

Clarity Homecare

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Inspection report

Unit 3
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North Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clarity Homecare is a domiciliary care service providing personal care to people across Scarborough and Richmond. The service was supporting 90 people at the time of our inspection including those living dementia, physical disability, older people and younger adults.

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.

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

Significant improvements had been made to the service following a review of the service and its culture by the provider. Positive changes were noted by people using the service and staff.

Audits carried out by the provider and registered manager were not always recorded to show how safety and quality was monitored. The provider's systems had not identified issues we found on inspection with records. It was not always clear how changes were being introduced in a planned way. The provider had developed a new quality assurance system to monitor safety and quality which was due to be introduced.

The provider had not notified CQC of about incidents of abuse and serious injuries. This was a breach in regulation and will be considered outside of the inspection process.

People felt safe with the staff supporting them. Staff understood how to reduce risks to people. Safe medicine arrangements were followed to ensure people received these as prescribed. There were enough staff to provide people's care visits.

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 in place were not always followed to record where decisions were made in people's best interests.

We have made a recommendation about the provider implementing better records to evidence they are following the Mental Capacity Act 2005.

People received effective care from knowledgeable, trained and skilled staff. Staff followed current best practice when providing care. Staff development and wellbeing was supported.

People responded positively to the warm, kind and patient support provided by staff. Staff were dedicated to improving people's quality of life and independence. People felt their dignity was respected.

Appropriate and responsive care was provided to people by staff who understood person-centred care. Staff

read people's care plans before supporting them, helping them to understand their care requirements and preferences. People's care plans were reviewed and updated following changes in their needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 April 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance and failure to submit statutory notifications at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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

Day one of the inspection was carried out by one inspector and an inspection manager. Visits and telephone calls to people that use the service and their relatives were made by one inspector and an assistant inspector. Day two of the inspection was carried out by one inspector and an assistant 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 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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 October and ended on 17 October 2019. We visited the office location on 8 October and 14 October 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority commissioning and safeguarding teams 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. We used all of this information to plan our inspection.

During the inspection

We looked at 10 people's care records and a number of medicine administration records. We looked at two staff recruitment, induction and training records and four staff supervision records. We viewed a range of records relating to the management of the service including accident and incident records and training plans.

We visited people in Scarborough and Richmond; we visited six people who used the service and one relative. We spoke with three people and six relatives over the telephone to ask about their experiences of the care provided. We spoke with 15 staff including the nominated individual, head of care, area business manager, head of training and compliance, registered manager, three care coordinators and seven care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a range of the provider's policies and procedures.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to provide care in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Overall risk assessments had improved to identify and mitigate risks to people. Further work was required to ensure all risks were identified and planned for. For example, we found risk assessments were not in place for two people at risk of financial abuse. The registered manager and care coordinators agreed to update these records.
- Staff understood the support people needed to keep them safe. People felt safe with the staff supporting them.
- Staff knew what to look for to ensure bedrails were fitted appropriately and safely. Staff knew what action to take to support people if their equipment was not working correctly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were aware of their responsibilities to escalate safeguarding concerns internally and to external organisations. We found they had not always informed the local authority of safeguarding concerns in a timely way and had not always notified CQC of safeguarding concerns.
- Staff took swift, appropriate action in response to any safety concerns identified.

Using medicines safely

- Medicines systems had been thoroughly reviewed. Significant improvements had been made to recording medicines. Medicines records clearly detailed the systems in place for people's medicines being ordered, collected and administered.
- People were satisfied with the support they received to take their medicines. One person told us, "They always give me my medication."

Staffing and recruitment

- Safe recruitment processes were in place and followed.
- Safe staffing levels were maintained. Work had been done to improve staff rotas, ensuring there was sufficient staffing for care visits.

- Contingency planning was used to good effect to ensure people received a consistent, reliable service in adverse conditions.

Preventing and controlling infection

- Staff understood when to wear personal protective equipment such as gloves. Additional infection prevention measures were detailed in people's care plans when needed.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 provider had not followed their policy and procedure for documenting assessments of people's capacity and any decisions made in their best interests. For example, where large amounts of people's money was used to pay for times such as holidays, records were not made to ensure the decision to spend this money was in their best interests and had been discussed with their representative.
- Following our inspection visit the provider had introduced new MCA assessment documentation.

We recommend that the provider update their knowledge of the MCA and ensure appropriate records are implemented.

- People's consent was obtained prior to staff supporting them. Written consent records were in place.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were sufficiently knowledgeable, competent and skilled to support people's care and support needs. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A robust induction and training programme had been developed to support staff knowledge and development. One staff member said, "The training has been brilliant, I left the training sessions feeling very comfortable indeed."
- Training was linked to best practice. For example, staff were completing 'React to Red' training, a national initiative to prompt staff to take early action to prevent people developing pressure sores.
- People felt staff had the knowledge and skills needed to support them. One relative told us, "The staff know what they are doing with hoisting [person's name]."
- A thorough system of competency and spot checks was used to support the delivery of effective care and support.
- Staff received regular supervisions and appraisals to support them in their roles and promote their wellbeing.

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

- People received an initial assessment to ensure the service was able to meet their needs.
- Best practice guidelines were used and followed in developing care plans. People were involved in creating their care plans.

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

- Staff supported people to prepare their meals and drinks when this was required.
- Staff were aware of which people had specific dietary requirements or where additional precautions were needed to keep them safe when eating and drinking. This information was recorded in people's care records.
- Staff received appropriate training when supporting people with specialist feeding devices.

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

- Staff worked effectively with other care providers to support people jointly.
- The provider worked with other professionals to understand any changes in their needs and ensure these could be met. For example, they worked with an occupational therapist following a deterioration in a person's mobility.
- Information about people's health conditions and how these affected them was recorded. This helped staff to understand these and support people appropriately.
- A 'hospital passport' format was developed to share information about people's care needs with healthcare professionals.

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 requires improvement. At this inspection this key question has now improved to 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 consistently spoke positively about their care. They spoke with affection towards the staff supporting them. One person said, "The care workers are very nice, I couldn't fault them, they do anything I ask, and I wouldn't swap them for the world."
- People and the staff supporting them shared caring relationships. One person said, "They are really nice, friendly and we have a laugh."
- People felt able to speak with staff if they were experiencing any distress or discomfort with the knowledge they would be supported with kindness.
- Staff were aware of events that may cause people to become anxious and knew how to reduce this to support people's mental and emotional wellbeing. One care worker told us, "It's part of my job to improve people's mood."

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

- People made decisions about their care. One person said, "The care workers talk to me before they do anything."
- Staff were committed to promoting people's quality of life. One care worker told us, "We want [person] to have the best quality of life and be able to use their social time."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and independence. One care worker described the importance of supporting people at their own pace and supporting them to feel comfortable with their care. A person said, "They respect my dignity very much."
- Care records showed how people wanted staff to respect their dignity and privacy when entering their homes. One person's care file read, 'I would like staff to knock on my bedroom door before entering.'
- People felt their support enabled them to live independently. One person said, "I'm very independent, it's nice to know there's someone there to assist me."

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to design, provide and carry out care according to people's needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no-longer in breach of regulation 9.

- People received appropriate responsive care. Their care and support needs were detailed in their care plans. Staff familiarised themselves with these documents before supporting people.
- Care was provided in person-centred ways. Staff understood what this meant for each person. One care worker said, "It's looking at things from the person's point of view, it's all about them."
- People were supported to be independent wherever possible. For example, with personal care. One person said, "I've come a long way since I had my stroke, it's been with your help." A care worker told us, "We've enabled some people to stay in their own home, this is the biggest goal for most people."
- People's care plans were reviewed and updated when there were changes in their needs.

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.

- Staff were aware of people's communication needs. They knew how to communicate effectively with them to establish their wishes.

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 access their local communities and activities they enjoyed.
- Staff were proactive in identifying ways people's care could improve to enhance their quality of life. Staff had worked with one person to enable them to go out shopping and regularly access local services whilst supporting their health needs. This led to significant improvements in the person's physical and mental wellbeing.

Improving care quality in response to complaints or concerns

- People felt able to raise minor issues with their care staff, preventing these issues escalating to complaints.
- The provider had identified areas for development following receipt of one complaint and had learnt from this.

End of life care and support

- A new end of life training programme had been developed to improve staff knowledge of this area. Staff felt confident with supporting people at this life stage.
- Staff were aware of people's end of life preferences and where they wanted to remain in their own homes as far as possible.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created promoted a person-centred culture, changes to systems were not always embedded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to have effective governance and record keeping processes in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's systems had not improved enough to effectively monitor quality and safety across all areas of the service. They had not identified the issues we found with safeguarding concerns, risk assessments, MCA records and statutory notifications.
- Audits were not always in place to demonstrate the registered manager and provider were checking the service was providing high quality care. Audits had not been recorded at the last inspection of the service.
- A new system of provider audits had been developed. These had yet to be implemented to look for patterns and trends across the service.
- Where areas for improvement had been identified systems were not in place so they could be introduced in a considered way and progress could be monitored.
- The provider had not submitted statutory notifications to CQC to tell us about incidents of abuse and serious injuries. Statutory notifications are events providers are legally required to tell CQC about.

This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. This is being addressed outside of the inspection process.

- Following the last inspection the provider had reviewed the service and its culture to learn lessons, make improvements and drive change.
- Staff felt well supported by the registered manager and provider and knew any concerns raised would be addressed. One care worker said, "The registered manager will ask how I am and what needs changing."
- Staff performance was managed appropriately, including through disciplinary processes when required.
- Improvements had been made to the on-call system, ensuring staff had support in the event of an unplanned situation or emergency.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and their relatives had the opportunity to provide feedback on the service. This included through quality monitoring telephone calls, reviews and annual surveys. The provider was looking at ways of including people that use the service in their quality assurance of the service and across the provider's other services.
- Staff were encouraged to reflect on previous issues in the service and suggest improvements. One care worker told us, "I feel I can voice my opinion no matter how positive or negative."
- Staff team meetings had been introduced to good effect. Staff felt involved in the running of the service and aware of changes planned.
- Staff received feedback from people and relatives on their care. This made them feel valued.

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

- When accidents and incidents occurred, the provider offered an explanation to people and their relatives about what had happened.

Working in partnership with others

- The provider worked with relevant organisations and professionals when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1)(2)(a)(f) The provider had failed to have systems and processes to assess, monitor and improve quality and safety across the service and evaluate these systems.