

Serenity Always Ltd

Clarriots Care Wolverhampton

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 ●

Summary of findings

Overall summary

The inspection took place on 20 October 2016 and was announced. Clarriots Care Wolverhampton provides personal care to people living in their own homes. At the time of the inspection 16 people were receiving a service from the provider. This was the location's first inspection since they were registered in May 2015.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt safe. Staff understood their responsibilities in identifying and reporting potential abuse. Risks had been assessed and were managed with the aim of protecting people from avoidable harm. The provider had systems in place to ensure only suitable staff were recruited to work with people. People received their medicines as prescribed with support from trained staff.

People and their relatives told us staff had the skills and knowledge required to meet their needs. Staff received training relevant to their role. People were asked for their consent before care and support was provided. People who received support to maintain their diet were happy with the food and drink provided. Staff knew how to respond to changes in people's healthcare needs and people were supported to access relevant healthcare services when required.

People and their relatives told us the staff who supported them were friendly and caring. People were supported to make their own decisions about their care and support. Staff supported people in a way that upheld their privacy and dignity and where possible, promoted independence.

People and their relatives were involved in the planning and assessment of their care and support. People were supported by staff who understood their needs and preferences. People knew who to contact if they were unhappy about the service they received. There was a system in place to manage complaints and people received details of how to complain, when they started using the service.

People, relatives and staff told us they were happy with the service and told us they felt it was well managed. Staff felt supported by the registered manager and provider and were able to share their views, ideas and concerns. There were systems in place to monitor the quality of the service provided and people had been asked to give feedback about the service they received.

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.

People received support from staff who understood their responsibilities in protecting people from abuse and knew how to report any concerns. Risks were assessed and managed to protect people from avoidable harm. The provider had safe recruitment process in place. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and had the skills and knowledge required to meet their care and support needs. Staff received support from the registered manager and provider. People were supported to make their own decisions and were asked for their consent before care was provided. People were happy with the food and drink they received and were supported to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People and their relatives felt staff were friendly and caring. People were involved in making decisions about their care and support. People's cultural needs were considered in their support planning. People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and planning of their care. Staff demonstrated a good understanding of people's individual needs and preferences. There was system in place to manage complaints and people knew who to contact if they were unhappy with the service they received.

Is the service well-led?

Good ●

The service was well led.

People and staff felt the service was well managed. People told us they were happy with the care and support they received. Staff felt confident to contribute to the development of the service and felt their ideas would be welcomed. There were systems in place to monitor the quality of care provided.

Clarriots Care Wolverhampton

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 20 October 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to ensure that the manager would be available to assist with the inspection.

The inspection team consisted of one inspector. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we spoke by telephone to one person who was supported by the service and four relatives. We also spoke with four staff members, the registered manager and the provider. We looked at five people's care records, four staff files and records relating to the management of the service including systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

People were protected from harm by staff who knew how to keep them safe. People told us they felt safe. One person told us, "I feel safe because I'm very happy with the staff who support me." A relative said, "I am confident [person's name] is safe, I've met the staff and this gave me reassurance." Staff we spoke with understood their responsibilities in keeping people safe and knew what action to take if they had concerns. One staff member told us, "I would always escalate any concerns to the manager or provider and would contact the police if I suspected someone was in danger." The registered manager knew how to report safeguarding concerns to the local authority in order to keep people safe and had previously worked with other agencies to resolve matters of concern in relation to people's safety.

Risks to people had been assessed and reviewed and guidance was available for staff to enable them to support people to maintain their safety. The registered manager had carried out risk assessments prior to care and support being provided. For example, we saw risk assessments were in place for one person in relation to medicines, mobility and personal care activities. Staff we spoke with understood potential risks to people and were able to tell us how they supported people in a way to minimise risk. One staff member told us, "One of the people I support must have their shoes on before they try to walk, for their own safety. I read their care plan before meeting them, so I knew I had to support them to put their shoes on before they walked. This helps to prevent them from falling over." People's risk assessments contained relevant guidance for staff to follow. Although no incidents or accidents had occurred recently, the registered manager was aware of the need to monitor incidents and review risk assessments to ensure people received up to date care and support.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe from harm. People told us staff arrived on time and stayed with them for the required time. One person told us, "I am always introduced to staff before they come to support me, I get three carers and they are consistent." A relative said, "Staff are punctual, and do what they are supposed to do." The registered manager told us they monitored staffing levels and tried to give every person a lead worker who supported them. They said, "We don't use agency staff, one of our staff will cover if someone is off. We try and match people, so they have consistency, it's important people feel they know the staff."

We looked at four staff files and saw appropriate checks had been carried out prior to staff working unsupervised in people's homes. We saw the provider had conducted recruitment checks including requesting references from people's previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

People were happy with the way they received their medicines. One relative told us, "Staff give [person's name] their medication. They get it when they need it, I have no concerns." People who needed assistance with their prescribed medicines were supported and their medicines were stored in their own homes. Care plans provided staff with guidance that ensured people took their medicines safely and as prescribed. Staff confirmed they had been trained to support people with their medicines. One staff member told us, "I am

trained and have been observed supporting people with medication, the manager made sure I was competent." People's medicines were managed so they received them safely.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. All of the people and relatives we spoke with were happy with the support they received from staff and felt they had the skills required to support them. One person told us, "I am very happy with my support, I think the staff are very good." A relative said, "I am very impressed with the staff. Once [person's name] had been assessed we no longer needed to explain. The new staff shadowed the manager and they know the routine now." Staff told us they felt supported in their role and were offered training that enabled them to provide people with the appropriate support. One staff member said, "If I struggle with something I can ask the manager, they will show me how to do things." Another staff member said, "I needed more experience in using a hoist, so I did some training and worked closely with the manager. I am confident now." New staff told us when they started working for the service they received an induction which took place over three days. One staff member told us, "I had my induction and then spent a week working alongside other staff, learning about people and their support." The registered manager told us they supported staff to undertake nationally recognised qualifications, to further develop their skills and knowledge.

Staff sought people's consent before providing care and support. A relative told us, "I see staff asking if [person] is happy with the care. Staff always bend to their eye level and speak clearly so they know they've understood." Staff we spoke with understood the importance of gaining people's consent and told us they had received training in the Mental Capacity Act 2005 (MCA). One staff member said, "All of the people I support can communicate their decisions to me, but I still always ask them, 'what do you want to happen?' It's important to ask questions and see how people respond." The MCA provides a legal framework for making 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. We discussed the MCA with the registered manager and they demonstrated to us that they understood their responsibilities and people's individual wishes were acted upon. We reviewed information about capacity in people's care plans and found people had been involved in making decisions about their care and support.

People were supported to eat and drink enough to maintain a balanced diet. Some relatives we spoke with told us their family members were supported to maintain their diet. They told us they were happy with the meals provided by staff. People's preferences in terms of food choices and dietary requirements were documented. For example, one person's care records detailed they were vegetarian and had a pureed diet. Although staff were not responsible for preparing the person's meal, they were aware of the person's needs and knew the importance of the person receiving food of the right consistency. The registered manager told us staff monitored people's fluid and dietary intake and raised any concerns with relatives or healthcare professionals when required.

Discussions with staff showed they knew how to respond to people's specific health needs. For example, changes in a person's physical health. A staff member told us, "I am aware of people's health needs, and if anything changes I contact their family. I would also notify the office." Staff were able to clearly describe the

action they would take if a person was unwell or if there was a medical emergency. Staff told us and we saw people's care records detailed their health needs, conditions and any prescribed medicines. This provided staff with the information they needed to support people to maintain their health. Where people required assistance from a healthcare professional we found the manager had made appropriate referrals to ensure people received the right support. For example, a referral had been made to the continence service to support a person whose needs had changed.

Is the service caring?

Our findings

People were supported by staff who were friendly and caring. One relative told us, "I've met some of the staff personally and they are kind and very polite." Another relative told us, "[Person's name] has got to know one member of staff quite well, when she was off for a few days I heard [person] say they had missed them." Staff spoke with interest about the people they supported and told us they tried to approach people in a positive caring way. One staff member shared with us how they had learned from a person's family that certain sounds helped the person feel more relaxed. The staff member now used these sounds whenever they supported the person. The registered manager told us they and the provider trained all new staff members and proactively demonstrated the standards of care they expected from the staff team. They told us, "We show staff how we expect things to be done. It's about people's wishes and giving people as much control over their care as possible. I say to staff they should always ask a person how they want it to be." Staff confirmed this, with one staff member commenting, "I worked closely with the registered manager, they guided me and showed me the standards they expected."

People and their relatives told us staff listened to them and understood their needs and preferences. A relative told us, "[Person's name] gets on well with the staff. They all sit and have a chat with them, take time to get to know them." Staff members were able to share examples of how they offered people choice when supporting them. One staff member told us, "It's important to be friendly and to clearly explain any choices. I go through the options with [person's name] and then they make the decision." Where people were not able to express their choices or decisions verbally, staff had the skills required to involve them in decisions about their care. Another staff member said, "I use people's body language if they cannot tell me, observe the person's behaviours. You need to know the person and develop trust." People were supported to express their views and were involved in making decisions about their care and support. Where people had specific cultural needs, their care records gave clear guidance to staff about how to support the person. For example, staff were required to contact a person's family member after they had been supported with person care, so that holy water could be applied to their body.

People were supported in a way that protected their privacy and maintained their dignity. All of the people and relatives we spoke with felt that staff treated people with dignity. One relative told us, "Staff understand [person's name] routine and this helps their dignity. They don't get as confused because staff know how things need to be done." Staff were able to tell us about ways in which they protected people's privacy by closing curtains and doors when providing personal care. One staff member told us, "I try to make sure people feel safe. Keep doors closed and the person covered whenever possible." Care records detailed ways in which staff could support people to maintain their independence. For example, by encouraging people to participate in regular activities to avoid becoming isolated.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in planning and making decisions about their care and support. One relative told us, "Myself and [person's name] wrote a plan of how they would like to be supported and Clarriots Care took it on. There have been no issues at all. We were able to say what we needed and they provided it." A person who used the service told us staff had asked them how they liked to be supported. Initial assessments were completed by the registered manager or provider and the information gathered then transferred into an individual care plan which staff followed to ensure the person's needs were met. Care plans were personalised and contained clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. Staff we spoke with told us they read people's care plans before providing them with care and support and were kept informed of any changes through regular contact with the registered manager. Staff told us they reported any changes in people's needs to the registered manager. The registered manager said, "Staff make a note of any changes and notify the office, the care plan is then updated and other staff are informed. This ensured people received care that was responsive to their needs."

Where people had specific needs in relation to a learning disability or sensory impairment the provider took steps to ensure they were involved in their care and support. One person used an iPad to communicate and staff ensured any words were enlarged to ensure the person had the best opportunity to participate in their support. Where there were changes in people's needs relatives told us the provider had responded to provide the person with the support they needed. For example, one person had experienced a fall and the provider had arranged additional support calls while the person recovered. Their relative told us, "There were an extra couple of visits, just to check [name] was ok. It was peace of mind for them and for me."

People told us they knew who to contact if they were unhappy about their care or support. One relative told us, "There has been no need to complain, but if I needed to I'd contact the manager or the provider, they are both approachable." Another relative said, "I know who the manager is and I would speak to them if anything was wrong. They call to see if I have any concerns." Staff knew how to deal with information they may receive if a person was unhappy. One staff member told us, "There is a complaints form provided to everyone. I point it out to new clients. I would talk to people if they were unhappy and let the manager know." Although no formal complaints about the service had been received, the registered manager told us they tried to address any minor issues as they arose. This was confirmed by relatives, one commenting, "On one occasion staff were going to be late as they were stuck in traffic, I had a call to apologise. I was glad I was informed." There was a system in place to manage complaints and people received details of how to complain when they started to receive care and support.

Is the service well-led?

Our findings

People and relatives expressed confidence in the registered manager and provider and told us they were happy with the service. One person told us, "I am very happy with Clarriots Care, I can't fault them." A relative told us, "It's a good service, and the staff do extra things like watering plants, which they don't have to do, but it's nice they do." Staff also felt the service was well managed. One staff member told us, "I think it's run by good people. They listen to relatives and try and cooperate with people, they understand people's needs." Another staff member said, "I think what's important is the way they [registered manager and provider] treat people. People are treated with respect."

Staff we spoke with told us they felt supported by the registered manager and provider. One staff member said, "The support here is fantastic, there is always somebody there." Another staff member told us, "If I don't understand something the registered manager encourages me, they are always here to listen to you." Staff told us they felt able to express their views and opinions about the service and were confident any suggestions made would be taken seriously. One staff member said, "We get asked how we feel about things, you can make suggestions, because you feel listened to." Staff shared with us examples of how the registered had taken on board their suggestions about how people's care was delivered and made changes and that benefited people who used the service. For example by adjusting call times, to better suit a person's routines.

There were systems in place to monitor the quality of the service. We saw that daily logs recorded by staff were checked to ensure any issues raised were acted upon. The registered manager reviewed records relating to incidents and had introduced changes to reduce the likelihood of these reoccurring. For example, reviewing medication management processes following a medication error. The registered manager and provider also carried out observations on staff delivering care to ensure they were on time and competent in their role. Staff confirmed these checks took place.

Due to the number of people receiving support the registered manager had been able to gather people's views informally, via telephone conversations or while delivering care and support. People and relatives told us they had been asked for feedback and where they had suggested changes or improvements these had been acted upon. For example, one relative had requested their family member be supported by a person who spoke the same language as them and this had been arranged. People benefited from a service that welcomed their feedback and suggestions and was well-led.

The registered manager and provider were open about the areas they felt needed to be developed and shared with us their plans for future quality monitoring, taking into account a growth in service. The registered manager was knowledgeable about the needs of people using the service and were aware of their responsibilities as a registered person. The provider worked with other organisations to make sure they were following current practice guidance and had also registered with a national organisation to promote a positive view of the care sector within schools, colleges and job centres.