

NIKA GLOBAL LTD

# Clarity Homecare (Hillingdon)

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Clarity Homecare (Hillingdon) is a care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, eight people were receiving a regulated activity. These were mainly older people but the service also supported younger people with their general care needs.

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

During the inspection we found the management of risks was not always effective as risk management plans were not always developed to provide care workers with guidance on mitigating the identified risks to people. Care plans were not always updated appropriately to meet people's current needs according to their needs and preferences.

We found medicines were generally managed safely, but creams were not always correctly identified or recorded. We have made a recommendation about the management of topical medicines.

The principles of the Mental Capacity Act were not always followed. This meant people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We recommended the provider consider current guidance around the Mental Capacity Act 2005 and take action to update their practice accordingly.

The provider had systems in place to monitor, manage and improve service delivery, however these were not always effective because they had not identified the shortfalls we found during the inspection.

The provider had procedures to safeguard people from the risk of abuse and systems in place to record safeguarding alerts, complaints, and incidents appropriately.

Safe recruitment procedures were followed. Staff followed appropriate infection prevention and control practices. Care workers were supported in their roles through training and supervision.

Relatives of people who used the service told us managers were available and responsive when they had questions.

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

#### Rating at last inspection and update

This service was registered with us on 2 June 2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted by the date of registration of this service.

#### Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Clarity Homecare (Hillingdon)

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by one inspector. After the onsite inspection an Expert by Experience made phone calls to people and their relatives for feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 March 2022 and ended on 18 March 2022. We visited the location's office on 14 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at records the provider used for managing the service, including the care records for three people who used the service, four staff files, and other records used by the provider for monitoring the quality of the service. We spoke with one person who used the service, eight relatives and one member of staff.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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

- Risk assessments were not always robust enough to help reduce the risk of avoidable harm to people. Risks to people had not always been assessed and where risks were identified, a risk mitigation plan was not always completed. For example, one person had diabetes. A brief explanation of symptoms was included in the care plan and a risk assessment was completed. However, the risk mitigation plan indicated staff should follow the risk assessment and care plan, but these did not contain actions for staff to take to mitigate risks associated with the condition but rather listed symptoms for them to observe.
- Staff were also emptying the person's catheter bag, but there was no risk assessment around this, so the procedure was carried out safely. For example, to reduce the risk of cross infection.
- The medicines risk assessment for one person recorded, 'The carers to give medication to [person] in the morning, afternoon and evening.' One of the medicines was time critical, but guidance around this was not included in the care plan, which meant the medicines may not have been given to the person at the right time to ensure it was effective.
- An eating and drinking risk assessment stated there were 'associated risks with assistance required to eat food or drink liquid' but did not clarify what these were and the risk mitigation plan was 'care workers to follow instructions for use of thickener.' The risk assessment also said the person had difficulty swallowing but there was no risk assessment or risk mitigation plan for choking.
- Another person's eating and drinking risk assessment stated they required soft food to enable swallowing but with no guidance or choking risk assessment in place.

Systems had not been used effectively to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were generally managed safely, but prescribed creams were not always correctly identified or recorded. The nominated individual said they would update their records to reflect the use of creams.

We recommend the provider consider current guidance on recording creams and update their practice accordingly.

- People using the service and their relatives were happy with the support they received with medicines.
- The provider had a medicines policy and procedure in place with guidelines to administer medicines safely and staff had completed medicines training to help ensure they administered medicines correctly.

- Staff completed medicines administration records (MARs) to indicate they had supported people to take their medicines as prescribed.
- MARs were audited to help ensure they were effectively completed by staff and medicines were being administered as directed.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from abuse. This included safeguarding adult and whistleblowing procedures.
- Staff had completed safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of abuse and the action to take to help make sure people were safe.
- The provider had worked with other agencies to help protect people and investigate safeguarding concerns when these had been raised.

#### Staffing and recruitment

- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. These included checks on staff members' suitability for the job and criminal checks.
- Relatives told us care workers generally arrived on time and stayed for the agreed length of time. Comments included, "80% of the time they arrive on time. When they've done all the tasks, they leave 5 to 10 minutes early. Sometimes they stay longer" and "They are generally on time."
- There were enough staff to meet people's needs and staff told us they had enough time to travel between calls.
- People received support from the same staff which provided consistency of care.

#### Preventing and controlling infection

- The provider had systems in place to help prevent and control infection, and to help keep people safe.
- Staff had relevant training and were provided with personal protective equipment (PPE) such as gloves and masks to protect people from the risk of infection. People and their relatives confirmed staff wore PPE and followed good hygiene practices.
- People and staff had COVID-19 risk assessments and risk mitigation plans, and staff were supported to follow government guidance around COVID-19 testing.

#### Learning lessons when things go wrong

- The provider learned lessons when things went wrong and had a policy for responding to incidents and accidents.
- The registered manager and nominated individual noted that it was important to record incidents and complaints no matter how small and make sure they communicate the outcomes of any investigations effectively.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 told us at the time of the inspection, everyone receiving support from the service had the capacity to consent to the care being provided. However, we saw one person's records which indicated the person did not have the capacity to consent to their care. We raised this with the nominated individual who said the person had fluctuating capacity, but agreed to complete a mental capacity assessment and if necessary, a best interest decision around the specific decisions to be made.

We recommend the provider consider current guidance around the Mental Capacity Act 2005 and take action to update their practice accordingly.

- Where people were able to sign their consent to care form, these were signed appropriately.
- The provider had an MCA policy and staff received training on the principles of the MCA.

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

- People's needs were assessed prior to starting the service to confirm their needs could be met by the provider. These assessments formed the basis of people's care plans. Relatives confirmed people's needs were assessed. One relative said, "We changed agency and joined Clarity. They've addressed all our issues".
- Since the pandemic, the provider also asked for confirmation of a COVID-19 test prior to beginning care with the person.
- People's assessed needs included current and past medical information, dietary requirements, communication, the home environment and skin integrity.
- Care plans were reviewed and updated when there was a change in need and the provider liaised with other relevant agencies to help ensure people's needs were met.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills and knowledge to provide safe care to people. Staff were supported to provide effective care through induction, training and supervision. One relative said, "A lot are training nurses from the university. They're young and intelligent people. It's a very multicultural care team. They're patient with [person]. There's an induction programme for them".
- Staff new to care received an induction and training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed annual training to keep their knowledge and skills up to date.
- They told us they felt well supported and said, "Clarity is the best because we have competent people, we are family and very importantly we have communication. We have good training. New carers shadow [more experienced carers]".

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

- People were supported to have enough to eat and drink. Relatives with people who were supported with meals told us they were happy with this. Comments included, "The carers provide care with feeding and drinking and no mistakes", "[Person] is diabetic. [Person] gets the choice. The agency closely monitors [person's] intake diet" and "They are careful with [person] when they feed them".
- People's nutrition and hydration needs were assessed and recorded in care plans so staff had the information to care for them.

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

- Care plans included information about people's healthcare conditions for staff to understand people's healthcare needs.
- Most people lived with their families who liaised with other professionals as required.
- However, people were supported to access other agencies when needed. Care records recorded how staff worked together with other professionals to achieve positive outcomes for people using the service. As a result of the initial assessment for one new person to the service, the agency was able to refer the person to social services, the GP and an occupational therapist to help ensure they received the additional help and equipment they required to improve their quality of life.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the provider ensured people were well treated and supported. Comments from relatives included, "The staff are very professional. They engage with [person]", "They are nice carers. All the care is good care. We're happy", "They are friendly. They talk to [person], share some ideas and jokes" and "Staff are very warm, kind and friendly".
- The provider had an equality and diversity policy and staff respected people's cultural needs. For example, staff who spoke people's first language were matched with the person to provide care and support. This helped people to be actively involved in their care. One relative said, "There's equal opportunities and respect. The working force are from different cultures".
- People's preferences for how they liked personal care, including the gender of the care worker, was discussed at the initial assessment and respected.
- Care plans included information about people's cultural and religious needs as well as their interests for staff to be aware of this.

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

- People were able to express their views and make decisions about their care. Records included people's choices and indicated people were involved in reviewing their care.
- People and relatives told us they were involved in decision making and received care in their preferred way. Comments included, "They're very loyal to [person's] needs! They're part of the family. Now [person is] stable and they provide total care" and "[Person] asks for something if they feel uncomfortable".
- Staff told us how they supported people in a person centred way. One staff member said, "I ask them what they want. I like to talk with my clients, joke and have a conversation. I ask them to let me know what they want".

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Relatives told us, "They close the bathroom door", "The way they talk to [person] is respectful. If [person] needs a change, they make sure the catheter and bag are changed too. They interact with [person]. [Person] is kept in shape" and "They're very respectful when they talk to [person]".
- Care plans had guidelines for how to complete personal care tasks with personal preferences and staff told us they maintained people's privacy and dignity.
- People were supported to be independent when possible. One relative explained, "Some days [person] can shower themselves without prompting. They respect [person's] choices".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had care plans in place, but these were not always updated appropriately when people's needs changed. This meant care plans were not always personalised to service users' needs.
- We found the health risk assessment for one person recorded they did not have a catheter when they did.
- A lone working risk assessment recorded 'Care staff to ensure [person] uses the zimmer frame at all times when mobilising' but the person no longer used a zimmer frame. The manual handling risk assessment also noted the use of a zimmer frame. Additionally, it indicated the person was to be repositioned in bed. When we asked to see the repositioning records, the nominated individual advised us it was referring to transfers not repositioning. A hoist was listed as moving equipment but we were told this was not used.
- We saw a risk assessment for behaviours that challenge but with no control measures in place. When we raised this with the nominated individual they told us the person did not have behaviours that challenged.

Care plans not having up to date information meant there was a risk people might not receive appropriate care according to their 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.

- Notwithstanding that care plans were not always updated appropriately, they did have information and guidelines for staff so they could meet people's needs and preferences. For example, when providing personal care it was clear how the person liked to receive this and what toiletries they preferred to be used.
- Family and social background information provided staff with context and areas of interest when communicating with the person.
- People were supported by the same carer workers which provided consistency. Relatives confirmed staff knew the people they cared for well and knew what their needs were. One relative commented, "So far, so good. They are very accommodating" and another explained how the agency went the extra mile and said, "Recently [person] got COVID. I'm really impressed how they managed it because they couldn't visit another client. [Person] had four visits a day. It was incredibly well managed".
- When people's needs changed the provider helped them to get the necessary support to meet their needs. For example, they signposted one family for funding so they could increase the hours to meet the person's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid. Relatives were happy with how staff communicated with the people they were caring for and told us, "They speak loud and make sure they have his attention" and "They talk to [person] slowly, word by word. They understand [person] too and adjust".
- At the time of the inspection, all people using the service could understand English. However where possible people were matched with staff who spoke their first language.
- The nominated individual told us that should different written languages or formats be required, their head office could accommodate this.

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

- Most people using the service lived with their family which helped to reduce people's social isolation.
- Care plans included information about people's social history, culture, religion and interests which helped the staff to understand about the people they were caring for.
- For one person who did live alone their interests were recorded in their care plan and the nominated individual told us staff made an effort to engage them in this area.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to appropriately respond to any complaints received. Only one complaint had been recorded since the service registered with CQC. Records showed action had been taken to make improvements as a result of the complaint. The nominated individual explained the complaint resulted in the risk assessment and care plans being updated to mitigate the risk and improve service delivery.
- People and their relatives knew who to speak with if they wanted to raise a concern. Relatives confirmed, "I know how to make a complaint, but haven't. The manager is very accommodating" and "There was an issue recently. They dealt with it very well".
- Due to the small number of people being supported by the service, the nominated individual had regular contact with people and their relatives and was able to address issues before they escalated.

End of life care and support

- At the time of the inspection, no one was being supported with end of life care. The provider had recorded if people wanted to be resuscitated and asked people as part of their assessment if they wished to discuss an advanced care plan for end of life care. Most people did not and said the family they were living with would manage any end of life care arrangements.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider undertook several checks and audits that included medicines support, people's care records and staff files. However quality assurance systems were not being operated effectively as demonstrated by shortfalls identified during the inspection.
- The provider's systems to manage risks were not always effective as not all care plans had adequate guidelines for care workers to follow to meet people's needs safely.
- Despite checks and audits, care plans were not always updated to reflect people's current needs. For example, identifying the correct equipment people used so they could be cared for safely.
- Medicines checks had also not identified that (medicated) creams were not always correctly identified or recorded in medicines care plans so staff had the necessary information to support people with their medicines.
- The principles of the Mental Capacity Act 2005 were not always followed which meant there was a risk that people's rights were not always being upheld.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where areas for improvement were identified during audits, the provider had action plans to improve service delivery.
- The service was small and checks were completed in people's homes but informally by the nominated individual.
- The provider had a business continuity plan that provided guidance for a number of events that could impact on the continuity of care, including how to respond to COVID-19.

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

- The provider created a person-centred and open culture. People and their relatives were involved in planning their care and staff were aware of how to meet people's needs.
- Relatives felt people were well supported and spoke positively about the care provided. Comments included, "They're on top of things. Their approach is highly professional", "The manager's style is good. The basics are being taken care of" and "The manager has a professional aura about them. [The nominated individual] has been amazing, and efficient. The service does what's expected; they're consistent, flexible

and accommodating. They communicate very well. [The nominated individual] is very good at coordinating. They give the professional touch. [Person] adores them".

- The nominated individual told us how the family of one person who required a high number of carer workers, were able to help choose the carer workers to help care for the person's needs.
- Staff also felt supported by the managers and one staff member told us, "[The nominated individual] listens to me and gives me some help".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.
- We found the provider responded appropriately when things went wrong by investigating, responding to people involved and making improvements to the service.
- The nominated individual told us it was important to be transparent and take full responsibility by acknowledging and acting on any concerns raised with them.

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

- The nominated individual and registered manager worked closely with staff in the day to day running of the service. This included providing direct care, which helped to ensure staff had the required support to deliver a good quality of care and that there was ongoing monitoring to inform future practice.
- People and relatives knew who the managers were and felt able to raise concerns with them.
- As it was a small service, feedback about service delivery was done informally through phone calls and managers providing direct support to people using the service. We discussed with the nominated individual keeping a more formal record of the feedback they received.

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

- Relatives told us the provider regularly asked for their feedback through phone calls and home visits. Comments from relatives included, "I have a catch up call every so often. [The nominated individual] is after feedback and how they're doing. This happens every three to four months. [The nominated individual] also sat with [person] in January asking how they were doing" and "I'm in touch by email and text and phone call".
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.
- Team meetings were held to share information and give staff the opportunity to raise any issues. This was further supported by messaging applications to stay in contact with each other.
- The nominated individual said that information sharing in the service was good because they were constantly getting feedback, as all managers completed direct care hours which gave them an understanding of what was happening in the service. The nominated individual noted that seeing managers in their home regularly helped to increase the confidence of people using the service and of their relatives.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not always ensure the care and treatment of service users met with their needs and reflected their preferences.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>