

Clear Care Limited

Clear Care Limited

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 

Overall summary

This inspection took place on 28 August and 01 September 2015 and was announced.

This was the first inspection of Clear Care Limited. Clear Care Limited registered as a provider of domiciliary care in March 2014.

Clear Care Limited provides practical and personal care for people living in their own homes across west

Lancashire and Chorley. Areas covered included Croston, Mawdesley, Burscough, Tarleton and Ormskirk. At the time of the inspection there were 12 people who accessed the service.

Clear Care Limited, as a condition of its registration, should have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There was a full time registered manager at the service. The registered manager was also the owner and director. We found that the registered manager was fully committed to the business and provided care for people accessing the service on a frequent basis.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Staff received training to enable them to do their jobs safely and to a good standard.

The service had systems in place for reporting accidents and incidents. Staff told us that they felt confident to raise concerns.

Clear Care Limited had committed to providing care for people in their own homes that was tailored to individual's needs and preferences. We found that time allowance for visits was no less than one hour and did not include travelling time for staff to get to and from the visit. This meant that the time allocated was sufficient for staff to provide a bespoke care package, which allowed opportunities for people using the service to gain positive outcomes each time they received care and support.

We found that the service had good systems in place to help people manage their medicines.

We looked at staff recruitment and training files. Recruitment and induction processes were found to be supportive of staff development needs. We found that staff received comprehensive training and substantial levels of support.

People who used the service told us they felt involved in care decisions and we saw that service users and, or their relatives had signed care plan agreements. However, we found that the provider did not have processes in place to consider people's ability to consent, in line with the Mental Capacity Act 2005. The provider told us that this was an area they had planned for improvement.

We found that people who used the service were extremely happy with the standard of care and support they received. People were treated with respect and their privacy and dignity was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and encouraged and supported their independence.

The provider had robust systems in place to access, monitor and evaluate the quality of care and support provided for people who accessed the service. Auditing systems were used for quality assurance and we found that actions were taken when needed.

Clear Care Limited was a new service that showed ambition to maintain a positive person centred approach to domiciliary care. We found that a pro-active culture was already embedded throughout the staff team.

Summary of findings

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.

People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People we spoke with said that they felt safe using the service.

Systems were in place to ensure that staff were safely recruited.

Good systems were in place to help people manage their medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff who received induction and training suitable for their roles. People benefitted from staff who were supervised and supported in carrying out their work.

Staff promoted and encouraged people's rights to make their own decisions. However, the service did not have systems in place to assess a person's capacity prior to requesting agreement and consent to care. The provider told us that this was an area they had planned to develop.

Good



Is the service caring?

The service was caring.

People benefitted from a staff team that was caring and respectful. People were treated with kindness and respect.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible.

People received continuity of care and visit time allocation was adhered to.

Good



Is the service responsive?

The service was responsive.

People received care that was tailored to their individual needs and preferences.

An embedded ethos of person centred care was found throughout the service.

People felt confident to raise their concerns.

People were involved in the review of their care.

Good



Is the service well-led?

The service was well led.

We found that the service had effective robust systems in place for monitoring quality assurance.

The registered manager was fully committed to improving domiciliary care services and they had a clear vision of where they wanted the service to go in the future.

Good



Summary of findings

We found a positive ethos throughout the staff team.

People were confident in the management of the service.

Clear Care Limited

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 inspection took place on 28 August and 01 September 2015 and was announced.

24 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector.

Prior to this inspection we looked at the information we held about the service. We did not receive any notifications from the provider since registration. We checked if the provider should have notified us of any incidents that are reportable and found that the service had not experienced any incidents during its time of operation.

We contacted external health and social care professionals, a district nurse, the Alzheimer's Society, a specialist nurse in older adults and a social worker after the inspection to request feedback. However, we received very little information.

At the time of our inspection of this location there were 12 people who used the service. We spoke with three people who received care, two relatives and we visited two people in their own homes. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We viewed four peoples' care records.

Clear Care Limited currently employs four care workers, the registered manager also partakes in providing care services. We spoke with three care workers and the registered manager during the course of our inspection.

We also looked at a wide range of records. These included; the personnel records of three staff members, a variety of policies and procedures, training records, medication records and quality monitoring systems.

Is the service safe?

Our findings

We asked people if they felt safe when they received care from staff employed by Clear Care Limited. People told us; "Yes Wendy [registered manager] made sure I was safe from day one, she assessed my needs and made sure that her company could meet my needs". "Yes I feel very safe, everyone is kind". And "I feel more than safe, I feel protected".

We asked people's representatives if they felt the care and support provided was safe. Representatives told us; "I am very confident that safety is priority". "Yes I always feel mum is safe". And "Safety is key, the staff have excellent communication skills".

We found that people were protected against abuse. We looked at the provider's safeguarding policy and procedure and found that staff had access to information that told them how to make a safeguarding referral and how to recognise signs of abuse.

Staff told us that they had received training in safeguarding vulnerable adults. A care worker told us "Yes we have had training, I know to call Wendy [registered manager] if I have any doubts". We found that the registered manager and care workers had a thorough understanding about protecting vulnerable adults.

We looked at staff training records and found that staff received safeguarding training during their induction period. E-Learning training modules were also undertaken by all staff. E-Learning training is provided for staff through the use of information and communications technology.

The registered manager told us that no safeguarding incidents had been reported during the time that the service had been operating. We checked our records and found that no safeguarding correspondence had been communicated by the local authority.

We looked at four people's care records and found comprehensive risk assessments had been formulated on an individual basis. Risk assessments were in place for moving and handling, the person's living environment, falls

and medicines. Risk assessments showed that people were assessed on a frequent basis and positive risk taking was considered to help people maintain their freedom and independence.

The manager told us that no accidents or incidents had been reported during the time in which the service had been operating. We looked at people's care records and did not find incidents of unreported accidents.

Staff received training in first aid and told us that they felt confident in risk assessing when they were lone working.

We looked at recruitment records for three care workers, these showed that robust screening procedures were undertaken before staff were appointed. We saw that applicants were interviewed by the provider, employment referencing was sought and criminal record checks were undertaken prior to an employment offer being made. This meant that procedures were undertaken to ensure that people who received care were protected against abuse.

We looked at how the service helped people manage their medicines. We found that two people received support to prompt them to take their medicines. We looked at medicine administration records for both people and found that recording systems were in place. We saw that topical treatments, for example emollient cream, were recorded on the medicine records and a written explanation for application of these treatments was held along side the administration record and within the person's care file.

We looked at care records for both people who received support with their medicines. We found descriptive care planning and risk assessments had been formulated and reviewed by the person and or their representative.

We asked the manager if staff had access to personal protective equipment (PPE) for use during personal care interventions. The manager told us that staff had access to protective clothing and PPE was frequently replenished at people's properties as and when needed.

We looked at training records and found that all staff had undertaken training in infection prevention and control.

Is the service effective?

Our findings

People told us that they felt staff had the right skills and knowledge to meet their needs. They said that staff were well trained and knew what they were doing when they provided them with care. One person said; "Staff are very competent, they have been well selected and trained." Another person told us; "Wendy [registered manager] is keen for staff to understand the right way to care, she will show them herself if needed".

Clear Care Limited comprises of a small staff team. We saw that staff were provided one to one support that enabled them to develop within the health and social care profession. Care workers told us "I came with no experience, but I am glad because I have been shown the correct way". And "We get excellent training, not only do we complete E-Learning we have regular training sessions with the manager who updates our knowledge".

We looked at three staff training files and found that training had been provided as outlined in the providers policies and procedures.

We found that the service had a comprehensive induction programme, we looked at three staff members induction records and saw that they were completed across a period of 12 weeks. Records showed staff received thorough orientation to the ethos of care promoted by Clear Care Limited and provided staff with time to understand expectations of their role and responsibilities.

Mandatory training included, safeguarding, health and safety, first aid, food hygiene, infection control, medicines and diversity.

We looked at staff meeting minutes and found that meetings were used for communication purposes as well as staff development. Recent meeting minutes showed staff were trained in dementia awareness, mental health and neurological disorders. Staff told us that they benefited from this training.

We found that the registered manager undertook regular observations of staff whilst they provided care and support. We looked at reflective records and saw that staff were supervised and coached around areas noted for development. We asked staff if they felt supported by the registered manager. Staff told us "Wendy [registered

manager] is more than supportive, I can go to her anytime of day or night". And "Yes from the minute I was interviewed the manager has been fully supportive, she is very approachable and fully involved".

We looked at supervision records and found that all staff were supervised on a monthly basis. Staff received supervision on a weekly basis during their induction period. We found that this high level of staff support gained effective communication throughout the staff team which had had a positive impact on people who received care. People told us "All the staff have the same exceptionally high standard". And "All of the staff sing from the same hymn sheet, this really helps with continuity of care".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager told us that DoLS did not affect any of the people who were provided care and support. Staff received training during induction which covered main principles of the Mental Capacity Act 2005 and DoLS. The registered manager told us that more E-Learning modules would become available for staff, these included extra training on the Mental Capacity Act 2005.

Staff showed understanding of the Mental Capacity Act 2005. A relative told us "If [name] refuses a shower, the staff respect her wishes".

People told us they were involved in care planning procedures. Care records we looked at showed service user agreements and regular review of care packages. However, we found a lack of written assessment of a person's mental capacity prior to asking the service user for written agreement or prior to making a decision on a person's behalf. The provider told us this was an area planned for improvement.

Is the service effective?

Due to the service being new and providing support to a limited amount of people we were satisfied with the providers plans to ensure that people's capacity would be considered prior to requesting written agreement or making a decision on behalf of an individual.

People told us that they were supported to make meals and snacks. One person told us "I am extremely well matched to my carer, I like nice food and so does my carer, she is an excellent cook". Another person told us "I am taken shopping once a week, I get to choose where I shop".

We looked at people's care records and found that nutritional risk assessments were undertaken as required. Individual preferences and needs were care planned.

There were systems in place to ensure that people had access to health care services. We saw that the registered manager liaised effectively with involved health and social care professionals and maintained records of contact within people's care files.

We saw that people's health care needs were clearly recorded in their care files. We looked at a person's care file which showed detailed care planning around their physical disability, this enabled the reader to understand the person's strengths and areas of support needed.

Is the service caring?

Our findings

All the people we spoke with passed positive comments about the caring nature of staff at Clear Care Limited. People told us; "I would recommend Clear Care to anyone". "The whole team are caring and I cannot speak highly enough about them". "The carers are exceptionally nice and caring". And "I get a bespoke service that is to a very high standard".

People told us that staff were considerate and respectful of their wishes. Comments included; "All staff go that extra mile to make sure the service I get is tailored to me". And "I always get the same carer, she knows me well".

People's representatives also commented; "The staff are superb". And "This service has eventually given me peace of mind that mum is safe and well cared for".

When we spoke to staff they talked to us with warmth and compassion for the people they supported. Staff had strong, positive and enabling relationships with the people they were supporting.

We looked at people's care files and found that they, or their representatives were involved in the care planning process. We have made a recommendation about assessment of a person's capacity prior to asking them to sign written agreements to care services.

We found that people were provided information about other services. The provider told us how they enabled people to access services such as; The Alzheimer's Society, Carers groups and health care professionals.

One person's support plan showed that they required support to cook an evening meal. The person told us that they had been well matched with a member of staff who enjoyed nice food as they did. We found this level of support enabled people to gain companionships and enjoy the time spent when they were being provided care and support.

Another person's care plan showed how their personhood and dignity was considered by the service. The care plan detailed "[name] would like to maintain her appearance by wearing nice clothes, necklaces and taking care of her hair".

The service promoted people's independence, privacy and dignity. People's care plans showed how they preferred care, at what time and in what routine. One person told us that they always felt dignified when being assisted to bathe.

We found consistent evidence that all the staff were caring in how they assisted and spoke with people using the service, and that they respected the dignity, views, privacy and choices of people.

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed.

People told us; "Clear Care have an excellent rota system, they are never late". "Clear Care are very flexible, I feel they will always change plans to suit me". "The level of continuity and commitment to meeting my needs is better than I have ever experienced".

We asked people's representatives if they thought the care people received was responsive. We received the following feedback "It is a bespoke service that we have never experienced with other care agencies". "The care is solely focused on mum's needs". "Exceptional care". And "It is a personal touch that makes all the difference, the manager is hands on and wants to be involved".

We looked at four people's care records and found a very high standard of person centred care planning. Support plans showed people's preferences and abilities foremost, then described what support was required.

One person's care plan told us their occupation, hobbies and interests. Their care plan focused on positive outcomes for the person to enable them to maintain an independent lifestyle.

We found that care planning described people's support networks and relationships. We looked at daily care records and found a very good standard of recording. Daily care records showed effective communication with the person receiving care or their representative.

People's representatives told us that they were regularly updated and felt fully involved in the care of their loved one.

People told us that they were provided choice and control when planning care and support visits. We found that the manager undertook comprehensive assessments of people's needs prior to agreed services. A relative told us that the manager met with her on two occasions prior to agreeing the care package. We looked at comprehensive assessment records that showed people's needs and preferences.

We asked for feedback from health and social care professionals who had contact with people who used the service. Professionals told us; "My clients have been more than happy". "One of my clients told me this service was a breath of fresh air". And "People I have supported who had received care from Clear Care have received an excellent service".

Clear Care limited operated a minimum time visit of one hour. The registered manager told us that this was to ensure people received quality care that was not compromised by short time slots. People who used the service told us that they were allocated full time allowance and no deduction was made to compensate for staff travel time. We found that this enabled people to receive a person centred service that was provided at a steady pace and fully considered people's wishes and needs.

We looked at how the service listened to people's experiences, concerns and complaints. We found that regular care reviews were completed and records showed how the service responded to people's changing wishes and needs.

The manager told us that they had not received any complaints. There was a complaints procedure, however a copy of this had not been distributed to people who accessed the service.

We asked people if they understood how to complain. People told us "Yes I will call the office or tell the carers, they are always receptive". And "Yes I would tell Wendy [registered manager], she is always ready to listen".

The service had issued customer satisfaction questionnaires in April and August 2015. We found that people spoke highly of the service and no concerns were raised. Questionnaires gave people the opportunity to suggest improvements and comment on the standard of support they or their loved one received.

Questionnaire feedback included comments such as; 'I continue to marvel at the high quality service I receive from Clear Care Limited'. And 'I feel the service is tailored to my every requirement and I quite simply cannot fault it'.

Is the service well-led?

Our findings

Clear Care Limited had been operational since March 2014. In this short period of time the service had slowly grown in size, providing personal care and support for 12 people at the time of our inspection.

We asked people if they thought the service was well run. We received consistent positive responses from people who used the service and people's representatives. We were told; "The manager is so efficient, this imprints on the whole staff team". "I feel confident to say if I want something changing, everyone listens". "I could not suggest any improvement, the business is run to a high standard". "The manager is sensibly building the business, she is a perfectionist and I feel safe in her hands".

We found that a pro-active, inclusive and caring culture was already embedded throughout the staff team. Staff told us that their vision for improving home care services was at the heart of everything they do.

The registered manager was fully committed to providing a bespoke service that focused on positive outcomes for people who accessed the service. We found that the registered manager was involved on a daily basis and provided care for people in their own homes.

We looked at how the service demonstrated good leadership. We asked staff if they felt supported and involved in the business. Staff told us; "I feel very supported, I have regular meetings with the manager and never feel alone". "I love working here, it is a relief to be

able to provide quality care with enough time to enjoy talking to people we care for". And "I can go to Wendy [registered manager] with any concerns, she is always available".

We looked at staff meeting minutes and found that regular meetings were held. Minutes showed that staff were involved in discussions and provided the opportunity to explore new ways in working that would benefit people they cared for. Meetings included educational themes such as dementia and mental health awareness.

The provider had robust systems in place to assess, monitor and evaluate the quality of care and support provided for people who accessed the service. We looked at audits completed by the manager and administration support. Audits were completed for staff recruitment files, care plans, observation of care and support, and call time monitoring.

The registered manager told us that they are in frequent contact with clients and their representatives. We saw that the manager kept records of communications. This level of engagement enabled consistent monitoring of quality and client satisfaction.

We found that the service worked in partnership with other agencies. The manager was involved in community initiatives such as an advisory body for people who wished to claim disability benefits. The manager also told us that she was a dementia friends champion. A dementia friends champion is trained and equipped with resources to answer people's questions about dementia and suggest sources of further information and support.