitting service, ever required personal care, then this assistance could be given by the staff, thus providing continuity of care for people.

The registered manager said that people who received occasional personal care sometimes needed reminding to take their medicines. Medicines were listed in the care records and staff signed a medicines form and recorded in the daily log to confirm people had taken their medicines. Policies and procedures were in place for the management of medicines and staff knew how to assist people, where required, to

ensure they took their medicines safely. The registered manager told us that staff had received training in the handling and administration of medicines and this was evidenced in the training records.

People were protected from the risk of infection. Staff confirmed they had personal protective equipment (PPE) including gloves and aprons that they used when providing personal care. They also reported that they were provided with hand gel to use as part of the infection control process. Information about using PPE was included in the health and safety policy and following the inspection the registered manager updated the policies to include one specifically for infection control and this was comprehensive and clear.

There had not been any incidents or accidents where things had gone wrong and lessons could be learnt. We discussed this with the registered manager and they were open to learning from any events in the future to improve practice and said, "It's the only way to get better."



## Is the service effective?

### Our findings

People had been assessed prior to receiving personal care so their needs were identified and could be met. The assessments were person-centred and clear and identified the support people required as well as providing a good picture of the person, family involvement and contacts and interests and hobbies. Relatives confirmed they and their family member had been involved with the assessment process so their views and wishes could be included. For one person we saw the assessment that had been carried out by the local authority and this had been used by the registered manager to inform their assessment also.

Staff had undertaken training to provide them with the skills and knowledge to care for people effectively. The registered manager told us that all staff had attained a recognised qualification in health and social care and we saw that training updates were offered through the local authority and courses were being booked for training updates for 2018. Staff told us they had undertaken training in topics including first aid, diabetic care and infection control and felt they could ask for additional training if they required it. Staff confirmed they had received training in the use of any equipment in use for people and were confident in how to use it. Individual staff supervision sessions took place every two to three months and staff meetings were held for 30 minutes each week at the Day Centre, so staff could get together and discuss any issues.

Staff confirmed they assisted people with heating simple meals and ensuring they had drinks available. Information regarding people's dietary needs included information about their religious and cultural needs and staff said they were aware of these and respected them.

We saw that where people had a schedule of different support and activities for the week there was a programme included in their records, so staff knew the activities people were involved with and could liaise to coordinate aspects of their support needs if necessary. The provider ran a weekly day centre and luncheon club and said that people using the service could also access these if they so wished, for further continuity of care and support.

The registered manager said they communicated with the people and their families regarding any healthcare needs. The registered manager said they attended review meetings with healthcare professionals where appropriate. We saw that people had received input from healthcare professionals, for example, from the occupational therapist to review a person's environment.

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.

Policies and procedures for mental capacity were in place and staff understood people's right to make decisions for themselves. The registered manager told us that the people who received personal care were able to make decisions for themselves. Staff said they encouraged people to receive the care and support

they required but also respected people's right to choose not to receive care. We discussed mental capacity assessments and best interests assessments and these were assessed by the provider so if any concerns were identified an assessment could be carried out.

The registered manager said if someone's mental health deteriorated then they would flag this with their next of kin so the person could access the healthcare input they required. The provider was clear about the MCA and Court of Protection procedures and appointed deputies to help ensure people's rights were protected. A Deputy is a person appointed by the Court of Protection to manage the personal welfare or the property and affairs of another person who lacks the mental capacity to manage them themselves. A Deputy can only act under a court order from the Court of Protection.

## Is the service caring?

### Our findings

Information in the PIR included, "Our Staff are encouraged to develop a professional relationship with the service users which is based on genuine care and trust. CSS [Clementina Support Services] feels that a caring and trusting relationship enables the service users to feel confident enough to be able to express their view and their wishes and feelings and to feel at ease with staff when they are receiving personal care."

Relatives confirmed staff were caring. One told us, "[Family member] is treated with respect. She is a lot happier and feels she is able to speak with [registered manager], who is great and provides her with good company." Relatives confirmed staff respected people's religious and cultural needs. We saw that clear information about people's religious and cultural needs was contained in the support plans. Staff were able to tell us about ways they used to help ensure people were respected, for example, the meals and mealtimes associated with people's cultural practices.

Relatives confirmed that they and the people using the service had been involved in their support plans so their wishes and choices were known, but there was no evidence of this in the records we viewed. The registered manager said she would address this so people's input was evidenced.

Relatives said staff were kind and respected people's right to make choices and maintain their independence, whilst encouraging them to receive the care and support they needed. This was also evidenced in the daily records so we could see that staff actively encouraged people with their care but respected their decisions as to the care and support they wanted at each visit. The registered manager said they followed the 10 Dignity 'Do's' from the National Dignity Council, carried out training for staff around dignity and respect and observed and monitored staff practice.

In the PIR the provider told us, "CSS [Clementina Support Services] support service user's by treating them with the same respect that we would want for ourselves or members of our own family (MUM principle). We enable service users to maintain the maximum possible level of independence choice and control. CSS staff will listen and support service user's to express their needs and wants and we respect service user's right to privacy."

## Is the service responsive?

### Our findings

In the PIR the provider told us, "CSS [Clementina Support Services] has policies and procedures in place to monitor and ensure that the service it provides is personalised and responsive to the needs of the service user. CSS also ensures that the service user's individual care plans are reflective of how the service user would like to receive support. This includes providing practical support to service user's to participate in their hobbies interests and to take part in social activities. To respond to the needs of the service user, CSS ensures that they fully participate in meetings to discuss aspects of their care."

The support plans we viewed were comprehensive and provided a good picture of the person, their needs and how these were to be met. Information about people's lives, interests and hobbies were included in the support plans and this gave staff insight into people's lives and topics to speak with people about. We saw there had been a review of care for one person and this had included the person and their representative along with the provider's staff, so all were involved in discussing the care provision and any changes could be included.

Staff providing outreach services supported people to attend activities, so they could continue to pursue their interests. For one person the local authority had provided a schedule that included the person's weekly activity programme as well as the care and support services the person received. The provider had a luncheon club and a weekly day centre and people receiving care were welcome to attend these if they so wished.

The service had a complaints procedure which was clear and included contact details for outside agencies to contact if people were not satisfied with the response from the provider. Relatives confirmed that they had received a copy of this as part of the documentation from the service. Staff were clear to refer any concerns to the registered manager and they in turn said they would investigate any concerns raised so they could be addressed. The service had not received any complaints.

## Is the service well-led?

### Our findings

Relatives were happy with the provider. One told us, "We are very happy with [the service] and my [family member] is really happy." Another said, "They've done really well and they have dealt with any help [family member] needs." A member of staff said they felt well supported by the registered manager and said they could ask for any additional training they might need. They said, "It [working for the service] suits me and I am happy with it." Relatives and staff all said they would be happy to recommend the service to others.

The provider had systems in place for monitoring aspects of the service. The registered manager had signed up with a data management company and was in the process of implementing the system to include review of policies and procedures and introducing quality assurance processes. To date they had not received any complaints and there had not been any safeguarding incidents, plus there had only been one accident, which had been responded to and recorded appropriately. The registered manager was aware to monitor events should they occur to look for trends and minimise the risk of recurrence. The registered manager monitored the work and progress of all the staff and where they had been employed for more than 12 months, an annual appraisal had been carried out to monitor their work and identify any training and development needs and wishes.

The service only provided personal care occasionally to two people using the service. The registered manager was the care worker for one person and said they were in regular contact with the people and their relatives and other staff providing care to monitor the service being provided and to discuss any issues that arose. This was confirmed in our discussions with people's relatives and also some information was included in the daily records we viewed. We saw examples where the registered manager had recorded contact with relatives and we discussed ensuring this was completed for anyone using the service, to maintain an audit trail of contacts.

The provider had policies and procedures for all aspects of the service and these included reference to the relevant good practice guidance and legislation associated with the topic. The documents had been reviewed and updated in February 2018 to keep the information current. The provider confirmed they were keeping up to date with changes in legislation, for example, upcoming changes to the General Data Protection Regulation, to make sure the service was compliant.

We asked the registered manager what the aim of their service was and they said, "To provide a sitting and companionship service with elements of personal care. To provide support to carers, both local and remote and providing carers with advice and with emotional support." The registered manager was a Fellow of the School for Social Entrepreneurs, an enterprise that describe themselves thus, "We equip people to transform their communities and improve the lives of others." The registered manager had over 20 years of experience as a qualified social worker and also had a recognised qualification in health and social care. They said they received newsletters and updates from organisations including CQC and the Department of Health and Social Care, to keep up to date with current good practice and legislation.

Surveys for staff had been completed in 2018 and we saw positive feedback on the one we viewed. Surveys

had recently been sent out to people and their relatives to invite them to give feedback about the service.