

Blossoms Trading Limited

Clarity Homecare

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

Clarity Homecare is a domiciliary service which provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection three people were being supported with personal care.

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

People and their relatives told us they felt safe using the service. A relative commented, "[My loved one] is very safe. It is total peace of mind having Clarity coming in." People were protected from the risks of discrimination and abuse. Risks to people's health and well-being were assessed and measures taken to reduce the risk of harm. People were supported by regular staff who had been recruited safely. Staff completed regular training and kept up to date with best practice. Staff told us they felt supported by the registered manager who mentored them.

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's needs were holistically assessed before they began using the service. Physical, mental health and social care needs were regularly reviewed. Staff worked closely with health care professionals, such as GPs, occupational therapists and community nurses, to make sure people received effective joined-up care.

People, relatives and health care professional felt the registered manager and staff were kind and caring. People told the registered manager about their life history and things and people that were important to them. This was recorded and shared with staff so they were able to discuss familiar topics with people. People were encouraged to remain as independent as possible and people told us the staff supported them with the things they needed and were not task orientated.

People received personalised care that was responsive to their needs. Their needs and preferences were clearly recorded and regularly reviewed. People and their relatives told us they knew how to complain and had confidence in the registered manager to resolve any issues. There had not been any complaints since the service was registered with CQC.

People and their relatives told us they would recommend the service to others and they felt it was well-run. The registered manager worked closely with the staff team each day to provide support and advice. Staff told us they felt valued and supported. Regular effective checks and audits were completed to make sure people were receiving a good quality of service.

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

Rating at last inspection

This service was registered with us on 15 August 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on our current inspection programme.

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?

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.

Clarity Homecare

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 homes.

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

This inspection was announced. We gave the service 48 hours' notice. This was because the service is a domiciliary care agency and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 7 August 2019 and ended on 12 August 2019. We visited the office location on 8 August 2019.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since they registered with CQC. We used the information the registered manager sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with one person, two relatives, one staff and the registered manager. We reviewed a range of care records. This included two people's care plans and associated records. We looked at two staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service were also reviewed.

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 told us they felt safe receiving support from Clarity Homecare. A relative said, "[My loved one] does definitely feel safe."
- People were protected from the risks of abuse, harm and discrimination by staff who knew how to recognise the signs of abuse. Staff understood how to report any concerns.
- One member of staff commented, "I have completed safeguarding training. If I was concerned about someone I would involve their GP, care manager and family as appropriate. I would report to [the registered manager]. If needed, I would triage the concerns with Social Services." Guidance on how to report concerns was displayed in the office for staff to refer to when needed.
- The registered manager had reported safeguarding concerns to the local authority in line with guidance.

Assessing risk, safety monitoring and management

- Risks to people were assessed, identified, monitored and reviewed.
- Action was taken to reduce risks to people's health, safety and well-being. There was guidance for staff about how to move people safely and how to keep people's environment clear from any obstacles.
- Staff contacted the registered manager if they had a concern to make sure the relevant health care professionals could be contacted.
- The provider's whistle-blowing policy was available to all staff. Staff told us they would discuss any worries with the registered manager and felt confident they would take the right action.
- A member of staff commented, "I understand about whistle-blowing and would do if I felt it was needed."

Staffing and recruitment

- People were supported by staff who had been recruited safely. Full employment history was checked and any gaps in this were discussed during the interview. Interview questions included asking how the candidate would promote people's dignity and respect.
- Disclosure and Barring Service criminal record checks were completed to help the provider make safer employment decisions.
- References were obtained to make sure people were of good character.
- People and their relatives told us they received support from regular staff who arrived on time and stayed the right length of time.

Using medicines safely

- People received their medicines safely and on time. Most people were only prompted with their medicines.

- Staff were trained about medicines management and their competency was assessed by the registered manager.
- When people needed creams to help keep their skin healthy there was information for staff about how to apply it correctly, including a body map to show where to apply the creams.

Preventing and controlling infection

- People told us staff used protective equipment, such as gloves, when supporting them with their personal care.
- Staff understood their responsibilities in relation to infection control. They told us they collected gloves and aprons from the office when needed and stock was always available.

Learning lessons when things go wrong

- The registered manager and staff understood their responsibilities to record and report any accidents and incidents or near misses.
- The registered manager knew what should be reported to the local authority and the Care Quality Commission (CQC). There had not been any reportable incidents since the provider registered with CQC.
- The registered manager checked the timeliness of calls. A mobile phone application alerted the registered manager when staff were running late with a call, so this could be monitored closely. There had been no missed calls.

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 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's physical, mental health and social needs and choices were assessed before people started using the service to make sure their needs could be met. A relative told us, "They met with me and [my loved one] at the beginning and it was lovely because they were asking about what [my loved one] wanted done and how they liked things to be done. We felt very involved in the whole process."
- Assessments included meeting any needs and lifestyle choices a person may have to ensure their rights under the Equality Act 2010 were fully respected. This included any needs relating to sexuality, religion and disability.
- The registered manager told us, "People are very much in charge of the decisions about their care and their care plan is tailor made just for them. People are always at the heart of the planning process."

Staff support: induction, training, skills and experience

- People and their relatives told us the staff knew how to provide the right support.
- Staff completed an induction when they began at the service. This was based on the Care Certificate. The Care Certificate is a set of standards that social care workers adhere to in their daily working life.
- New staff shadowed experienced colleagues to get to know people and their routines. Their competency was assessed by the registered manager.
- Staff completed training to keep their knowledge up to date with best practice. Topics were specific to people's individual needs, for example dementia and moving people safely.
- Staff told us they felt supported. The registered manager met with staff on a regular basis and spoke with them every day.

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

- People were supported to eat well and drink plenty.
- Some people needed support to prepare their meals and snacks. There was guidance for staff about people's preferences.
- Staff told us if they were concerned about a person not eating or drinking enough they would talk to the registered manager so a referral to a dietician could be made.
- The registered manager told us food and fluid charts would be used to monitor people's intake if they had concerns. They said, "We have an insight into people's normal eating habits and we monitor people's appetite and check for any changes."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People's physical and mental health needs were monitored. When required, people were supported to contact health care professionals, such as a GP.
- Staff worked with health care professionals, such as the local authority and community nursing teams, to make sure they delivered effective, joined-up care and support.
- A health care professional told us, "The great thing is that [the registered manager] really understands about people living with dementia."

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

- People's care plans noted whether they needed support to make decisions about their care and support.
- The registered manager and staff understood, when people needed additional support to make a decision about their care, meetings needed to be held with people, their relatives or advocate and health care professionals. This was to make sure decisions were made in the person's best interest.
- The registered manager obtained evidence, such as a Lasting Power of Attorney (LPOA), to make sure that people were legally able to make those decisions. LPOA gives someone the legal right to make decisions about a person's care and treatment when they are no longer able to do so themselves.

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 told us staff were caring. One person said, "[Staff are very good indeed. They are all very kind." A health care professional commented, "I think [the registered manager] and staff are very caring."
- Relatives commented, "[My loved] one gets good support from excellent carers" and "[Staff] are regular and always very kind to [my loved one]. They are definitely patient."
- Staff knew people and their preferences well. A member of staff commented, "I think we provide a high quality of care to our clients. Everything we do is very person-centred. From the very start, when we do the initial assessment, we gather a lot of information about the client and what they want and how they prefer things to be done."
- Care plans were written with people and detailed their preferences and information about their likes, dislikes and life history. The registered manager commented, "We regard each person as an individual and take care when designing their care package to explore their individual lifestyle, preferences, beliefs, values and history. The result is a truly person-centred care plan that reflects and respects the person's individuality."

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

- People were involved in all decisions about their care and support. They were involved with the planning, reviewing and management of their care and support.
- People signed their care plan to confirm the level of support to be provided.
- People told us staff had time to chat with them. A member of staff said, "I think the knowledge we have about people and their families is excellent. It is really important to know people well and to be able to talk to them about their families and interests. It is important to be able to show a genuine interest in people. We have time to do that. We always have plenty of time to chat to people."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted and respected and their independence was maintained.
- People were encouraged to continue with their routines and do as much for themselves as possible. A health care professional told us, "[The registered manager] sees the broader picture. It is not about just going in and doing a task."
- Staff told us they were able to identify obstacles that may prevent a person from living an independent life and contacted health care professionals, such as occupational therapists, to find ways of maintaining independence.
- People's care records were stored securely in the office to maintain people's confidentiality in line with

General Data Protection Regulations.

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

- Care plans were written and developed with people and their loved ones to ensure they had choice and control over their care and support.
- People's physical, mental health and social needs were reflected in the care plans and provided staff with a detailed insight into people's backgrounds. Staff told us, "Carers need to have detailed background information about people, so they know more about who they are as a person."
- Each care plan provided step by step guidance for staff about the tasks and level of support required.
- Relatives told us they contacted the registered manager if they needed to make a change to their loved one's visit day or time. They said this was always agreed and never a problem.

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 discussed with them during the initial assessment. This was reviewed regularly, and any changes were reflected in people's care plans.
- People's care plans could be adapted into larger print or to include pictures when this was needed.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to complain and felt confident the registered manager would listen to them and resolve any concern. One relative commented, "I don't have any complaints. I would speak to [the registered manager] if I needed to."
- People and their relatives told us they did not have any complaints about Clarity Homecare.
- People's care files included a copy of the provider's complaints policy and process.
- People had not raised any complaints since the provider registered with the Care Quality Commission.
- The registered manager had a clear process to record, investigate and resolve any complaints they received.

End of life care and support

- People had been supported to have a dignified, comfortable and pain free death. The registered manager and staff had worked closely with people's GP and community nurses at this time.
- People's care plans contained information regarding their choices about their end of life care. This

included any wishes relating to religious and spiritual needs and preferences. For example, the registered manager had arranged for a person approaching the end of their life to have a priest visit to read their last rites.

- There was no-one being supported at the end of their life at the time of the inspection.

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.

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

- People and their relatives felt the service was well-led.
- Relatives said, "[My loved one] gets good support. I would recommend Clarity Homecare" and, "I would say they are a well-led and well organised company."
- The registered manager promoted a clear vision and set of values which was shared by staff. This included promoting independence and self-motivation to empower people to remain in their homes for as long as possible, being sensitive to people's protected characteristics and working alongside health care professionals.
- The registered manager was a registered nurse and set high standards for their staff team. They led by example, coaching and mentoring the team through close working and consistent monitoring.
- Communication throughout the service was good. The registered manager spoke with staff daily.

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 registered manager understood their regulatory responsibilities. They had informed the Care Quality Commission (CQC) and the local authority of important events in line with guidance.
- The registered manager completed regular effective checks and audits on the quality and safety of the service.
- Staff were clear of their roles and responsibilities. The registered manager worked closely with their staff team and encouraged open, honest communication. Staff told us, "I think Clarity Homecare is a very good company. [The registered manager] is very good and very knowledgeable. It is a good place to work."

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

- People, their relatives, health care professionals and staff were asked to provide feedback about the quality of service.
- People were contacted by the registered manager shortly after beginning to use Clarity Homecare to monitor their satisfaction. Regular telephone calls and face to face reviews were also completed and gave people the opportunity to provide feedback.
- The registered manager planned to send out annual quality assurance surveys at the end of the year. They told us they would use the responses to help identify any areas for improvement and to confirm what they

were doing well.

- The registered manager told us they were looking to organise monthly coffee mornings to encourage social integration.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with changes in legislation and best practice. They were a member of organisations and forums including the United Kingdom Homecare Association.
- The registered manager and staff worked closely with health care professionals, such as community nurses and occupational therapists, to provide effective, joined-up care and support.
- The registered manager commented, "By working closely with the district nurse team, we have been able to reduce a person's medication frequency from three times a day to once a day because they were forgetting to take them. We informed the district nurse of our concerns and they organised a multi-disciplinary meeting. They came up with the best possible outcome for the person."