

Clarendon Home Care Limited

Clarendon Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Clarendon Home Care provides a domiciliary care service to 142 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.

People's experience of using this service:

- The service meets the characteristics of a good service and therefore we have rated it 'Good' overall and for all five key questions, 'Is the service safe, effective, caring, responsive and well-led?'
- People told us they were happy with the overall standard of care and support provided.
- People received a home care service from staff who were in the main suitably trained and supported to meet their personal care needs. However, additional training was needed for staff who supported people with specific needs.
- Risks to people had been assessed and were regularly reviewed to ensure people's needs were safely met. People were protected from avoidable harm, discrimination and abuse.
- Appropriate recruitment checks took place before staff started working for the service.
- The agency had procedures in place to reduce the risk of the spread of infection.
- Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.
- Where people needed assistance with taking their prescribed medicines this was monitored and safely managed in line with best practice guidance.
- Staff routinely sought the consent of the people they supported. Managers and staff adhered to the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.
- People were supported to maintain a balanced diet where staff were responsible for this.
- People received the support they needed to stay healthy and to access health care services as and when required.
- We noted in people's daily records that in some cases care workers did not always stay for the whole of the allotted time. We have made a recommendation to the provider to review this practice.
- People received support from staff who were kind and compassionate. Staff treated people they supported with dignity and respect and ensured people's privacy was always maintained particularly when supporting people with their personal care needs.
- People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives. People, and where appropriate their relatives and professional representatives, were involved in discussions and decisions about the support they would receive.
- People's concerns and complaints were dealt with by the provider in an appropriate and timely manner. The provider had effective systems in place to assess and monitor the quality of the service people received.
- The service was well-led and management support was always available for staff when they needed it. There was an open and transparent and person-centred culture.
- People, their relatives and staff were all asked to share their feedback about the service.

- The provider worked in partnership with other health and social care professionals and agencies to plan and deliver an effective home care service.

Rating at last inspection:

At our last inspection, the service was rated Good overall and Requires Improvement in Safe. Our last report was published on 27 September 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received and to see if the provider had improved Safe to Good.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Clarendon Home Care

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

Inspection team: Two inspectors carried out the inspection at the providers head office and two experts by experience telephoned people in the two days following the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Clarendon Home Care provides a domiciliary care service to people of all ages in their own homes.

The service had a manager registered with the Care Quality Commission. 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. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started and ended on 20 March 2019. Phone calls to service users were made on the 21 and 22 March 2019.

What we did:

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important

events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning. We also emailed five local authority commissioners of services to ask their opinion of the service their clients received. CQC also sent a questionnaire to 50 people who used the service, 50 relatives or friends, 96 staff and 11 healthcare professionals.

During the inspection we looked at eight people's care files, and records relating to the management of the service such as medicines, quality assurance audits and policies and procedures. We looked at five staff files. We spoke with the registered manager, the nominated individual and seven staff members about how the service was being run and what it was like to work there.

After the inspection we spoke with 29 people who used the service and eight relatives.

We have included comments from all the responses we received in our report.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported safely by staff. Overall the people and relatives we spoke with said they felt safe with the care workers that supported them. Comments we received included, "Yes I'm happy and I do feel safe with this company," "Yes I am happy with the care and I think I feel safe enough," "Yes they make me feel safe and I am happy with them, definitely," "They're trustworthy. They always turn up on time and if they don't they ring and let me know. It's not always the same care workers but if they're going to be different they let me know" and "Yes the care worker makes my relative feel safe and she is happy with them."
- The provider took appropriate steps to protect people from abuse, neglect or harm and the registered manager knew they had to report abuse to the local authority and CQC.
- Staff were aware of the process to report any concerns they had to the registered manager, to the local authority safeguarding teams and CQC if they needed to.
- Training records showed staff had received training in safeguarding adults at risk of harm.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place because staff had assessed the risks to people's health, safety and welfare.
- Risk assessments were carried out by field supervisors during the initial visit. These risk assessments looked at the safety of the person's home and the support needs of the person, including mobility, nutrition, medicine administration and falls. A care plan was then developed which could be amended as required.
- Field supervisors also advised people and made suggestions if they felt it increased someone's safety or reassurance. For example, we were shown an example where someone had requested one visit per day. The service was able to suggest that it would provide more contact and greater monitoring if the time allocated was split into two shorter visits, one in the morning and one in the evening. This suggestion had not occurred to the person as a possibility, and, as a result, they received the reassurance of having two visits per day instead of one.

Staffing and recruitment

- Recruitment practices remained safe.
- One relative commented "If I felt there was anything untoward I would not leave them [care workers] with my [relative]. Clarendon seems to have a good vetting process [for staff]."
- We looked at the files of five staff that had been recruited in the last 12 months and saw the necessary recruitment steps had been carried out before they were employed.
- Staff were recruited using a thorough application process which included an interview, criminal records (Disclosure and Barring Service) checks and two references.
- New recruits were provided with induction by the in-house trainer and would shadow a more experienced

care worker before working unsupervised.

Using medicines safely

- Medicines were administered safely. At our last inspection we found that medicine administration records (MAR) had not always been signed and that the provider did not have a protocol for the administration and recording of 'when required' or PRN medicines.
- We saw there was a comprehensive protocol for PRN medicines and the MAR charts we looked at were signed. There was an audit system in place to check MAR charts monthly, which helped to alert staff when mistakes had occurred.
- People who received support from care workers to take their medicine said "Care workers are very good. They take them [pills] out the blister pack and then they have to sign something," "They [care workers] give me my medicine and my eye drops and they watch me take my tablets" and "They [care workers] give me my medication every day. It's in blister packs and then they sign the book".
- Risk assessments were in place for the type of support a person would need to take their medicine and clear written instruction were given to care workers to help them administer medicines safely.
- Body maps were included in people's care plans to show where to administer prescribed creams and ointments.
- Staff had received training in medicine administration.

Preventing and controlling infection

- Effective measures were taken to help prevent and control infection.
- Care workers had sufficient personal protective equipment (PPE) to help prevent the spread of infections.
- Care workers had received appropriate training in infection control.

Learning lessons when things go wrong

- The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults.
- Care workers were aware of how to report any accidents or incidents that may occur.
- The actions taken showed staff had learnt from the incidents which helped to prevent future occurrences.

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

Good: 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's care needs were assessed before the service commenced supporting them. The registered manager told us they carried out an initial assessment, which was later transformed into a written care plan, to learn more about the person and their individual care needs.
- Staff provided us with examples of how people wanted to be cared for, including the choices they were making around their daily routines and personal care.

Staff support: induction, training, skills and experience

- People were cared for by staff who continued to receive appropriate training and support.
- People and relatives varied in their responses to our questions about staff skills and experience. Many thought staff were good or very good at their jobs, saying "Yes they're good, absolutely. They're all very good but some are much better than others," "The staff that have been coming for a long time and are very competent" and "They are all very professional."
- We also heard from people who felt staff were not fully trained in their particular need, "Sometimes the moving and handling is not up to standard. The new carers do not always know beforehand about my relative's needs." We also heard about staff not knowing about certain types of compression stockings or about the use of a "Convene" catheter or how to place a person on a bed pan. People and relatives did not say if they had complained about these concerns to the provider or if at subsequent visit staff were aware of what to do.
- We checked with the training officer and specialist training was offered when needed.
- The field supervisors carried out regular spot check visits on each care worker, at least two per year, in addition to telephone checks with people.
- We saw that individual 1:1 supervision sessions were carried out with care workers twice a year, together with annual appraisals. In addition, team meetings were held for each team.
- One member of staff told us, "This is the best company I've worked for. The managers and boss are always there, whereas in other places I've worked they have been quite distant. We are a very friendly team."
- We saw that staff were trained in the Care Certificate and had regular updates and refresher training in certain topics, such as moving and handling, medicines and safeguarding. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Some staff had undertaken further training such as diploma training to level 4 under the Regulated Qualifications Framework (RQF)
- The service had its own in-house trainer, a training room where people could learn correct moving and handling techniques and the use of a hoist. The training manager described how they worked in partnership with the field supervisors, either by attending a care worker's appointment and monitoring and

demonstrating correct procedures, or by inviting care workers to an in-house session.

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

- People were supported to eat and drink sufficient amounts to meet their needs.
- Some people required staff to prepare and cook their meals and assist them with eating.
- Staff supported a few people to shop for food and then prepared or helped the person prepare what meals they would like.
- People we spoke with were happy with the level of support they were given with this task.

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

- Staff supported people when required to call the GP.
- The provider and staff teams also worked closely with other healthcare professionals to help keep people fit and well. These included the occupational, physio and speech and language therapists and dietitian.
- Information was available and shared with other health care services when this was required.
- During our inspection we heard office staff speaking to a care worker who was concerned about a person who was feeling unwell but was refusing to allow the care worker to call the GP. The office staff rang the person after a short gap and asked how they were feeling and if they could call the GP for them, the person agreed. Office staff later rang back to confirm which GP would be calling on them and when. This helped to reassure the person when they were feeling unwell.

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 with appropriate legal authority. In community services that application must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was working within those principles.

- Staff were aware of MCA and best interests. The team leader provided an example where someone with epilepsy had fallen which resulted in some severe bruising, and claimed they didn't want anyone informed. However, to protect the person staff made a best interest decision to inform local health care services who knew the person and who were therefore able to help her in a sensitive and discreet manner. This enabled the person to continue to live independently with added support.
- About making decision for themselves, people and relatives said "My relative can make all her own decisions and the staff allows her to do this," "I make all my own decisions," and "Staff are respectful of our relative's wishes and always asked him what he wants." A relative gave a good example of a person decision being respected "Sometimes they [staff] come in at lunch time and my relative says she wants to stay in her chair so they hoist her onto the bed [for personal care] and then return her to the chair, instead of leaving her in bed."

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

Good: People were supported and treated with dignity and respect; and involved as partners their care.

Ensuring people are well treated and supported; equality and diversity

- Staff worked to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted.
- Several people commented when asked that care workers were very respectful of their religion and the religious practices they maintained.
- People were listened to and their diversity respected. Care plans, where appropriate referred to peoples religious and ethnicity needs.
- Care plans were person centred and included people's views about how they wished to be supported.
- Staff had received training in equality and diversity and people's support plans reflected their spiritual and cultural needs.

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

- People we spoke with were able to express their views and make decisions about the support and care they received. This is clearly demonstrated by the comments we received. "They chat to my relative whilst they are supporting her and they make her laugh. They're very helpful," "The care workers are very kind and caring. They chat to me the whole time they're here," "They do absolutely everything they can to help me. They are so kind" and "I get the sense that the carers enjoy their work. The two carer workers have my relative's interests at heart. They have had to work hard to earn her trust and they have done that."
- "We chat always, about the weather or what they have been doing. It's nice. I've had them a long time and I'm happy with them" and "We chat a lot. I like a chat, but they work at the same time. They always take time to listen to me."
- "On the whole I'm pleased. I like the care workers, they chat to me, they are fast but friendly" and "My relative gets on very well with the ladies that come. They are very good. They chat to her and make her comfortable. They are very careful."

Respecting and promoting people's privacy, dignity and independence

- People told us that care workers promoted their privacy and dignity.
- "They respect me and my dignity 100%. I couldn't be more satisfied; they're such a great bunch of people," "There's no doubt that they are caring, they all are. They are respectful and we chat all the time and we laugh a lot. One or two are a bit quieter but on the whole they are a good bunch. Some are really funny and I like that because I live alone," "Care workers treat me with dignity and respect and they are kind. They ask my permission before supporting me, they don't just automatically just do things" and "The service is very good. I can't fault them [care workers]. They come in and do exactly as I ask according to how I feel. They're chatting most of the time. They keep me up with what's going on outside. They are nice girls, very gentle."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw that care plans were up to date and contained relevant information and guidance for care workers. This guidance included notes on people's dependency levels, how they liked to be supported, medical information, details of skin integrity and the type of physical assistance people required.
- Care plans were formally reviewed on an annual basis or on an as-required basis, as a result of telephone checks by the field supervisors or feedback from care workers.
- We looked at details of notes in people's daily records, written by care workers and saw that these were recorded and signed after each visit. We also noted that in some cases care workers did not always stay for the whole of the allotted time.
- We saw several entries in the daily notes where care workers only stayed for 15 or 20 minutes instead of 30 minutes. We spoke to the operations manager about this and they had also picked up these discrepancies during their audits of the daily notes. They told us they had spoken to care workers about staying for the full time allocated, unless the person has said they can leave.
- However, we made a recommendation that the provider and registered manager review these with a view to deciding whether to formally amend the agreed plan of care, or to encourage the care worker to spend any remaining time socialising with the person until the agreed time is up.
- We discussed with the registered manager and the nominated individual about the principles behind the Accessible Information Standard. The Accessible Information Standard is a means of identifying, recording and meeting the information and communication needs of people who use services, carers/staff and relatives where those needs relate to a disability, impairment or sensory loss.
- The registered manager told us there was no one who required information to be provided in a particular manner, but they would consider each situation as it arose and respond accordingly.
- Care plans were contained both in electronic format and in paper format. We were told that the service was in the process of transferring all relevant data into the new electronic system.

Improving care quality in response to complaints or concerns

- At our last inspection we found that some people were dissatisfied with the continuity and consistency of their care workers. At this inspection some people and relatives continued to be concerned about the lateness of staff or the changes made to which care worker was supporting them.
- Comments we received included "Staff are held up sometimes, we have complained a few times but we know the staff get held up with the client before us [also a family member]. The office always says 'we will see what we can do and' 'we'll try our best.' The staff are very apologetic. They are very good," "They [staff] don't always come on time. The office do call occasionally to let us know. A while ago, it was all the time but things have improved a bit now," "A variety of staff come. They change every week but I don't mind. They're normally on time or the office rings me if there's an emergency and they're going to be late" and "They [staff] are not always on time but they always ring to let us know what's happening. It's mostly the same carers

from a group of five or six."

- Since the last inspection the provider has made good use of technology in delivering and monitoring care. They have introduced a new electronic login and logout system which helps to track care workers' activity as well as being able to alert office staff if there was a risk of delays to visits. Office staff could then alert people to reassure them.
- The electronic system also allowed for the storage and recording of care plans, risk assessments and other information which could help the care workers to support people according to their needs and wishes.
- The provider also had field supervisors in each of the main areas where care was delivered, Runnymede, Spelthorne and Elmbridge. The field supervisors could then manage their teams by area. This has helped to provide more consistency of care workers, working in a local area and minimising delays in their visits to people
- The provider had an effective complaints procedure. We saw examples where people had been able to voice their concerns and noted that the registered manager had responded to complaints promptly and took action to resolve the complaint. We discussed the importance of following up complaints with an enquiry as to whether the person was satisfied with the way the service had responded. The registered manager noted this and told us this step would be included in all future complaints.
- The service had also received many compliments from people regarding the staff, the quality of care and the service provided. One letter stated "I trust [the care worker] with all my heart and enjoy her visits." Another letter said, "Where did you find [care worker]? Finding the words to say what we feel is hard. I thought my aunt would not see Christmas, but along came [care worker] like Mary Poppins. My aunt is now healthier, her legs aren't swollen and she smiles again."

End of life care and support

- None of the people currently receiving a home care service from this agency required support with end of life care.
- People's care plans included a section relating to their end of life care wishes.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was an open and transparent culture in the service which encouraged staff to raise issues and encouraged teamwork.
- Staff spoke positively about the operations manager and how she had transformed the culture of the service over the previous 12 months from a group of individuals who worked on their own to a team who worked together. For example, the team leader and field supervisors regularly looked at sharing staff resources across areas to ensure visits were made during care workers' annual leave.
- The service had regular team meetings for staff and monthly newsletters, which contained a useful mix of news, reminders about policies and goodwill messages.
- Staff followed up the occurrence of any accidents or incidents involving people at home and had taken appropriate action to minimise the risk of them reoccurring.

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

- The service was well-organised. There were clear management and staffing structures in place.
- The registered manager was supported by the nominated individual who were both jointly responsible for the day-to-day running of the service.
- Staff told us they felt valued and well-supported by the management team, and were confident in their ability to run the service well.
- The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good knowledge of the needs of people they supported and the staff team. They were also aware of their responsibilities to send CQC notifications about changes or incidents that affected people they supported.

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

- Surveys had been carried out in questionnaire format for people who used the service and for staff, with the most recent one in 2018.
- People who responded to the survey expressed their views as either "satisfied" and "highly satisfied" with the service. Staff surveys had a similar response.
- We saw that the management team had used the feedback from the survey to learn and to plan for improvement. For example, the most common complaint from people was lateness. The management team had responded to this by allocating staff and field supervisors to specific areas and arranging rotas so that

care workers could have a schedule of calls which were closer together.

Continuous learning and improving care

- The service had appropriate policies and procedures in place, including policies to safeguard people and respect their rights and policies to support staff.
- There was also a Business Continuity Plan which set out actions to take in case of emergencies which affected the running of the service.

Working in partnership with others

- The provider worked closely with various local authorities and community health and social care professionals to ensure staff followed best practice. When required staff were in regular contact with people's GP's or other healthcare professionals and they welcomed their views about people's changing needs and best practice ideas were often shared between them, for the benefit of the client.
- This ensured staff received all the external health and social care professional guidance and advice they required to meet the needs of the people they supported.