

Aun Ltd

# Clarity homecare Milton Keynes

## Inspection report

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18 January 2021  
19 January 2021

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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

Clarity homecare Milton Keynes is a domiciliary care service. The service provides care and support to people living in their own homes. This service also provides care and support to autistic people and people with a learning disability. At the time of the inspection there were 16 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also considered any wider social care provided.

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

People's safety was promoted. People felt safe with the staff and were happy with the care and support they provided which met their needs. Potential risks to people's safety had been assessed, managed and was regularly reviewed. People supported people with their medicines safely. People's dietary needs were met. People had access to health care services when needed and partnership working enabled effective outcomes for people.

Staff recruitment processes were followed. System were in place to ensures staff were fully trained in their role to meet people's needs and protect them from avoidable harm. Staff had completed safeguarding training and recognised the signs of abuse and knew how to report concerns of potential abuse or poor practice.

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.

People were supported by reliable, kind and caring staff who they trusted. People received care and support from a small group of staff, which provided consistency.

People received person centred care. Individual decisions made about how they wished to be cared for were reflected in their care plans. Staff promoted people's independence and respected their rights, privacy and dignity. Staff knew people well and respected their lifestyle and diverse culture.

The service was able to demonstrate how they were meeting the principles of 'Right support, right care, right culture'. The manager and care staff promoted a positive culture and providing the right support tailored to each person. People had experienced significant change to their usual routines during the pandemic and could not pursue many of the activities they usually enjoyed. Care staff were responsive and provided alternative activities which promoted people's social wellbeing. People and their relatives were actively involved in the development of their care plan and the care staff to support them, promoting their choices, rights and independence even during this pandemic when normal routines were disrupted.

The service did not have a manager registered with Care Quality Commission (CQC) although the manager had begun the process.

Everyone we spoke with told us the manager and provider were approachable and they were confident concerns would be addressed. The provider had systems in place to monitor and improve the quality and safety of the service provided. People's views about the service were sought individually and through surveys.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 9 September 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date the service was registered.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-Led findings below.

Good ●

# Clarity homecare Milton Keynes

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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 and flats.

The service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection and provided an explanation as to the inspection process, and to assure ourselves effective implementation of COVID-19 guidance when visiting the office.

The inspection activity started on 18 January 2021 and ended on 25 January 2021. We visited the office on 19 January 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback

from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the manager, care workers and the nominated individual.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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 reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found and feedback received from people and relatives we spoke with. We looked at training data, policies and procedures, and quality assurance records. We received feedback from a health care professional involved in the care of people using the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's wellbeing and safety was promoted. Relatives told us their family member felt safe with the staff and the care provided. A relative said, "I'm more than confident that [staff name] is aware of [their] responsibilities to safeguard my [family member]. Whilst I do trust [them] I will raise concerns if I thought [family member] was put at any risk."
- There were policies and systems in place to protect people from abuse. The manager understood their responsibility and how to report safeguarding concerns to the local safeguarding authority and the Care Quality Commission (CQC).
- Staff were trained in topics related to safeguarding people from abuse and health and safety. Staff knew what to do and to whom to report to if they had any concerns about people's safety. A staff member said, "We protect people at all times from abuse and harm. If I was to see any abuse, I would report it to the manager, and I could call CQC."

Assessing risk, safety monitoring and management

- Potential risks to people's safety and the home environment in which they would be supported had been assessed. Care plans provided staff with guidance as to how to support people, the number of staff required and the equipment to be used.
- People were happy with how risks were managed. Risks were monitored and reviewed regularly to keep people safe. A relative told us their family member was supported by care staff who were trained to use various equipment safely. Health care professionals trained staff to support people with health care needs, for instance where a person received their food through a feeding tube inserted directly into the stomach.
- A staff member said, "Everyone has risk assessments which tells me how I need to support them to keep them safe and try avoid any risk to them." Staff informed the manager when they had concerns about people's health, or their needs had changed. This enable the manager to review the risks and identify the additional support needed.

Staffing and recruitment

- Staff were recruited safely in line with their procedure. Staff records contained a full employment history and evidence of satisfactory references and a Disclosure and Barring Service check.
- Staff spoke about the training completed as part of their induction, which included working alongside experienced staff until they were confident and competent to support people.
- There were enough staff to support people. People were offered paper or electronic rotas, so they knew which staff member to expect. People described staff to be reliable and said they stayed for the agreed length of the visit. A relative said, "They're always on time and will call me if they're running late. We have set carers who between them cover all the calls. New carers are introduced first before they are part of our

team."

- Staff told us they had enough time to provide the care people needed. Any changes to the rotas was communicated to staff and people in a timely way. Staff punctuality was monitored using the electronic system so action could be taken.

#### Using medicines safely

- People were supported with their medicines when needed and this was done safely. Care plans provided clear guidance for staff to follow as to the level of support needed.
- People were supported by staff trained in the safe management of medicines and had their competency checked regularly. Staff described the correct procedure when supporting people with their medicines and the action they would take if a person declined to take their medication. This enabled the manager to monitor people's health, and if required review their care needs and risks in relation to maintaining good health.

#### Preventing and controlling infection

- The infection prevention and control policy and procedure had been updated which took account of the COVID-19 pandemic. Staff had undertaken additional training in relation to COVID-19 and were aware of their responsibilities and actions taken to protect people from the spread of infection. Staff had enough supply of PPE and could access regular COVID-19 testing.
- People were informed about the measures taken by the service in response to the COVID-19 pandemic and the requirement for staff to use additional personal protective equipment (PPE), such as face masks.
- Everyone we spoke with said all staff wore PPE, washed their hands and cleaned surfaces to reduce the risk of cross infection. A relative said, "I've got no concerns, they all follow the COVID-19 rules and are vigilant, responsive and know what COVID could do to [family member]."
- The provider's COVID-19 contingency plan outlined the arrangements to ensure essential care continued to be provided based on people's individual needs through a risk-based approach.

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and accidents so action could be taken to promote people's safety. The manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the management team were open and shared learning from incidents with them, such revised measures to reduce risks to people and staff training.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in the process to identify their care needs and in the development of the care plan. The manager used this information to ensure staff had the skills and understood how people wished to be cared for.
- Assessments were completed in line with best practice guidance, for example, using the nutritional and falls risk assessment tools. All aspects of a person's needs were considered including the characteristics identified under the Equality Act such as cultural needs and sexuality.
- The service employed staff who were able to communicate with people in their first language which was not English and could use other means of communication. Staff gave examples of how they approached and supported people with diverse cultural needs and preferred lifestyle.

Staff support: induction, training, skills and experience

- A relative said, "Staff have been trained to a good standard. The physio and Occupational Therapist (OT), provided extra training to staff so they could look after [person's name] with [their] mobility and to exercise as much as [they] could."
- Staff completed induction and essential training for their role and worked alongside experienced staff to gain practical experience. Staff who had not worked in care were required to complete the care certificate, which provides staff the basic knowledge and skills needed to provide safe care.
- Training information showed staff had completed training in topics related to health and safety and promoting person-centred care. Additional training was provided to staff who supported people with a learning disability, which focused on empowering and enabling people to live more independently. Health care professionals provided additional training and staff competency was assessed where they supported people with specific health care needs.
- Staff felt they were well supported, had regular supervisions and attended meetings in small groups. A staff member said, "Management have always been supportive to me. You know they're only a phone-call away if you need help or have any concerns."

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

- People were encouraged to get involved in decisions made about what they wanted to eat and drink.
- Where people needed support their care plans described their dietary needs and the level of support required. A relative told us their family member was supported by staff to prepare home cooked culturally appropriate meals. Another relative was assured their family member had enough to eat and drink from speaking with staff and the records they viewed.

- Staff told us, and records showed they were trained in food hygiene and had a good insight about people's food preferences, including culture diets and food textures such as a soft diet.

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

- People were supported to lead healthier lives and accessed health care services when needed. Everyone we spoke with were confident staff were vigilant and would act quickly if they had any concerns about people's health.
- The service worked closely with several health care professionals. Care plans provided clear guidance for staff to follow which included instructions provided by health care professionals. A relative told us their family member's ongoing health needs were met as communication between the staff and health care professionals was good. This was further supported by feedback we received from a health care professional. They said staff were responsive and worked well together to meet people's needs in a timely way.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The service was working within the principles of the MCA. Staff were trained in this area and gave examples of how they encouraged people to be fully involved in decisions made about all aspects of their care.
- People's ability to make informed decisions had been assessed. Records showed a mental capacity assessment was completed when needed and their outcomes recorded. Where people had a lasting Power of Attorney, [another person legally authorised to make decisions on their behalf] this was clearly documented in their care plans.
- A person said staff always sought consent and respected their decision if they declined. A relative told us staff member would offer to carry the cup of tea if they saw their family member was struggling to do so due to their health condition which fluctuated.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said staff were kind and caring. Comments included, "They have been brilliant; the carer provides an exceptional standard of care" and "They look after my [relative] really nicely and treat [them] with respect."
- Staff were knowledgeable about people's preferences, routines and gave examples of how they promoted and respected the things that were important to them. This indicated staff had developed caring relationships with people they looked after.
- People and relatives told us about their needs and wishes in relation to their values and culture. Relatives said staff conducted themselves in a way that respected their family member's faith and cultural needs. Care plans contained information about people's beliefs and their relationships within their circle of support.

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

- People and their relatives were involved in the planning of their care. Decisions made about people's care and their preferences were recorded and reviewed regularly.
- People were supported by a small team of staff who they felt comfortable with. A relative said, "I tell them if there's a problem with what they're doing, and it's corrected straight away. I have regular calls from the manager to find out if I'm happy with the care provided."
- Staff told us they had enough time to meet people's needs and they engaged with each person to make sure they had everything they needed. Staff worked flexibly when required so people could attend health appointments.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with said staff treated them with respect and maintained their privacy and dignity. A relative said, "Staff treat [person's name] with dignity. [They] likes to be dressed modestly and in line with our beliefs."
- Staff described how they protected people's privacy and dignity, for example, by closing the curtains and doors and knocking on doors before entering.
- People's independence was promoted, and their care plans reflected what they were able to do for themselves. A relative said, "[Name] has got stronger, confident with managing [their] condition and knows the carer is there to support [them]. They motivate [them] to do the exercises [they] need to and encourage [them] when required."
- People's personal information was kept secure. Staff understood the importance of maintaining electronic and paper records securely. In some instances, people and their relatives could access the electronic care records which had been arranged by the provider. All electronic records were password

protected and access was restricted to the named individuals.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs. People were involved in the development of their care plans. This enabled people to express their choice and control as to how they wished to be cared for, their preferences and considered their protected characteristics as defined by the Equality Act. Records also demonstrated other health and social care professionals were involved.
- The provider promoted person centred care. People shared examples which included a relative involved in the process to recruit a suitable member to support their family member, and staff were always introduced to people before the package of care started. This enabled people to be assured they were comfortable and how they wished to be supported was understood.
- Staff promoted the lives of people with a learning disability. They supported people to maintain control and encouraged them to make daily choices. For instance, people were supported to achieve their goals with daily living skills and accessed the local community facilities.
- The provider, manager and staff had a good understanding of people's care, social and cultural needs. Care plans were kept up to date and changes to people's needs was communicated to staff via the alerts on the electronic care plans and if required by telephone.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of their assessment and their care plans described the level of support required. For example, the best way for staff to present information.
- Relatives told us staff communicated well and effectively with their family member. For instance, some people spoke in their preferred language which was not English and communicated by using sign language which was understood by the staff who supported them. This enable people to express their wishes without restrictions.
- The provider was able to make information available in a range of formats including electronic records, easy read and in alternative languages.

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 supported to develop and maintain meaningful relationships with family and friends. Where people had social support as part of their package of care, staff supported them to go out for short walks

safely wearing masks and maintained social distance.

- Staff had good insight about people's lifestyles, cultural needs and interests. For example, staff provided the right support to enable young people to access virtual college lessons and stay in contact with friends remotely, preventing social isolation.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service. The manager updated the complaints procedure so that it was clear how people could expect their concerns or complaints to be dealt with.
- Everyone we spoke with knew how to complain if they needed to and were confident, they would be listened to. One person said, "I complained about staff punctuality. The manager at the time accepted this but resolved the staffing issue quickly. I sense they are very responsive and deal with issues promptly from my experience."
- The manager was responsive when we shared concerns, we had received from a person we spoke with. The concern was acknowledged, and an investigation started in line with the policy.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service did not have a manager registered with Care Quality Commission (CQC). The provider had appointed a manager and they had begun the process to be the registered manager. We will continue to monitor this.
- The provider understood their legal obligations and had notified CQC about events that were required to do so by law. The provider understood the requirement to display the inspection rating and report when published on their website and within the service.
- The manager and staff were clear about their role and responsibilities and felt well supported by the provider. Everyone including the health care professional, expressed confidence in how the service was managed. Comments included, "Well organised, caring and puts people at the heart of the service." And, "I wouldn't hesitate to recommend this agency, they are professional, pleasant and generally cheerful and seemingly want to give good care."
- The quality of service provided to people was monitored. Regular audits had been carried out on people's care records. Unannounced spot checks were carried out on staff to ensure their training was followed to meet people's needs. Arrangements were in place to ensure staff training was up to date, they received feedback on their performance and were kept informed of changes and updates through various meetings and communication.

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

- The provider, manager and staff were motivated and compassionate about providing person-centred care and support for people. We saw evidence of acts of kindness by staff and the provider. One staff member said, "I love my job caring for people. Sometimes they might not be having a good day so it's my job to try to lift their mood."
- The provider valued and recognised staff contributions. Staff and relatives praised the provider who had rewarded the staff for their commitment and contribution to ensure people continued to be cared for safely during this pandemic. A relative said, "I'm really impressed with Clarity homecare, they value their staff as they have a 'monthly employee' award. This means staff are also treated right."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their role and responsibilities. Notifiable incidents had been

reported to CQC and other agencies such as the local safeguarding authority. The duty of candour requires the provider to be open and honest with people when things go wrong with their care, giving people support and providing truthful information and a written apology.

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

- People remained at the centre of their care. Their views about their care were sought during review meetings and, through surveys. The latest survey results from people and staff showed high rates of satisfaction compared to the previous survey results. Office-based staff phoned people regularly during this pandemic and provided additional support when needed. Staff were encouraged to make suggestions to help improve the quality of care people received and these had been acted on.
- People, relatives and staff all said communication with the manager and provider was good. A relative said, "I get regular calls from [provider] in the office to check if everything is ok." A member of staff said, "Management have always been supportive to me. You know they're only a phone-call away if you need help or have any concern. [Provider] is very supportive, kind and approachable. You don't usually have directors like him."

Continuous learning and improving care

- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed.
- There was evidence of learning from incidents and improvements made with communication and partnership working with health care professionals. The provider had commissioned an external provider to conduct a quality audit on the service and had made the recommended improvements.
- The manager had developed an action plan from the comprehensive audit carried out on the service since their appointment. Several actions had been completed and others were in progress, for example, refresher training booked for staff.
- The provider had invested in the service. Information about people's care, staff records, and management information was being transferred to a new electronic care management system. This system would enable the manager to monitor more effectively and identify trends so action can be taken promptly.

Working in partnership with others

- The service has developed links with the local authority care forums and continue to work in partnership with health and social care professionals to ensure people's needs were met. An arrangement was made with another social care service to provide continuity of care to people in the event of a COVID-19 outbreak amongst the staff.
- A healthcare professional gave positive feedback about the service and the quality of care provided by staff who were responsive.
- The provider and manager were actively involved in local community groups such as the homeless shelter to provide food and support for vulnerable people during this pandemic.