

Clear Thinking Care Limited

Clear Thinking Care Ltd

Inspection report

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Date of inspection visit:
27 July 2022

Date of publication:
05 October 2022

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Clear Thinking Care Ltd is a domiciliary care agency. It provides personal care to people with specific health needs, learning disabilities and/ or Autism living in their own houses and flats. At the time of the inspection the service was supporting 15 people.

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

Right Support: The model of care at Clear Thinking Care Ltd maximised people's choice, control and independence. Staff were committed to supporting people in line with their preferences and supported people to receive their medicines safely and as prescribed. People were enabled to access health and social care support in the community.

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.

Right Care: Whilst we noted the care provided by Clear Thinking Care Ltd was not always person-centred in that the system to safeguard people was not always effective, we observed people's dignity, privacy and human rights being promoted. Risks associated with people's care were assessed and included in their support plans. Care records guided staff on the action they were to take to mitigate risks to people and themselves.

Right Culture: The registered manager and staff were clear about their aim of providing person-centred care. They had a good knowledge of the service and understood the needs of people they supported. Staff supported people to lead confident, inclusive and empowered lives. However, the provider did not always work with the local authority safeguarding team and carry out their regulatory responsibilities.

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

Rating at last inspection

The last rating for this service was Good (published 21 January 2020). □

Why we inspected

The inspection was prompted in part due to safeguarding concerns we received from the local authority safeguarding team relating to allegations of abuse. We found no evidence during this inspection that people were at risk of harm. However, we identified that the systems and procedures designed to safeguard people from abuse were not always followed by staff.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding processes and the submission of statutory notifications.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Clear Thinking Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan

our inspection.

During the inspection

Inspection activity started on 26 July and ended on 14 September. We visited the location's office on 27 July 2022 and we visited four people in their own homes on 13 September. We reviewed a range of records, this included five people's care records and Medication Administration Records (MAR). We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We also spoke with the registered manager and five care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear policies and procedures in relation to safeguarding adults. However safeguarding processes did not always operate effectively.
- A staff member had reported safeguarding concerns about another staff members conduct and the way they were supporting a person who used the service. Although the service carried out an investigation into these allegations, they failed in their duties to notify the local authority safeguarding team. This meant there was no independent body involved in the investigation to ensure it was carried out objectively.

The failure to operate systems and processes to safeguard people effectively and was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had received training in safeguarding adults and were able to tell us the correct action to take if they suspected people were at risk of abuse and/or avoidable harm. This included knowledge on who to report concerns to, both internally and to external agencies.
- People we spoke with during our inspection indicated that they felt safe. We observed people being comfortable in the presence of staff.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and included in their support plans. Care records guided staff on the action they were to take to mitigate risks to people and themselves.
- The risk assessments covered areas such as, distressed behaviours, nutrition, medication and emotional wellbeing.
- The environments in which people lived were well maintained with the support of staff. Risks associated with peoples living environments were monitored.

Staffing and recruitment

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. A staff member we spoke with told us, "I feel we have enough staff".
- We reviewed staffing records for people who required commissioned daily support from two members of staff and support from one staff member and found people were receiving their commissioned staffing levels.
- People were protected against the employment of unsuitable staff because the provider followed safe recruitment practices.

Using medicines safely

- Staff were trained to administer medicines and received regular checks by the registered manager to ensure they followed correct procedures. One staff member told us "I receive regular spot checks, to make sure I'm doing things right".
- People received their medicines as prescribed. There were systems in place to ensure this was done safely.
- People's medicine care records were detailed, accurate and up to date. They reminded staff of people's required doses and when the medicines needed to be administered.
- People with occasional use medicines, such as 'when required' medicines, had guidance within their care records to support staff to safely administer the medicine or refer to the GP when necessary.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using personal protective equipment effectively and safely.

Learning lessons when things go wrong

- There was a strong emphasis within the service on learning when things went wrong. Throughout our inspection the registered manager reflected on the concerns we raised and took immediate action to address shortfalls and enhance future learning.
- Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence.
- This information was also shared with the providers for further review and analysis. Learning from accidents and incidents was shared with all staff.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained 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

- People told us they were involved in the assessment and care planning process.
- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to help ensure they could meet people's needs safely and effectively.
- The services training records showed staff had received training in a variety of subjects such as, safeguarding, infection control, moving and handling, health and safety and medicines. Specialised training was also provided that reflected the needs of people using the service.
- Staff felt supported and valued by the management team. Staff were given the opportunities to discuss their work performance.

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

- People's care records detailed their dietary requirements and nutritional risks. People were encouraged to make healthier dietary choices.
- Staff described how they supported people with preparation of their meals and how they encouraged people to have a balanced diet.
- Care plans contained details about what people preferred to eat and drink and how best to support them.

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

- Clear Thinking Care Ltd had systems and processes for referring people to external healthcare services. These were applied consistently and there was a clear strategy to maintain continuity of care and support.
- There were systems for effective information sharing and continuity of care. Where healthcare referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have maximum choice and control of their lives.
- Where the service supported some people to make decisions about different aspects of their care there were mental capacity assessments to show these decisions had been made in a person's best interests or with appropriate consent.
- People's records consistently showed that best interests processes had been followed. This indicated the service was working in line with the principles of the MCA.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained 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

- We observed many positive interactions between people and staff during the inspection, the language used by staff to describe people they cared for within care notes and when speaking with each other and us, was respectful, promoted people's human rights and showed people were valued. People indicated that they had formed meaningful and caring relationships with staff.
- During our inspection we witnessed staff being kind and compassionate towards the people they supported and showed they had formed a strong relationship with people and knew them well.
- The diverse needs of people using the service were met. This included individual needs that related to disability and gender.

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

- Staff communicated well with people. We observed staff supporting people to express their views and giving people time to listen, process information and respond to staff in their own time.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. People were encouraged to make decisions about their care.
- People and those acting on their behalf were provided with opportunities to express their views about the care and support through regular reviews and meetings.

Respecting and promoting people's privacy, dignity and independence

- Care records highlighted what people wished to do with their time in order to remain independent and continue living within the community. During our inspection we saw people making plans to do what they wished, this included going out to support a local football team.
- Staff were clear how they respected people's dignity and described how they encouraged people they cared for to do what they could do for themselves in order to promote independence.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained 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

- While we have reported on some aspects of the service that were not always safe or well-led, we were assured that people received individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well, and who were skilled at delivering care and support.
- Support plans were informative and described people's skills and strengths as well as the support needed from staff and/or other services.
- Where people valued routines, this was highlighted within their care plans and records showed these preferences had been respected. Care plans were designed to provide staff with sufficient detailed guidance to enable them to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans identified people's communication needs and how they could be supported to understand any information provided.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and share their views.
- The provider had developed information in an easy read format which helped to ensure people had access to the information they needed in a format they could understand.

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

- People were encouraged and supported to lead active lifestyles, follow their interests, and take part in social activities. People indicated that they were supported with their independence.
- Each person's support plan included a list of their known hobbies/interests and staff supported people to take part in things they liked to do.
- People were supported and encouraged to maintain relationships with friends and family.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received,

these were recorded, fully investigated and responded to as per provider's policy.

- Staff regularly checked if people were happy with their care, through meeting and chatting with people informally and by seeking feedback from other people who knew them well.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities. However, we found the provider had not notified the Care Quality Commission of a significant event, which had occurred.

We saw no evidence people had been harmed. When we raised these concerns with the registered manager, they took immediate action to prevent reoccurrence. However, the failure to notify CQC of a significant event was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- This inspection was prompted in part by information shared by the local authority in relation to an investigation into whistleblowing concerns. The registered manager acknowledged the shortfalls in how the allegations had been processed and dealt with and had taken action to address the shortfalls and learn from them.
- While we have reported on some aspects of the service that were not always safe or well-led, we received assurances people were having their needs and preferences met and there was a clear staffing structure. Staff were aware of their roles and responsibilities.
- The service had governance arrangements in place. Both the registered manager and provider recognised the importance of systems being effective to strengthen the quality of the service that people received.
- Regular audits were carried out by the registered manager and the provider. These included audits of care plans, risk assessments, medication and the day to day running of the service. Findings from audits were analysed and actions were taken to drive continuous improvement.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider and staff were enthusiastic and committed to further improving the service for the benefit of people using the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a positive way and reflected on how they were managing the service.
- People's views and decisions about support were incorporated in their support plans. This helped staff to

support people in a way that allowed people to have control over their lives.

- The leadership team promoted an open culture which contributed to staff work satisfaction. Despite our findings in relation to safeguarding there was good teamwork and staff morale. Staff we spoke with were complimentary about the registered manager and the support they provided. One staff member said "(Registered manager) is brilliant, you can go to her with anything". Another staff member described how the registered manager had supported them during a personal problem.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

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

- From our observations and speaking with staff, the provider demonstrated a commitment to providing consideration to people's protected characteristics.
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience.
- Staff told us that they were involved in the development of the service, through discussions at individual supervisions and staff meetings.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.
- Records showed the provider worked closely and in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The failure to notify CQC of a significant event
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The failure to operate systems and processes to safeguard people effectively