

Clarence Care Limited

Clarence Care Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 18 January 2016 and was unannounced. This was the first inspection of this location since its registration with us in March 2015 and had been brought forward because we had received some concerns that staff had not received appropriate training, management of medicines, missed calls and that times of calls had been changed so that staff were able to have a Christmas meal together.

Clarence Care Ltd provided personal care to people in their own homes. At the time of our inspection there were 22 people who were receiving a service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had some systems in place that enabled them to assess and monitor the quality of the service provided. These systems were not used effectively to ensure that people received a consistently good quality service and further improvements in the quality of the service were needed. We identified that this was a breach of regulation. You can see the actions we have asked the provider to make at the end of this report.

People told us that they felt safe with the staff that supported them because staff knew how to protect people from harm. Where concerns had been raised the registered manager liaised appropriately with the authorities to ensure people's safety was maintained.

There was a system in place to ensure that checks were undertaken when staff were first employed by the provider. These included police checks and checks with previous employers but evidence available did not show that the checks were carried out consistently.

There were sufficient members of staff employed to meet people's needs but the deployment of staff had not ensured that people always received support at the agreed times.

Risks associated with people's care needs were identified and plans put in place to ensure people were protected from unnecessary risk.

People were not always supported to take their medicines as prescribed and according to the manufacturer's advice. People received support to ensure that they received meals of their choice and that met their needs.

People were supported by staff that had the skills and knowledge needed to support them safely but training was not always provided in a timely manner.

People were supported to make decisions about the care they received and there were no restrictions on their liberty.

People received care and support from staff they had got to know and built up a relationship with them. Staff were caring towards people and ensured that they maintained people's privacy and dignity. People were supported to remain independent.

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 consistently safe.

People were protected from abuse and injury because staff had sufficient knowledge to identify abuse and systems were in place to protect people from harm and injury.

There were sufficient staff to meet people's needs but they were not deployed to ensure that people received care and support as planned.

Systems were in place to ensure that recruitment processes ensured that people were safe. However, not all the required checks were undertaken to ensure only people eligible were employed.

People were not always reminded and supported to take their medicines as prescribed by their GP and according to the manufacturer's guidelines.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were supported by trained staff that had the skills and knowledge to meet their care needs but training was not always provided before they started to support people.

People were supported to make decisions about their care where possible and their human rights and rights to liberty were maintained.

People did not always receive care and supported as planned because systems in place were not effective in identifying addressing calls that were not attended as required.

People were supported to receive food, drink and medical attention to maintain their health.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

People had developed positive relationships with staff that were caring and considerate. However, systems in place did not always ensure that people were kept informed about delays in their service.

People were able to make decisions about the care they received.

Privacy, dignity and independence were promoted.

Is the service responsive?

The service was not always responsive.

People received care and support that met their individual and changing needs.

Systems were in place to gather people's views and people were able to raise concerns with staff but people did not always feel listened to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

People were happy with the care and support they received but felt it could be better managed.

Systems to monitor the quality of the service were in place but they were not sufficient to ensure that people received a consistently good quality service and that actions were taken in a timely manner. This was a breach of regulations.

Some staff felt valued but others did not.

Requires Improvement ●

Clarence Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 18 January 2016 and was conducted by one inspector.

The provider was given 48 hours' notice, because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in to speak with us.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority who purchased the care on behalf of people to ask them for information about the service.

During our inspection, we visited the provider's main office location and spent time with the registered manager and provider. We spoke with six care staff, seven people and one relative. We reviewed the care records of four people, to see how their care was planned and delivered, including medicine records and care log books. We also looked at records relating to recruitment, staffing, training and the quality of the service.

Is the service safe?

Our findings

People told us that they felt there were sufficient staff available to meet their needs however several people commented that staff were late for some calls. Most people were understanding about the delays that occurred. One person told us, "They have been a bit late for definite. Once or twice they were held up but it's not a problem." Another person told us, "They are pretty good at letting me know if they are going to be late. It has been a lot better recently." Before our inspection we had received some concerns regarding calls being missed and double up calls being carried out by one person. Staff said that there were some staff that were booked for two calls at the same time which caused a problem and some staff did calls in the order that suited them. Records looked at showed that there were some missed and late calls but this had not had a significant impact on people's health and welfare although people were not always happy this. The registered manager told us that they had sufficient staff available to provide the care provided because they knew staff's availability and the number of care hours needed. This meant that the number of staff employed were not sufficient to ensure that people received care and support at the time they had agreed and preferred.

Staff spoken with told us that the appropriate recruitment checks had been carried out before they were employed to work in the service. The personnel files we looked at showed that they were not always fully complete. One of the four files looked at did not indicate the date the police check had been completed and there were no references in place to check that they had worked safely in previous employments. For another person there was only one reference on file. This meant that it couldn't be evidenced that all the required checks had been completed to ensure that only suitable people were employed.

Some people were supported with their medicines whilst others took their medicines themselves or with the support of their family members. Staff told us that they prompted people with their medicines but not all staff had been given training in administering medicines safely. Prior to our inspection we had received a concern about medication records not being appropriately completed. The care records we looked at showed that the medicine administration records (MAR) were not always appropriately completed. For example, for one person the staff needed to "prompt and record on the MAR." The MAR did not identify which tablets had been prompted and there were gaps on the MARs indicating that the medicines had not been taken. There was no indication that the office or family members had been informed of this so that the medicines taken could be monitored. For one person there was use of a medicine given through a patch applied on the skin. There were no instructions for staff regarding the placement of the patch on the skin and any precautions such as placing the patch on different places. Staff told us that they placed the patch on alternate shoulders daily. Staff were not aware that they needed to avoid the same site for 14 days. There were gaps observed on the MAR and records showed that there were occasions when this medicine was not available. This showed that where people were dependant on staff to support them with their medicines it could not be assured that they received their medicines as prescribed.

People told us that they felt safe with the staff that supported them and that they received a safe service. One person told us, "Yes, I feel safe with the staff." Another person told us, "Once I was not well and the staff stayed three hours with me. So I do feel safe." Staff told us that they had received training in how to keep

people safe from harm and records confirmed this. Staff spoken with were able to describe the signs they would look for to indicate that someone may be suffering harm. For example, staff told us they would look for signs of changes in behaviour, being upset or signs of injury. One member of staff told us, "If there was bruising I would ask how it happened and tell the office staff about it." Information we held showed that no safeguarding concerns had been highlighted by the registered manager but there was a process in place to do so.

We saw that people were protected from harm because there were systems in place to identify and put plans in place to minimise risks. People had been involved in planning their care and were aware of the risks and what staff needed to do. One person told us, "I'm not able to move so staff have to roll me to assist me. They are gentle." Staff told us that they had access to the risk assessments which were available in people's homes. We saw that care records had a variety of risk assessments and management plans in place. Staff spoken with were able to tell us what they would do in case of an emergency such as not being able to access someone's home to ensure that they were safe and well.

Is the service effective?

Our findings

People we spoke with told us they felt the care they received met their needs. They told us they felt staff that supported them had the correct training and knowledge to meet those needs. One person said, "They are trained, they seem to know what they are doing, new staff shadow the usual staff." Another person told us, "I discussed the help I wanted but staff always ask me what I want." Another person told us that they were not always happy because their home was left untidy after the staff had been to the house but the care provided was good. They also told us, "Staff told us that they had the information they needed to support people but they always asked what help they wanted. Staff were able to explain to us about people's needs and how they supported them.

Staff received training to carry out their roles but this was not always before they started work. before our inspection we had received some concerns that staff had not had appropriate training for using the hoists. Staff told us that they were provided with training in the office and during their induction training when they shadowed experienced staff. Some staff felt that although they received training they did not always feel it would be sufficient for staff who had not worked in care before. One member of staff told us that they had done theory papers on how to use equipment such as hoists but were not shown how to use the equipment. Three other staff told us they were shown how to use the hoist by the other staff that were carrying out the calls. Three staff told us that they had not received training before they started work but had been given a list of training to attend since. We looked at four staff records to check if induction training had been completed. We saw that two people's records showed there training had been undertaken. This showed that although people received appropriate care this was not always due to the training provided by the registered manager. The registered manager told us that she had trained to be an assessor so that staff were not left without an assessor when they were completing their QCF training. This is a work-related qualification that is supervised by an assessor to ensure that staff have the competence, skills and knowledge to provide good and safe care. Some staff told us that they were undertaking this training.

Staff did not always feels well supported and listened to. One staff member told us, "I don't feel they [managers] would take issues seriously." Another staff said, "It's not a happy place to work at the moment." Other staff were more positive about the support available. One staff member told us, "I can go into the office and speak to [name of person]." Staff spoken with told us that there were staff meetings where issues could be raised but one staff member told us that they used to be regular but now it is usually if there is an issue. We saw records of some meetings where issues such as call times and completion of log books and medication records were discussed. Staff told us and records confirmed that there were spot checks and supervision sessions to discuss staff practices.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions. Deprivation of Liberty Safeguards, (DoLS) protects the rights of people, who may have their freedom restricted. This is authorised by the Court of Protection, because it is in their best interest to protect the person from the risk of harm. People we spoke with said staff always asked for their consent before carrying out any support and care needs and always asked them what help they wanted. Staff were able to tell us how they supported people to make decisions about their care and

support. One staff member told us they always presumed that people were able to make their own decisions unless there was a specific identified reason for not assuming this. Staff told us if they had any worries or concerns about people being restricted in any way they would inform the office staff. There was no one whose liberty was being restricted and systems were in place to ensure people's rights were protected.

People we spoke with told us they did not need assistance from staff to eat however some people needed support with preparing the food and drinks. People told us they got the support they needed. One family member told us that they told the staff what to make to eat for the person receiving a service. One person told us, "They [staff] do me a sandwich or a warm meal if I ask." Another person told us, "I order the food and they put it away. They always ask what I want to eat. They cook the meals for me."

People told us they did not need support with seeing the doctor as relatives usually took responsibility for this. One person told us that if they were not well staff would assist them to get help. One person told us they had a pendant so that they could get medical help if they didn't feel well. We saw from care records and speaking with staff that other health and social care professionals were involved in people's care and that staff understood the need to seek emergency help where people needed this.

Is the service caring?

Our findings

People we spoke with were complimentary about the staff and the care and support they received. They told us the staff were caring and kind and that they received the help and support they needed. One person told us, "I'm very happy with the care I get from the girls." Another person said "They [staff] are very nice." People told us staff respected their dignity and privacy, for example, one person told us, "Staff ring the bell, let themselves in and announce their presence when inside the house." Another person told us that they had been asked if they preferred male or female staff and because they only wanted female staff that was what they had. Another person said, "They [staff] are always polite and respectful". Staff spoke about people as individuals and showed understanding and sorrow that they sometimes had to wait for staff to attend the calls. However, some people told us that their calls were not always attended at the time they had agreed and they were not always told when staff were going to be late. One person told us, "Sometimes the staff are late, sometimes early. On one occasion they were late because they were sending someone to hospital and on another occasion they were late because someone [staff] had gone off sick. One time they were early and said it was because they decided to come at that time." Another person also told us that they had some late and missed calls. Records looked at showed that there were some late and missed calls. Some staff told us that on occasions this was done to suit the individual staff member's needs or because the staff were double booked on calls so that some calls were always late. This showed that the actions taken by staff were not always in the best interests of people and their emotional needs not considered meaning some people became anxious about their calls.

People told us they were involved in planning the care they received and staff listened to them and involved them on a daily basis. People told us they were given choices on a daily basis regarding what they ate and drank and what they wore. A member of staff told us, "It's important to not always go just by the care plan, it's important to ask people what they want." Another member of staff told us that they always asked an individual if they wanted to be sat out of bed or stay in bed to have their breakfast.

People were supported to remain as independent as possible. One person told us that they were able to wash the parts of their body they could reach and staff supported with the parts they could not reach. Another person told us, "Staff do my meals but I want to start doing meals myself as I get better and more able to get around." A staff member told us, "It is important to promote independence. I ask people to do some things like asking them to wash their hands and face."

People told us that staff made themselves known when they entered their home and were mindful about their privacy and dignity when they were assisted with personal care. One person told us, "Staff make sure that I am covered as much as possible." Another person told us, "I am given a flannel so that I can wash my private parts."

Is the service responsive?

Our findings

People told us that although on occasions staff were late attending the calls they were satisfied with the service because they had been involved in the planning of their care and received a service that met their individual needs. Staff showed that they were knowledgeable about people's needs and preferences so they were able to provide personalised care. One staff told us that they used special communication cards to find out what one person, who was unable to speak with them, wanted. Staff told us that they provided care according to the care plans so that people received the care they needed and wanted.

We saw that where people's needs had changed the appropriate actions were taken to ensure those needs were met. One person told us that they had had a review about their care and were going to reduce their care package as their needs had decreased whilst another person's package was increased due to additional needs. Another person told us that they received a flexible service which fitted in with the availability of their relatives' availability so that they received support only on the day when no relatives were available. A relative told us that the service they received was responsive to the whole family's needs. Arrangements had been made to provide additional support when another family member was having some treatment meaning that they were not able to fulfil their responsibilities to their family member who used the service.

We saw that there were systems in place for gathering the views of people. People told us they knew how to contact the office staff and what to do if they were not happy with things. People told us that they had telephone numbers to use to contact the office or the on call system to raise any concerns. One person told us, "They have asked if I am happy and I told them that I'm happy with the service." Another person told us they had not been asked but said, "I would tell them if I'm not happy." One person told us that their relative had raised a concern about a missed call and apart from being asked if they had let the on-call person know about the missed call no one had got back in touch with them. Records looked at showed that another person had been unhappy due to missed calls and being told to make their own arrangements. People felt that their issues were not taken seriously and addressed and the responsibility was put on them to notify people about late or missed calls. The registered manager told us there were no systems in place to monitor the calls of people who were not able to inform the office staff themselves about late or missed calls.

One member of staff told us that although some people complained to them they would never complain to the office staff. Staff told us they would pass any concerns to the office staff. People did not often raise issues with the office staff because they felt the staff supporting them were good and felt sorry for them when they were late. People felt that the fault was with a lack of organisation in the office. Some staff told us that when they had raised issues about the way the calls were arranged meaning that some calls would be late they were told by the office staff that people didn't mind having the calls later. There was a log of complaints that showed the actions taken in response to complaints on some occasions but not in all cases. We saw that during spot checks people were asked if they were happy with the service they received. A spot check is a senior member of staff turning up at a call to check that staff are carrying out their tasks on time and as required. Spot checks seen showed people were happy with the care.

Is the service well-led?

Our findings

Almost all the people we spoke with told us they were happy with the service they received from the staff that attended the calls. One person told us they were not happy with the managers, "They don't know how to arrange the work. The problem is at the top. They don't know what is going on. One time the [name of person] rang to say the staff were going to be late but the staff was already helping me with a wash. They keep losing staff." The majority of staff spoken with told us there had been a number of staff changes and more staff were leaving because of the way the senior staff team spoke to them and the planning of calls. Some staff told us that issues had been raised with the senior staff but the issues were not addressed. Some staff felt that there was a lack of training for people in senior positions to carry out their roles. Staff told us that on some occasions the second person of a two person call was late but the times recorded were from when the first staff arrived. Staff also stated that on occasions double up calls were completed by one member of staff only although records showed two staff were present and although senior staff had been made aware no actions had been taken. This shows that not all staff felt there was an open and inclusive culture and did not always feel listened to and some staff felt it was not a happy place to work. The registered manager told us that they had been made aware of some dissatisfaction within the staff team however, when a meeting was held to discuss the issues no issues were raised.

Most people told us that they had been asked if they were happy with the service they received. The registered manager told us that a quality assurance questionnaire was completed by senior staff with people in their homes and spot checks with staff were done on an eight weekly basis. We were told that as the registered manager and provider were in the office on a daily basis any issues arising could be picked up and the registered manager would raise issues in the next staff meeting and the managers meetings. There was no analysis of the issues arising from the questionnaires or spot checks. We were told that although the issues arising were discussed in manager's meetings these meetings were not always recorded. However, one of the areas of improvement decided was the improvement of the training and availability of assessors for staff undertaking care qualifications. As a result the registered manager had trained as an assessor so that she was able to assess the staff at Clarence Care Ltd

We saw that there were audits of some care practices such as medication records. However we saw that these audits did not always pick up the issues or actions were not taken to address the issues raised. For example, for one person there were several gaps on the medication records but no actions had been taken to investigate the reasons for the gaps so that they could be prevented from occurring again. For another person the spot check stated that the medication records had been completed appropriately, however, when we looked at the records for that period of time there were gaps and the record stated that medicines were not available. We were told that care log books, where times of calls and staff attending the calls, were recorded were audited. The log books we looked at did not show any evidence of having been looked at and there had been no follow up. For example, where there were no entries when a call should have taken place or where the duration of the calls were much shorter than they should have been. Records showed that there had been a number of missed and late calls but there was no analysis of the reasons for the missed and late calls or any actions that had been taken to address the reasons for the shortfalls in the service.

There was a registered manager in post. There had been no notifiable incidents that needed to be reported to us but when we asked the registered manager or provider to look into any issues this was done in a timely manner. Comments from some staff and people receiving a service indicated that the service was not always being provided with good leadership that promoted confidence in the management team. For example, there were concerns about some staff carrying out calls in an order that suited them rather than when people wanted them, senior staff knowing that one person of a two person call was either late or had carried out the call alone but no actions being taken. Senior staff did not always feel supported to have training for the roles they were taking on and care staff did not always have confidence in senior staff abilities. We saw that there was a high turnover of staff meaning that people's needs were not always able to be met. Management systems in place did not ensure that there was always recorded evidence of the actions taken in response to complaints, missed or late calls and shortfalls in the service provided.

We identified there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance</p> <p>Systems in place to assess, monitor and improve the quality and safety of the services provided were not sufficient to ensure continual improvement of the service.</p> <p>Regulation 17(1)(2)(a)(b)(c)(d)(e) and (f)</p>