

Jackie Achilles Ltd

# Clarriots Care Liverpool South & Knowlsey South

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Clarriots Care provides support for people who need assistance with their personal care. They support people who live in their own homes in the community. At the time of the inspection two people were receiving a service. Both of these people required minimal support with personal care.

The inspection took place on 20 September 2017 and we gave the provider 24 hours' notice in order to make sure the people we needed to speak with were available. This was the first inspection of this service.

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

The provider had systems in place to monitor and assess the quality of care provided and drive improvement. These systems had identified issues relating to the maintenance of records at the service but had not yet been fully addressed. This is an area of practice we identified as needing to improve.

People were provided with a service that was centred on their needs, wishes and preferences. Care provided was responsive to people's changing needs and wishes and staff respected people's privacy and treated them with dignity.

Care plans described people's needs and preferences and staff were aware of people's personal history and the relationships that mattered to them. People and their relatives were consulted about decisions and involved in planning their care. One relative commented, "It's an excellent company. The girls coming in are lovely with my relative. We're really pleased with them and have confidence in them using the equipment."

There were systems and procedures in place for the safe management and administration of medicines.

There were systems in place to ensure people received safe care and there were sufficient staff employed to support them. Recruitment practices ensured staff were suitable -to work with vulnerable people. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Staff had received training that equipped them to fulfil their role and there were opportunities for additional training specific to the needs of people who may use the service in the future, such as caring for people living with dementia or epilepsy.

The registered manager and staff had received training and worked in accordance with the Mental Capacity Act 2005 (MCA).

Risks associated with the delivery of care, environment and equipment had been identified and managed.

The registered manager was approachable and staff felt confident any concerns they may have would be taken seriously. A staff member commented, "It's a great place to work. The manager is very supportive and is all about the clients."

## 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 their medicines safely.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment practices ensured staff were safe to work with people at risk.

### Is the service effective?

Good ●

The service was effective.

People were supported by competent staff.

People were supported to access health care professionals when needed.

Staff received training which was appropriate to their role.

### Is the service caring?

Good ●

The service was caring.

People were well cared for, their privacy was respected, and they were treated with dignity and respect by kind staff.

They were encouraged to remain independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place to ensure people received care which

was personalised to meet their needs, wishes and aspirations.

There were systems in place to respond to complaints and people knew who to speak with if they had a concern.

### Is the service well-led?

The service was not consistently well-led.

Improvements were needed in relation to the maintenance of records.

The registered manager was approachable and staff felt listened to.

Quality assurance was measured and monitored to help improve standards of service delivery.

The registered manager was aware of their responsibilities

**Requires Improvement** 

# Clarriots Care Liverpool South & Knowlsey South

## **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 checked 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.

The inspection took place on 20 September 2017. This visit was announced, we gave the provider 24 hours' notice of our visit so that the people we needed to speak with were available. This was the first inspection of this service.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. This included the initial registration application for the provider and the registered manager and the associated registration recommendation reports.

As part of this inspection we spoke with the relative of one person receiving a service, the registered manager, and one member of staff. We looked at the care records of the two people who were using the service. We also looked at three staff files and other records relating to the management of the service, such as, the staff hand book, service user guide, policies and procedures and audit documentation.

# Is the service safe?

## Our findings

There were systems in place to ensure the safety of people using the service. The representative for one person confirmed they felt their relative was 'safe and secure' with staff.

There were systems to identify and reduce risks. Risk assessments had been completed which were specific to the person's needs. These assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk.

There were sufficient numbers of suitably qualified and experienced staff to meet people's needs. The registered manager told us there were three staff that regularly provided support to people living in their own homes. A relative told us that staff always arrived on time and for the full duration of the call and commented, "They are reliable. They turn up on time." A staff member and a relative explained, if a staff member took unexpected leave, the registered manager covered care calls. A relative told us they had not experienced any missed calls and that they signed staff timesheets to confirm staff attendance of the call.

People receiving a service or their representatives ordered and stored their medicines but required staff to support them to take them. One person's care plan provided staff with guidance on how to do this in line with their preferences and stated, 'I can self-medicate and need the staff to pop out tablets for the blister pack and give them to me on a spoon and place in my left hand.' The medication administration records (MAR) had been completed to indicate whether or not medicines had been administered and those seen contained no gaps. Staff who administered medicines had received medicine awareness training and their competencies in relation to administering medicines safely were checked.

There were systems in place to protect people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and there were plans for this training to be refreshed regularly. Staff knew what action they would take if they suspected abuse had taken place and told us they would report to the registered manager or the local authority.

Staff had completed training in relation to keeping safe such as accessing people's homes and lone working. Staff had the access to the equipment they needed to keep people safe and reduce the risk of cross contamination for example, disposable gloves and aprons. People were introduced to new staff before they provided them with any care or support and staff carried identity badges.

The registered manager told us no accidents or incidents had occurred. However there were systems in place for the recording of accidents and incidents and for any trends and themes to be identified.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and identity and security checks had been undertaken to ensure that potential staff were safe to work with people at risk.

## Is the service effective?

### Our findings

People were supported by staff who had skills they needed to provide effective care. A relative told us, "It's an excellent company. The girls coming in are lovely with my relative. We're really pleased with them and have confidence in them using the equipment."

New staff completed an induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is a nationally recognised identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff also received training in areas such as fire awareness, moving and handling, lone working and medication awareness. A staff member told us the training they had received had prepared them for their role and said they felt confident and competent to support people.

People had their assessed needs and preferences met by staff with the necessary skills and knowledge. Staff received support and professional development to assist them to develop in their roles. There were formal systems for development including one to one supervision meetings and annual appraisals. Supervision is a system that ensures care workers have the necessary support and opportunity to discuss any issues or concerns they may have. A care worker told us they had scheduled supervision meetings with their line manager where they could sit down in private and have a one to one discussion. They told us they felt supported in their role and that they were listened to.

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. Staff had knowledge and understanding of the (MCA) because they had received training in this area. People's care plans detailed when people had agreed to their care themselves and for people who lacked the capacity to give their consent to their care, their representatives made decisions in their best interest. People were given choices in the way they wanted to be cared for. Staff told us how they ensured people had choices on how they would like to be cared for and that they always asked permission before starting a task.

There were systems in place for people to have an initial nutritional assessment and their dietary needs and preferences were recorded. Staff supported two people with their meals. They told us they heated ready meals of one person's choice for them as and when they requested. The care plan or another person stated that their representatives prepared their food and staff supported them to eat. Their care plan stated the person could feed themselves and staff should prompt and give encouragement. It also documented they used a spoon to scoop the food up and were left handed.



The registered managers and staff told us people or their representatives contacted health care professionals when required but that staff would do so for them if they requested it. Records confirmed they monitored the person's general health and well-being and when needed changes in people's health had been reported to their representatives.

## Is the service caring?

### Our findings

People were happy with the care they received, and said they were supported by staff that knew them well and treated them with kindness. A relative described staff as 'kind' and 'caring' and the registered manager as 'a lovely person'. They told us "I'm happy with all of them" and told us their loved one was "Definitely happy with the girls. They shout 'doorbell' when it's time for them to come. It's great to know they are happy."

People's care was provided in the way they wanted it to be and people were involved in making decisions about their care and treatment. The registered manager and staff told us people and their representatives had been involved in formulating their care plans and that they regularly consulted with people about their care. They told us one person made their own choices about their care and how they would like it to be provided and they liaised with another person's representatives in relation to how the person preferred their care to be delivered. This was recorded in the relevant care plans.

People's independence was promoted. The registered manager and staff had a firm understanding of the importance of people remaining independent. They told us one of the people they supported required minimal support with their personal care and guided staff when they needed assistance. A staff member told us, "(Person's name) is very independent, they tell me how they like things to be done and would not hold back if they were not happy".

People's privacy and dignity was respected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. A staff member told us they took care to cover people when providing personal care and commented, "I put towels around them. I always do my best to keep people dignified". They also said they closed doors to ensure people's privacy was respected and were familiar with the preferred term of address of the people they supported.

People received consistent care. People were supported by the same staff who knew them well and were introduced to new staff before they started to deliver care to them. Staff told us that they had enough time to support people and never felt rushed when providing care and support. They were committed to arriving on time and told us that they would notify people or the office if they were going to be late. Staff told us due to the fact that they consistently attended the same people they were able to build relationships and a good rapport with people which increased their understanding of people's needs,

People's confidentiality was respected. Records were stored securely and care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. The issue of confidentiality was also covered during staff induction and training.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. It was evident from our conversations with the registered manager, a relative and a staff member that the service they provided to people was personalised to them.

The care provided was centred on each person's needs, wishes and preferences which had been assessed and planned for. Each person's needs had been assessed before they started to use the service. These initial assessments had been used as a basis on which care plans had been developed to guide staff in how the person wanted and needed to be supported. Care plans were centred on the person and designed to help people plan their life and the support they needed. Each section of the care plan was relevant to the person and their needs, it included parts on mobility, eating and drinking and personal care. Staff completed daily records of the care and support that had been given to people. They detailed the task based activities, such as assistance with personal care, staff had completed as well as how people were feeling on that day.

Care plans provided information about people, their personal history, their wider circle of support such as family and individual preferences, interests and aspirations. They contained information on the person's likes, dislikes and daily routine and guidance for staff on how individuals preferred to be supported. The care plan for one person who needed assistance with their personal care provided details on which room the person preferred to get dressed in and when assisting the person to get dry they 'will communicate the assistance needed'. It was clear that management and staff knew people's likes and dislikes and that the support they provided was flexible and could respond to people's changing needs and wishes. A staff member told us the support the person required varied from day to day depending on how they were feeling but that they adapted the care they delivered to accommodate the person's needs and wishes on that day. They commented, "Sometimes (person's name) is able to wash themselves but other times they need a bit of help. It depends how they are feeling."

Although no complaints had been made, there were systems in place for complaints to be recorded investigated and responded to. The procedure for raising and investigating complaints was available for people and their relatives. A relative told us, "I would go to the manager if there were any problems but so far there has been no need for that. Everything is going really well."

## Is the service well-led?

### Our findings

Everyone spoke highly of the registered manager and felt the service was well run. A staff member told us they enjoyed their work and their comments included, "It's a great place to work. The manager is very supportive and is all about the clients."

Despite the positive feedback we identified some shortfalls in the records. Some staff training certificates did not include a date the training had been completed and although we were told one staff member had completed their induction, there were gaps in the records to confirm that spot checks had been completed and not all the paper work had been signed. The provider's policy in relation to safeguarding people from abuse needed to be updated to reflect changes in legislation. Some of the provider's documentation relating to people's care had not been fully completed. The moving and assisting scoring tool in one person's care plan was blank and although the registered manager and staff had a good understanding of people's needs, some sections of people's care plans provided limited guidance for staff to follow. Therefore there was a risk that any new staff, who would be more reliant on the care plans, would not have the guidance they needed to support people appropriately. The majority of these issues had been identified by the providers own quality assurance processes and plans were in place for them to be addressed. However this is an area of practice we identified as needing to improve.

A staff member spoke about the ethos of the service as being to providing personalised care that met people's individual needs and felt it was to "Support people in the way they choose, to be person centred, support people to be independent". They told us they felt that the registered manager "Genuinely cares about people and wants to do their best for them. It's all about the person and being person centred".

The provider undertook quality assurance audits to ensure a good level of quality was maintained for example; staff training and people's care records were checked to make sure they were up to date and accurate. There were systems to analyse the results of the audits in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The registered manager told us they met with people on a regular basis to gain feedback on the service provided and individual staff. A relative and member of staff confirmed this.

There were systems in place for staff to raise concerns under the providers whistle blowing policy and staff were aware of this policy. A staff member told us they knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They felt the registered manager was 'approachable' and 'a good manager' who they felt they could go to with any concerns or questions and that they would be listened to.

There were also systems and processes in place to consult with people, relatives and staff to gain their feedback on the service provided. All the feedback received on customer satisfaction surveys was positive. Team meetings at which staff could discuss the service delivered took place and minutes taken and available to staff who did not attend the meeting.

Roles and responsibilities and the line of accountability within the organisation were clear. The registered manager was aware of their responsibilities. They informed us that they were supported by the provider and attended meetings to discuss areas of improvement for the service.