

Clarity Homecare

# Clarity Homecare Ltd

## Inspection report

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29 March 2019

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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 supports people in their own homes. At the time of our inspection 60 people were in receipt of the regulated activity 'personal care'.

### People's experience of using this service:

Everyone told us they felt safe receiving care from the service. Staffing were deployed in suitable numbers, and staff had time to spend with people and were not rushed. Staff were recruited safely, and incident and accidents were analysed for patterns and trends. Risks to people were assessed safely. Medication needs were assessed, and medication was only given by staff who were trained to do so.

Decisions and consent to care lacked some information which we discussed at the time with the registered manager who agreed to address this. Staff had the correct skills to support people and their training was up to date and recorded in a training matrix. Staff were required to engage in supervision and had an annual appraisal. People were supported to eat and drink in accordance with their needs.

People were involved in their care plans. We received positive comments about the staff in relation to the support they provided. Everyone said staff were kind and caring. Staff were able to describe how they ensured people's dignity was respected.

Some care plans contained a good level of detail with regards to people's likes, dislikes and preferences for support. We saw however, that other care plans lacked some detail and basic information. We discussed this at the time with the registered manager who has since taken action to address this.

The registered manager was aware of their role and responsibility and had notified us of all incidents as required. The service was managed well, and the ethos and culture of the service was well implemented with the staff team that provided the care. Staff all spoke positively about the registered manager. Audits were in place which were effective in highlighting any areas for improvement.

### Rating at last inspection:

This is the registered provider's first inspection.

### Why we inspected:

This was a planned comprehensive inspection.

It is CQC methodology to inspect newly registered providers within a 12-month timescale.

### Follow up:

No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Ltd

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of an adult social care inspector and an Expert by Experience who made phone calls to people with their consent after the inspection had taken place.

#### Service and service type:

Clarity Homecare provides personal care to people in their own homes.

This service is a domiciliary care agency. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they provide wider social care we also took this into account.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it 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.

Inspection site visit activity started on 28 March 2019 and ended on 29 March 2019. We visited the office location on 29 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We made phone calls to people in their homes on 28 March 2019.

#### What we did:

Our planning took into account information the provider sent us since the last inspection. We also

considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We assessed the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted and received feedback from the local authority. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people using the service or their family members about their experience of care. We also spoke with the registered manager, the registered provider and five members of staff.

We looked at seven people's care records and a selection of other records including quality monitoring records, recruitment and training records for three staff. We also received feedback from a social care professional.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from Clarity Homecare. Comments included, "Yes, they all know how to use the hoist and I feel safe with them. They keep my home very neat and tidy. Nothing to improve upon and I always recommend them to others."
- Safeguarding referrals had been appropriately made by the registered manager.
- All of the staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse. This included reporting the abuse to the appropriate authorities and whistleblowing to the Care Quality Commission and other professionals, such as the police.

Assessing risk, safety monitoring and management

- The registered manager had detailed and concise risk assessments in place for each person which focused on minimising the risk of harm whilst still making sure the person's needs were met. Risk assessments were in place for people in areas such as food and fluid, falls, and pressure care.
- Each person's care plan had an environmental risk assessment included which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as smoking, poor lighting, and pets.

Staffing and recruitment

- Recruitment was safely managed. Staff were only offered positions within the company following a vigorous recruitment and selection process.
- Staff said that their call times were evenly spaced and they did not have to 'cram calls in'.
- Rotas were developed using an Electronic Call Monitoring system. This is when staff are expected to 'log in and out' of their calls using a smart phone. This ensures people have had scheduled visits when they need them and reduces the risk of 'missed calls' occurring.
- There was enough staff in post to provide a safe and consistent service.
- Staff said that their rotas were well organised, and they had clear communication from the coordinators if any changes were made to their rotas in advance.

Using medicines safely

- Medication processes and systems were in place. Medication was stored in a designated area of the person's choice. We saw that if the person lacked capacity to make the decision around where their medications were stored, this was made on their behalf following a best interest processes and in association with national guidance.
- Only staff who had completed medication training and regularly had their competency assessed supported people with their medications.

- Where people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place which had more detail about the medication, what it was used for, and when the person required it.

#### Preventing and controlling infection

- There were stocks of Personal Protective Equipment (PPE) available for staff to use.
- Staff were provided with a tunic or polo shirt to wear when they were completing people's personal care calls and there was hand washing guidance and infection control techniques communicated to staff via team meetings.

#### Learning lessons when things go wrong

- There were clear processes in place to learn from any incidents. For example, there had been some issues with medication charts being completed incorrectly. Following an audit of the current system the registered provider had invested in an new electronic system.



# 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

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". In the community any restrictions need to be referred to the Court of Protection for authorisations. At the time of our inspection there was no one who required a referral to the Court of Protection.

- We saw, from viewing care plans that, other than medication, capacity and decision making was not part of the initial assessment process. We viewed one person's care plan, and we were not always sure if they were able to consent to some decisions, or if some were made in their best interests, as this was not clear. We discussed this with registered manager who agreed to implement more information around capacity and decision making into the care plans.
- The registered manager and the staff team were aware of the roles with regards to the MCA and had completed training in this area. Staff were knowledgeable about the principles of the MCA.

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

- Each person had a pre assessment in place before the started receiving support from Clarity Homecare.
- There were detailed discussions regarding people's needs, preferences for support, and medical information, with the exception of capacity and decision making as discussed above.
- This pre-assessment information went on to form the person's care plan.

Staff support: induction, training, skills and experience

- The training matrix evidenced that staff had undergone training in accordance with the registered providers training policy. Additional training had been undertaken in epilepsy, MCA and deprivation of liberty safeguards.
- Staff told us they liked the training and they felt suitably skilled.
- Staff received an induction prior to starting work with the provider. The induction process was aligned to the principles of the Care Certificate, which is nationally recognised induction process.
- Supervisions took place every other month throughout the year. Other forms of supervision took place with staff in the community, such as spot checks.

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

- People were supported by staff with their meals in their own homes.

- We saw in some cases people had identified that they could make their own meals, or they had family support with this.
- Staff kept detailed records of how much support people required to maintain their eating and drinking needs.

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

- The service worked in conjunction with the hospital teams to ensure care packages were in place for some people before they were discharged.
- People were supported to attend and arrange GP appointments if needed.
- People told us staff helped them keep their homes clean and tidy.

# 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

People were supported and treated with dignity and respect; and involved as

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them kindly and with respect. Comments included, "All my carers do a good job and I know them all well." Another person said, "My privacy is respected, and I am always treated very well." Someone else described their care staff, they said, "Excellent service, they are nice and never complain. They work and leave my home clean and tidy and they all respect my privacy. I trust and would recommend them and the management."
- Care plans were respectfully written to ensure people's diverse needs and choices were highlighted. For example we saw how one person only liked certain items of food for breakfast.

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

- People were asked for their views and feedback with regards to their care package.
- We saw that where further support with decisions was needed, people were signposted to advocacy agencies for help and support.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- People and family members were encouraged to share their views about the care they received with regular reviews and surveys; reviews were completed over the phone and in person.
- Everyone told us they were confident in expressing their views about the care and support provided by staff.
- People's records and personal information was stored securely in the registered office and not shared unnecessary with others.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Most records contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical needs. There was also clear information about people's daily routines and their preferences and about how they liked to be cared for.
- We saw, however, some records contained very basic and little information. We saw for two people there was very little information recorded about them and how they had their care delivered. We spoke to the registered manager about this, who demonstrated a new electronic system which was in the process of being introduced. This would ensure all people using Clarity had person centred information recorded and detailed tasks carers were expected to complete whilst on their call. These people were supported by care staff who knew them well, so the impact of some of their records being basic was reduced.
- The registered manager has since contacted us to inform us they have reviewed some people's care plans and added more information.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and people were provided with a copy of the complaints procedure in different formats.
- There had been no complaints made at the service.
- Further learning had been implemented as a result of some incidents.

End of life care and support

- Staff had undertaken end of life training.
- There was currently no one who was being supported with end of life care needs.
- Our conversations with staff evidenced that they felt trained and supported with regards to supporting people with their end of life wishes.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff were complimentary about the registered manager and the service in general.
- Staff discussed the 'open door' culture and said they felt valued and supported. Everyone said they would recommend Clarity Homecare.
- The registered manager and the provider had comprehensive audits and checks in place.
- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a good standard.
- Actions following audits were clearly documented and assigned to the appropriate person. For example, medication audits had highlighted a need to improve practices in line with current guidance.
- The spot checks by the registered manager and quality processes developed by the provider followed the key lines of enquiry used by CQC on the service. This identified lessons needing to be learnt for example, medication practices needing to be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records showed staff had regular team meetings and supervisions.
- The registered manager had informed CQC of any incidents using the statutory notification process.
- There was an honest and 'open door' culture at the service. Staff agreed that the organisation had undergone some recent changes, and they were always encouraged via an 'open door procedure' to raise any concerns.

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

- The registered manager and registered provider had ensured people's views and opinions of the service and the support they received was sought and obtained.
- Systems were in place to gather feedback regarding the service. These included regular reviews to gather views from people receiving support.

Continuous learning and improving care

- The registered provider was committed to investing in the service with regards to improving the service.
- A recent full audit of the service had identified the need for more robust medication systems and more detailed care plans. A new electronic system was in the process of being implemented at this location to

ensure better record keeping and smarter ways to work for staff was an outcome.

- This system had been implemented at another of the registered provider's locations and was working well.
- We were given a demonstration of this system, and one of the staff showed us their Smartphone and was able to describe how the new system had helped them manage their work more effectively.

Working in partnership with others

- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.
- A social care professional fed back to us, 'overall they are generally a good quality, consistent provider and have a friendly attitude with a willingness to cooperate.'