Clarendon Home Care Limited

Clarendon Home Care

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 30 August 2016 and was announced. We told the provider 24 hours before our visit that we would be coming. At our last inspection in January 2014, we found that the service was meeting all of the standards that we inspected.

Clarendon Home Care provides a domiciliary care service to over 200 people living in Kingston and the surrounding area. This includes personal care such as assistance with bathing, dressing, eating and medicines, home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties. We only looked at the service for people receiving personal care during this inspection as this is the service that is regulated by the Care Quality Commission.

The service had a registered manager. 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.

The provider had arrangements to administer medicines and overall these were safe. In some circumstances staff had not always sign the medicines administration records charts to say they had administered the medicines. There were also no protocols in place where people were prescribed a variable dose of medicines so staff were clear when to administer the relevant dose.

People on the whole received visits according to their care plan. Some people said they did not receive the same care workers consistently and at times the care workers were late and they were not informed. The registered manager had a plan to address these concerns.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe. The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This training enabled staff to support people effectively.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Records showed people were involved in making decisions about their care and support and their consent was sought and documented.

People were involved in planning the support they received and their views were sought when decisions needed to be made about how they were supported. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity. Staff supported people according to their personalised care plans.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner.

Staff gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service.

The provider had sent out to staff and people the core company values to "Promote a flexible, service user centred approach to care provision".

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The provider had arrangements to administer medicines and overall these were safe. In some circumstances staff had not always sign the medicines administration records charts to say they had administered the medicines and there were no protocols where medicines were prescribed to be given as required to advise staff when to administer these medicines.

Whilst many people were happy with their care workers, consistency of staff and punctuality of visits, some were not.

Staff knew how to identify the signs that people might be being abused and how they were required to respond.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

The provider had undertaken all appropriate checks before staff started their employment. In this way only people deemed as suitable by the service were employed.

Is the service effective?

Good

The service was effective. Staff received regular training and support to keep them updated with best practice.

The registered manager and provider were aware what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

The provider had arrangements in place to make sure people's general health, including their nutritional needs were met.□□

Is the service caring?

Good

The service was caring. People were encouraged to maintain their independence.

The service tried to make sure they provided the same care staff whenever possible so people had consistency and continuity of

care.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

Is the service responsive?

Good

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if any changes to the person's support needs were identified.

People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Is the service well-led?

Good

The service was well-led. Staff felt supported by the registered manager who was approachable and encouraged an open door policy.

The provider carried out regular checks to monitor the safety and quality of the service to ensure people receive safe and appropriate care.

Clarendon Home Care

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 August 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector and a pharmacist. An expert by experience phoned users of the service during and after the inspection to gain their views on the service they receive. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection CQC sent out questionnaires to people using the service, their relatives, community based health and social professionals and staff who worked for the agency to get their views about the service. We received 21 completed questionnaires from people using the service, two from relatives, one from community professionals and 31 from staff. We also received other feedback via email We emailed 11 commissioners of services from the local authorities to ask for their opinion of the service their client receives, unfortunately the LAs did not respond very well.

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. We also reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's head office and spoke with the registered manager, one of the directors of the company, the office manager, a care co-ordinator and the quality assurance manager and three other staff. We reviewed the care records of nine people who used the service, looked in depth at

five medicine administration records (MAR) and looked at the records of seven staff and other records relating to the management of the service.

During and after the inspection we telephoned 17 people who used the service and spoke with seven of them.

Requires Improvement

Is the service safe?

Our findings

All the people and relatives we spoke with said they felt safe within the service. People commented "Basically they [care staff] are okay, there are no major safety issues," "I think they [care staff] are safe, I'm very happy with the carers," and "They do the shopping for me and give me a receipt and the right change". Three people further commented "Very good [care staff]," "I think it [Clarendon] is very good" and "they [care staff] are good". Results we received from our survey sent out before the inspection also indicated people and relatives felt safe from abuse and or harm from their care staff.

We had mixed feedback from people about the support they received to take their medicines. Some of the people that responded to our survey indicated they did not receive their medicines at the right time. Other people we spoke with told us they received their medicines when they needed them.

At this inspection, we checked medicines policies, five medicines administration records (MAR) and training records. We looked at the way medicines were managed and saw on the five MARs we looked at for April 2016, on some days these had not been signed by the staff who had assisted in the administration of medicines to the person. We spoke with one of these people who reported they had received their medicines in a timely and correct manner. This meant that staff might not have signed the MARs after people had received their medicines. These errors had been seen when the MAR charts were audited and action taken to alert staff to the mistake of not signing.

Where a variable dose of a medicine was prescribed (e.g. one or two paracetamol tablets), we saw a record of the actual number of dose units administered to the person. However, we did not see appropriate, up to date PRN protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit.

Medicines were administered by care staff that had been trained in medicines administration. We saw the provider had recently updated their training package to take into account medicines issues they had faced, including more emphasis on the need to sign the MAR after every administration.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider, including safe storage of medicines, risk assessments on the medicine needs of people using the service and omitted or delayed doses on a monthly basis. When asked, the provider gave us an example of how they had learned from a recent medicines incident involving a delayed dose of an anti-epileptic medicine. Staff attended a 'themed supervision' which involved re-training staff on the management of medicines to remind them of the consequences of getting medicines administration wrong. The provider demonstrated the organisation's process of incident report and learning from medicines related incidents.

Four people we spoke with commented on staffing, "They seem to have a large turnover of staff," "a lot of changes, people seem to leave and we get new ones," "I have some language problems with some of the carers. It can be difficult to have an informal chat with them". However other people we spoke with were

happy with the staff who supported them.

People's responses from the recent survey we sent out indicated that some people were dissatisfied with the continuity and consistency of their care staff. Half of respondents (11 people) felt their care and support workers did not arrive on time. Comments included, "I keep getting new carers. It would be nice to have the same carer more regularly," "I'm getting new carers two to three times a week, I miss my regular ones very much" and "if the carer is running late or can't make it, I would like to be informed as to what time the new carer will arrive".

We asked people we spoke with if they had the same staff at each visit. People commented "I have three carers most of the time and different ones at other times," "I have one regular carer," "I have a regular carer who comes twice or three times a week but at other times it changes. It's mixed but I've no complaints about the individual carers who come" and "I have four or five different people [care staff], but only one regular carer at the moment." One relative commented "Clarendon needs to provide better cover when care staff are off."

We spoke with the registered manager and the director about people's concerns. They said they were aware of people's concerns and had tried to address these through effective recruitment processes and by implementing a new automated electronic call system. This system when fully operational will provide a real time view of care delivery and alert staff to late or missed calls. Testing of the new system was scheduled to being in a small area by the end of September 2016 and be phased in to all other areas by the end of this year.

To improve recruitment the registered manager told us they were trying new ways and places to advertise. They had a 'recommend a friend or family members' drive among existing staff and said this was proving very successful. They were aware that language could be a barrier and were offering overseas care staff English lessons.

We found the service had taken steps to make sure staff were aware how to safeguard adults at risk. Records showed staff had received the training they needed to help ensure the safety of the people they cared for. Staff were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose. Staff knew who to report any concerns to. Feedback from staff who responded to our survey also confirmed this. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for staff to read. The registered manager was aware of procedures to follow in relation to making referrals to the local authority that had the statutory responsibility to investigate safeguarding alerts.

We saw people had individual risk assessments in their care files. These had been developed with the person in order to agree ways of keeping them safe whilst enabling them to have choices about how they were cared for. The risk assessments we saw covered the range of daily activities and possible risks including those associated with medicines administration, mobility and personal finances. Where risks were identified risk management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Staff and people had an out of hours phone number they could call which linked them to on call staff if they needed help or advice. This helped to provide a continuity of service for people.

Results from the survey sent out before the inspection showed that 85% of people felt that their care and

support workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons. Staff told us they had a good supply of personal protective equipment (PPE) and knew how and when to use it.

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, employment references, proof of identity and criminal records checks. These checks helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

The service had systems in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred staff would contact the office or on call team as soon as possible. If required, an investigation was carried out and an action plan developed. This helped to keep people safe and avoid a reoccurrence of the incident.

Good

Is the service effective?

Our findings

People we spoke with commented "Some of the newer ones [care staff] are very good and others not so. A lot of them don't seem to know how to make a bed properly," "if there is a carer who is new to the company they will bring them along to train," "the new ones [care staff] watch other carers, to see what to do. We use a hoist and the occupational therapist [OT] came to demonstrate to the carers how to use the hoist. Then it's quite easy". One relative commented "I tell them [carers] little things they don't know, like how he holds his cup. They listen and learn about him."

Results from our survey also confirmed that most (90%) of people felt their care and support workers had the skills and knowledge to care and support their needs.

Staff told us they felt well supported by the registered manager and office staff and had appropriate training to carry out their roles. The care staff and people using the service were divided into areas and each area was allocated a senior home care assistant, to directly support the care workers when needed. The registered manager told us that before new care staff started to work with a person they would shadow senior care staff so they became familiar with the person's needs and how they liked to be cared for.

The provider had identified a range of training courses that all new staff needed to complete as part of their induction and a range of training courses that they considered mandatory to be completed annually. The provider had recently changed the method of training for refresher courses to an on line system. Comments we saw and heard from staff showed this was not proving a popular way to train. The providers on line training matrix showed that less than half of all staff had completed the required annual refresher training. But the staff files we looked at contained numerous current certificates of training courses attended or completed on line. We spoke with the registered manager about this and they said they would ensure the training records were kept up to date. They had also revised the training for all staff to include the more popular in house training method of learning.

The registered manager told us staff received three formal supervision sessions and one appraisal a year. We noted that the staff policy did not state a number but said 'regular' supervision so staff might not have been clear about what to expect in relation to the frequency of supervision. The staff records we looked at showed that some staff did not receive formal supervision or an appraisal from a senior supervisor at the frequency described by the registered manager. But care staff were able to talk with their supervisor or manager either in person or over the phone at any time. The senior care staff also conducted 'spot checks' of care staff in the home they were working in and we saw notes of these checks on the files we inspected which were signed and dated. We spoke to the registered manager about this, who said because care staff were working during the day in areas not near the office, trying to organise supervision sessions could be a problem. But they were trying to find other ways to supervise staff such as telephone or Skype meetings. Skype is an application that provides video and voice call services over the internet.

The registered manager told us the agency covered a wide geographical area with staff typically living in those areas and because of the nature of the service it had proved very difficult to get everyone together for

team meetings. However, a variety of meetings were held for senior management, care co-ordinators and office staff and senior care staff. Where possible area meetings were held. To help keep staff up to date with the latest news a weekly newsletter was sent out with the rota plans for all care staff. This also included where available the local authority newsletter of events happening in a particular area for carers, staff and people using services.

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

The registered manager said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved because a person might not have the capacity to make a specific decision, they were, so relevant people were involved to decide on what was in the person's best interests. The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

We saw where required, dietary requirements for people were detailed in their care plans for those who needed support with food preparation. Records showed that staff were trained in food safety. The weekly newsletter sent to staff had also highlighted the importance of hydration during hot weather and the steps staff should take to ensure people had food and drinks available to them when they were on their own. This helped to ensure people were kept hydrated and nourished when staff were not there.

The service supported people to meet their health needs. Staff would assist people to contact their GP or other healthcare professionals as necessary. Staff were aware of the need to contact the emergency services when necessary and inform the office of their actions. The training and support staff received had helped to ensure a service that was person centred.

Good

Is the service caring?

Our findings

People we spoke with commented "On the whole I am happy with the service," "Basically we are happy with the service, it is satisfactory," "I am quite happy with them [care staff]" and "Yes I am happy with them [care staff]". One relative commented "The majority of carers are very good they care for my relative, they love him and make him comfortable."

The majority of people who returned our survey also stated they were happy with the care provided by the staff. Comments included "I'm very lucky with both Clarendon and my team of carers," "My carer at the moment is very kind, caring, efficient and is interested when I talk to her, I couldn't ask for a better carer and better care". One person did say, "Some care workers don't do as much work as regular care workers, but overall I'm happy with my carers." Many people who responded to our survey also said they were not introduced to their care workers before they started to provide care and support

We spoke with the registered manager about these comments and they said they were making every effort to ensure people knew the person that would be visiting to support them but this was not always possible where support had been arranged at short notice. To help reassure people when they first received a visit, staff confirmed they wore their uniform and carried identification with them to show they were from the agency.

When asked four people said they were aware they had a care plan but couldn't remember if they had signed it. One person said they didn't know about the care plan. We saw that whenever possible people's care plans included information about the person's background, which staff told us had helped them to have a better understanding of the person they supported. Staff also understood that some people preferred not to discuss their background and they respected their wishes.

Staff understood that some people lived on their own and were sometimes isolated. We heard from one group of care staff about the surprise they organised for the people they supported. During December 2015 the care staff with the support of the provider bought small gifts for the people they supported and then dressed up in Christmas outfits to sing carols to people in their own homes. We saw the photos of these visits and could see that both staff and people had enjoyed the surprise entertainment.

The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well. Records showed both the care staff and the people who received a service came from a diverse and multi-cultural background. The operations manager explained that as far as was possible when matching people to care staff they looked at people's cultural needs, so they could ensure people were happy and suited to their care workers and their cultural needs could be understood and met. We heard about another person who did not speak English. Staff were asked if they could help and one member of the caring staff came forward to support the person using that person's own language. People were asked is they preferred male or female care staff and their wishes were respected. Where a person required two care staff to help them, only the staff of the same gender would help with personal care.

Comments we received from people from our survey indicated people thought staff were kind and caring and that they treated them with dignity and respect. The majority of people (95%) also felt the support and care they received helped them to be as independent as they could be.

Good

Is the service responsive?

Our findings

People we spoke with when asked if they knew how to complain commented "I would ring the office, I have got a number, I would feel comfortable to ring if there was a need," "There is a form to complete and post" and "I had a problem once with a staff member, I rang and told the office don't send them again, which they respected."

We found overall the care plans were comprehensive, well written and person centred. People's needs had been assessed and information from these assessments had been used to plan the support they received. The registered manager explained where a person was funded through the local authority they would be sent the assessment carried out by the social worker for the person. Where the person was privately funded Clarendon senior staff would conduct the assessment of a person's support needs and would explain about the service to the person. These assessments would ensure the service could provide an appropriate level of care and support to meet that person's needs. Staff were matched with a person and where appropriate would meet the person before care started, to discuss how the service might help provide appropriate support. People were also given a 'Service Users Guide' which outlined the service they could expect to receive.

The registered manager explained where a person was being discharged from hospital to home care the process was slightly different. Often the care was needed at very short notice and a full assessment by Clarendon staff was not always possible. It was at these times that consistency of staff and arranging call times to suit the person could prove a difficulty. They said they were responding to these concerns by working closely with the hospital discharge teams and the social workers.

Each person's care plan identified their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. The person using the service was involved in the development and review of their care plan

Where people had activities outside of their homes such as for shopping or attending healthcare appointments and they needed support to continue with these activities, appropriate support was provided according to their preferences.

Results from the survey sent out before the inspection showed that 70% of people knew how to make a complaint about the care agency and felt the care and support workers responded well to any complaints or concerns they raised. The handbook given to all people who received the service also explained the complaints process and what they could do if they were not happy with the quality of service they received. We looked at the complaints records and saw that complaints received had been actioned and replied to in a timely manner.

Good

Is the service well-led?

Our findings

Three people we spoke with said they knew who the registered manager and office staff were. Other people commented "I know I can ring the office," "I talk to the office quite often, especially if the carers are late," "I know the manager, but when you ring the office you have to be persistent to get through to speak with him" and "They sent me an information sheet with names on, so I know who to ring." People who responded to our survey also confirmed that most of them knew who to contact in the office if they needed to.

We found staff were positive in their attitude and they said they were committed to the support and care of the people. They said their managers were approachable and they could discuss any concerns with them. Most (90%) staff who responded to our survey felt they would be confident about reporting any concerns or poor practice to their managers.

The registered manager told us a statement of purpose had been distributed to every staff member and every person using the service. They told us this set out the core company values to "Promote a flexible, service user centred approach to care provision".

The registered manager told us they promoted a culture of honesty and clear communication to staff and people using the service. They added they encouraged a positive and open culture by being supportive to staff. Two staff members commented that they 'worked well as a team' and 'we support one another'.

Staff were asked for their views about the way the service was provided. Results from the survey sent out before the inspection showed that 90% of staff said the managers asked them what they thought about the service and would take their views into account. Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed.

The provider took an interest in the promotion of social care in the local community. In 2015 the company founder and director won an award for 'Outstanding Contribution to Social Care' at the Surrey Care Awards. This recognised her work in social care over the last 40 years and the work she had done through Clarendon in caring for people in the local community. Following on from the award the director went out to meet people who used the service. People recounted their experiences of receiving care from Clarendon and these were recorded and were used as part of the training of new staff. Staff also raised money for charities such as the Alzheimer's Society, through sponsored sky dives and a 10k run.

The provider had also run several events to promote the work they do. They held a 'How Do You Take Your Tea?' afternoon. This was an initiative for staff, people and local authorities to come to the office to meet the team and to have a chat and a cup of tea or coffee. They had also held 'Meet the Family' recruitment days. This gave potential staff the opportunity to ask questions about working for Clarendon and the chance to speak to staff directly.

Systems were in place to monitor and improve the quality of the service. An annual survey was sent to

people and relatives. The latest survey was sent out in December 2015 and 45 people had responded. The majority of respondents said they were satisfied or very satisfied with the service they received and most people felt that Clarendon provided sufficient information about the service. We also saw a report of the analyses of the findings and the actions taken to address any issues raised. The director told us they would look to change the format of the survey this year in order to encourage more people to respond.

An on line survey was sent to all staff and 64 responded. Staff were asked what they liked and disliked about the company. The results and the action plan to address some of the issues raised were sent to all staff.

The provider also carried out monthly audits of the MAR charts, care plans and daily notes to monitor the quality of service people received. Management review plans were developed and actions were identified to address areas for improvement, where necessary.