

Clemence Rogers Home Care Ltd

Clemence Rogers Home Care

Inspection report

Armstrong House, First Avenue
Finningley
Doncaster
DN9 3RH

Tel: 01302965114
Website: www.clemencerogershomecare.com

Date of inspection visit:
13 September 2021
14 September 2021
15 September 2021

Date of publication:
04 October 2021

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

Clemence Rogers Home Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection, the service was providing 23 people with personal care.

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 consider any wider social care provided.

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

The provider had systems in place to safeguard people from the risk of abuse. Staff received training in safeguarding and knew what action to take if they suspected abuse.

People we spoke with told us staff arrived on time and never missed a call. Staff were recruited safely, and pre-employment checks were carried out.

The provider ensured staff wore Personal Protective Equipment (PPE), and were mindful about infection prevention and control. All people we spoke with told us staff wore PPE and left their home clean and tidy. Accidents and incidents were recorded, action taken to mitigate future incidents.

Risks associated with people's care were identified and managed in line with people's needs. People's medicines were managed safely. The provider ensured sufficient staff were available to support people in line with their assessed needs.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider ensured staff received appropriate training. Staff felt supported by their managers. We found people had been referred to appropriate professionals when required to ensure their needs were met.

People we spoke with and their relatives were complementary about the care they or their family member received. People told us staff were very caring, kind and responded well to their needs.

Care plans were person centred and offered staff guidance about how to support people. Staff knew people well and assisted people to maintain their independence.

The provider had effective systems in place to monitor the quality of the service. This process helped identify

issues and gave clear actions to rectify them in a timely way.

People we spoke with felt involved in the service and relatives felt they were communicated with well.

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

Rating at last inspection

The last rating for this service was good (published 26 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Clemence Rogers 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. 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

The 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 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 two people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care manager, care coordinator and care workers.

We reviewed a range of records. This included three people's care records and 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 provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a process in place to ensure people were safeguarded from the risk of abuse.
- Staff we spoke with told us they had received training in this subject and would be able to recognise and report abuse.
- People we spoke with felt safe when their care worker visited their property and delivered personal care.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and were managed safely.
- Environmental risks were also considered for each property staff visited. This ensured the safety of staff and people.

Staffing and recruitment

- The provider had a safe recruitment system in place which assisted them in recruiting appropriate staff.
- We looked at recruitment files and found the system had been followed effectively.
- People spoke highly of the care workers and told us they always arrived on time and never missed a call. One person said, "The carers are lovely, they never miss and are very punctual. I feel like they have plenty of time for me."

Using medicines safely

- People's medicines were managed safely to ensure they received their medicines as prescribed.
- People who required support with medication, had a risk assessment which included their preferences, any known allergies and information about obtaining repeat prescriptions.
- People also had a medication administration record (MAR) in place. Staff recorded medicines they administered, and the management checked these for accuracy.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. The management team completed spot checks, part of this was to check PPE and general infection control practices.
- We were assured that the provider was accessing COVID-19 testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager ensured accidents and incidents were recorded and was keen to learn and improve practice as required.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's needs were assessed, and care was delivered in line with standards, guidance and the law.
- Care plans and supporting documentation included information about people's choices and preferences.
- People we spoke with were complimentary about the care provided. One person said, "They [care workers] understand my needs and preferences and they respect what I like."

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their role and develop their skills and knowledge.
- Staff told us they were provided with a comprehensive induction when they commenced employment. This included shadowing experienced care workers until they felt comfortable to work alone.

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

- The provider supported some people to maintain a healthy and balanced diet.
- Where this support was provided, staff respected people's choices and preferences while ensuring dietary requirements were maintained.

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

- The provider and staff took appropriate actions to ensure people received timely and appropriate care and support.
- We found people had been referred to appropriate professionals when required to ensure people's needs were met.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager was knowledgeable about the MCA and DoLS and knew what steps to take to ensure they were working within the principles of the MCA.
- Where people lacked capacity, decisions had been made in people's best interest and people were very much a part of the decision making process.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff knew people well and had built up a good rapport with them.
- People we spoke with and their relatives felt they or their family members were treated with upmost respect. One person said, "They [care workers] are lovely, very helpful and will do anything I ask of them. I get the same carers and it's nice to get to know them and to know who's coming, we get on very well." One relative said, "They [care workers] are fabulous, I don't know what I would do without them. They understand, they are supportive and always there when I need them. They treat [relative] like one of their own family."

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

- We found people were supported to express their views and be involved in their care.
- People told us care workers asked their opinions and respected their choices.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives spoke highly of the provider and all the staff.
- People felt their privacy was respected and their independence maintained. One relative said, "They [care workers] are very good, respectful of our home and of my [relative] we couldn't ask for more. They [care workers] are really nice people and treat my [relative] really well."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were supported by staff who knew them well. Staff told us how they completed care tasks in a considerate way, and supported people to maintain their independence.
- People and their relatives told us they were involved in care planning and any reviews about their care.
- Care plan documentation we reviewed was informative and gave the reader a good understanding of people's needs and preferences.

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 we spoke with told us staff were patient when communicating with them and offered choices and gave time for people to respond.
- Staff told us how they observed people's body language to help them respond in an appropriate way.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and used the process to learn and develop the service.
- People and their relatives told us they had not had to complain but were confident the provider would address any concerns they had. One person said, "I have no complaints. I would ring the office if I needed to and they are very approachable and responsive."

End of life care and support

- Staff received training and support to enable them to support people and their families at the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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 management team consisted of the registered manager, care manager and care co-ordinator. The team worked extremely well together and recognised each other's skills and abilities.
- The management team were clear about their roles and responsibilities.
- Staff told us they worked well as a team and felt everyone was considered a valuable part of the organisation.

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

- The management team worked alongside staff to ensure people received person-centred care which supported them to achieve good outcomes.
- Staff were committed to providing a good quality service that met people's individual needs. Staff spoke highly of their job and were happy supporting people to meet their goals and objectives.
- We saw evidence of many compliments the service had received for their kindness and person-centred approach.

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

- The provider had systems in place to gain feedback from people, their relatives and other stakeholders.
- The care co-ordinator visited people every six months to ensure the care provided was relevant and to discuss their views about the service.

Continuous learning and improving care

- The provider had systems in place to monitor the service.
- The management team completed a range of audits to ensure the service was meeting the standards the provider expected.
- Spot visits were carried out to ensure care workers were carrying out their tasks in accordance with people's needs and in line with the providers policies.

Working in partnership with others

- The management team could demonstrate they were working in partnership with others to meet people's needs.