

Clarity Homecare (Bury) Ltd

Clarity Homecare Bury

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

About the service

Clarity Homecare Bury is a domiciliary care service that provides care and support to adults in their own homes. At the time of the inspection the service provided support to 25 people. 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.

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

People received the care they needed to keep them safe and well. Staff used risk assessments and care plans to support people with their individual care needs. Staff complied with good infection control practices when supporting people such as wearing personal protective equipment. People received their medicines safely. The service had a stable staff team who worked with the same people most of the time.

People received the care they needed from the service. Staff worked closely and flexibly with other health and care workers to meet people's needs and ensure consistency and continuity of care. Staff received the appropriate training and supervision to help them support people effectively. People received support that gave them maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and supported them based on their needs, preferences and choices. Staff developed good working relationships with people and their relatives. The registered manager ensured staff had the time they needed to provide care effectively. The service kept in regular contact with people and their relatives to check they were happy with the service provided.

The service developed personalised care plans that accurately reflected people's needs and preferences. The service assessed people's communication needs and took them into account when planning care. Staff, the people they supported, and relatives could contact the office at any time during working hours and had access to an on-call system outside of office hours. The service invited feedback from a range of sources to and took action to address any concerns identified.

The service promoted high quality, person-centred care and had an open and honest culture. People and their relatives gave positive feedback about all aspects of the service. They described the staff as dedicated, caring and well-trained, and the registered manager as knowledgeable and accessible. Staff seemed happy in their jobs; they found the registered manager very supportive and inspiring. Managers used a range of governance systems, tools and processes to assess the quality of the service and identify areas that needed attention.

Rating at last inspection

This service was registered with us on 10 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected before.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

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 responsive.
Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below

Good ●

Clarity Homecare Bury

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 Care Act 2014.

Inspection team

The inspection team comprised one inspector and an Expert by Experience. 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.

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. 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 17 May 2021 and ended on 21 May 2021. We visited the office location on 19 May 2021.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the care coordinator and community care staff.

We reviewed a range of records that included five people's care records, four people's medicines records and training data for staff. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records. We sought feedback from the local authority's commissioner.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm
- All staff received mandatory safeguarding training and annual refresher training. The staff we spoke with knew how to recognise and report safeguarding concerns and felt confident to do so. Some of the staff we spoke with gave examples of incidents they had reported and described the processes they had followed. This included contacting a manager as soon as possible and completing the relevant forms on their mobile application, for example, accident forms and body maps.
- The registered manager and senior staff ensured they reported any concerns to the appropriate agencies such as the local authority.

Assessing risk, safety monitoring and management

- The care records we reviewed had up-to-date, comprehensive risk assessments with individual care plans for each risk identified, for example, relating to mobility, pressure sores, capacity issues and medicines.
- The provider held people's full care records on an electronic records system that was easy to navigate. Staff quickly and easily accessed the risk assessments, care plans and monitoring forms they needed to provide safe care on their mobile phone application.
- Staff and people could contact the office at any time during the day in case of emergency. Out of hours they had access to the on-call service run by the managers.

Staffing and recruitment

- The registered manager had recently recruited some new staff and the service had a stable staff team that was enough to meet the needs of the people who received support.
- The registered manager allocated the same staff to support people wherever possible. This provided consistency and continuity of care and helped staff and people to develop good working relationships. Staff, people and relatives found this beneficial.
- The management team managed any staffing gaps, for example, due to sickness absence or domestic emergencies, by asking staff if they wished to work extra hours or by providing the care themselves.
- The staff personnel records we reviewed contained the appropriate information and documents and were in good order.

Using medicines safely

- The service had very good medicines management policies, procedures and practices.
- People received their medicines safely. Staff administered medicines at the right time, and safely

managed 'when required' medicines. Staff completed records of the use of creams accurately.

- The service had learned from issues they had had with medicines administration in the past and improved their practices accordingly.
- The registered manager had increased the frequency of audits to help ensure good practice and identify any emerging issues.

Preventing and controlling infection

- The provider had up-to-date and comprehensive infection prevention and control policies and practices in place.
- Staff used personal protective equipment (PPE) effectively and safely. Managers undertook random spot checks to ensure compliance.
- Staff held their own supply of PPE and obtained additional stock from the office when needed.
- Staff participated in the weekly Covid-19 testing programme and the service logged the test results on a tracker.
- The office had enough rooms and space to accommodate the office-based staff at a safe distance from each other. Staff based in the office practised social distancing and used PPE where needed.

Learning lessons when things go wrong

- The provider reviewed all incidents to identify learning and shared this and the changes made with all staff. For example, the service had made improvements to medicines administration following some medicines errors.
- As well as analysing incidents when they occurred, the provider had a comprehensive range of audits that helped identify any issues, gaps and risks, which they then addressed.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service assessed people's individual needs holistically and developed associated care plans. The care records we reviewed showed up-to-date assessments with individual care plans for each need identified, for example, repositioning, personal care, and medicines administration.
- Care staff worked closely with the other health and social care workers involved in a person's care, for example, personal assistants, district nurses and GPs.
- The service worked flexibly where possible to help meet people's needs. For example, one relative said, "I can always ring [manager], I never feel like I'm bothering [manager]. When they know [person] has an appointment, they'll change the times so the carers can get him ready, so he's not rushed. They're very accommodating and very nice people."
- Care records showed the service made appropriate referrals to health and social care professionals, shared information with commissioners and social workers, and kept people and their relatives updated. Care staff dealt with any issues that arose where they could. For example, one relative said, "If [person] runs out of anything, like cream for her legs, they'll chase it up but also tell me."

Staff support: induction, training, skills and experience

- All staff underwent a full induction and a comprehensive mandatory training programme when they commenced employment. Staff received annual refreshers on much of the mandatory training. The staff training matrix showed high levels of compliance with training requirements.
- The provider offered staff a good range of training and development opportunities. For example, new staff enrolled on the Care Certificate and several staff had enrolled on national vocational qualifications in health and social care. The registered manager showed a strong commitment to skilling up and developing staff and encouraged them to make suggestions for further training.
- Records showed staff received regular supervision with a member of the management team. The staff we spoke with said they found the sessions supportive.
- Staff spoke positively about the support they received from the management team. They described them as caring and considerate. The staff we spoke with appreciated the flexibility they enjoyed, which helped them achieve a work-life balance.

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

- Staff supported people with food and drinks where this was part of their care plan. The service used a specific nutrition risk assessment and care plan to capture people's risks and needs.

- The provider planned visits to ensure that staff had the time to complete tasks such as cook a hot meal for a person at least once during the day.
- All staff knew people's individual food and drinks preferences, and always asked them for their choices.

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.

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.

- At the time of the inspection, none of the people supported by the service had a Court of Protection Order in place.
- Staff had received training on the Mental Capacity Act (MCA) and understood the principles of the MCA.
- Where a person appeared to have issues with their capacity to make certain decisions, the service noted this in their risk assessments and care plans. In addition, they requested copies of people's MCA assessments from their social workers.

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; Respecting and promoting people's privacy, dignity and independence

- Staff knew people well and supported them based on their needs, preferences and choices. The staff we spoke with showed respect and dedication to the people they supported.
- The service encouraged staff to develop a rapport and good working relationships with people. One relative told us, "They like [person] and they're lively, which she really responds to."
- All the relatives we spoke with told us they were very happy with the care provided to their loved ones. For example, one relative said, "They've been absolutely perfect. I couldn't manage without them." Another said, "We're fantastically happy with the service."
- The service matched staff and people where it might be beneficial to people. For example, they considered people's language needs and gender preferences.
- The service ensured staff had the time they needed to provide care in a compassionate and personal way. One staff member told us, "The way travel time is managed well is really good - really allows the time to do the job and spend time with the client."

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

- Following referral, the service arranged to meet people, their relatives and the professionals involved to complete a comprehensive assessment. During this process, the service learned about the person's needs and their history, background, preferences, interests and key relationships. This helped the service get to know the person and plan appropriate care.
- The people and relatives we spoke with told us they were actively involved in decisions about their care throughout their care journey. They described collaborative working relationships and good communication with managers and staff. Managers contacted them regularly to check if they were happy with the service.
- Managers organised rotas to ensure that staff had the time to support people without rushing. Staff appreciated the effort that managers put into planning schedules that minimised travel time and maximised contact with people.

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 Good. This meant people's needs were met through good organisation and delivery.

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

- The service met people, their relatives and the professionals involved to develop personalised care plans that accurately reflected people's needs and preferences. During this process, the service learned about people's history, background, preferences, interests and key relationships.
- The service encouraged staff to get to know the people they supported well and build a rapport. The care records we reviewed showed people's preferences as well as their needs, for example, their preferred name, food and drink preferences, and hobbies.
- Staff used a mobile phone application that held all the assessments and care plans for the people they supported. Staff said this worked well and they rarely experienced any difficulties with it.
- Staff, the people they supported, and relatives could contact the office at any time during working hours. The service also had an out of office hours on-call system for both staff and people. The staff and people we spoke with said someone always answered their calls.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service assessed people's communication needs and took them into account when planning care. Care plans included guidance for staff to help them communicate with people effectively when providing care. The service ensured that the staff provided care knew the person well and understood their communication needs.

Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints. The service received very few formal complaints. None of the people and relatives we spoke with had any complaints about the service. All the people and relatives we spoke with knew how to complain and felt confident any issues would be addressed.
- Managers analysed feedback from a range of sources (for example, annual surveys, care reviews, telephone check-in calls, spot checks, and post care questionnaires) to identify any concerns and take action to address them.
- Managers responded to any concerns and issues promptly and fairly whether from staff, people who used services or their relatives. For example, managers had amended rotas to minimise travel time for staff following a comment in the annual staff survey.

End of life care and support

- At the time of our inspection, none of the people supported by the service received end of life care. However, the service had previously supported people who needed end of life care.
- Staff received level two accredited training on end of life care. Training records showed that all staff had completed the training except for one new staff member.

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

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

- The service had a positive culture that focused strongly on person-centred rather than task-based care. The staff we spoke with described an open and honest culture where people and relationships mattered.
- The people and relatives we spoke with gave overwhelmingly positive feedback about the care staff, the registered manager and the service they received. One relative told us, "They're absolutely perfect. I couldn't manage without them. ... They work really well as a team and share information. ... I can't fault them." Another relative said, "There's never been any time when he's been at risk of harm. They all seem really well trained. When he came out of hospital, he couldn't walk but now he can. I think 70/80% of that is down to them."
- The service cared for people in a way they wanted and needed. For example, one person told us, "I have them for two hours in the morning. They help me to get up, change. ..., help with the shower, tidy up and make breakfast. They follow me around to make sure I'm safe. They're lovely, all of them." A relative told us, "Set ones come. They really care. It's important, it's my [person]. They like [person] and they're lively which she really responds to."
- Staff spoke very highly of the registered manager. They described them as visible, accessible, supportive and flexible. Staff found them inspiring and empowering. One staff worker told us, "It's impossible to find a boss like [name]." Another said, "[registered manager] gives anyone the opportunity [to develop] if they want."

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

- Managers understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. They informed people if something went wrong and acted to rectify the issue where possible.
- The service actively promoted openness and transparency to its staff and the people they cared for. Staff, people and relatives confirmed that the provider had a genuinely open and honest culture.
- The provider had good working relationships with local agencies such as the local authority and care broker and shared information appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers had a range of governance systems, tools and processes that helped them assess the safety and

quality of the service and identify areas that needed attention.

- The registered manager showed a strong commitment to ensuring good governance of the service. Managers at head office and the local service carried out a range of audits to monitor the safety and effectiveness of the service provided. These included audits on care records, daily records, and medicines administration, and spot checks on infection control compliance.
- The registered manager had a good knowledge and understanding of the adult social care sector, which staff, people and their relatives recognised. For example, one relative said, "The manager is brilliant. [The manager] is knowledgeable, helpful and [their] understanding is unbelievable."
- The registered manager had good working relationships with the provider's head office staff and received a lot of support from them. This included help with audits, finance, training, and recruitment as well as management cover during absences.

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

- The provider conducted an annual survey with people who received care. The last survey completed in March 2021 showed overwhelmingly positive feedback about all aspects of the service.
- All the people and relatives we spoke with knew who the registered manager was and described them in glowing terms such as brilliant, knowledgeable, fantastic, lovely, very professional, kind and honest. One relative said, "It's one of the few care companies where the manager goes above and beyond."
- The registered manager maintained direct contact with all the people cared for by the service either via a telephone call or through the provision of direct care. People also received a feedback questionnaire when their care ended.
- The provider conducted an annual survey of staff. The last survey completed in March 2021 showed staff liked the provider and felt happy in their jobs.

Working in partnership with others

- The service worked closely with key stakeholders and agencies including the local authority and care brokers. The local agencies we spoke with gave positive feedback about the provider.
- The service kept in close contact with other health and social care services involved in people's care such as district nurses and GPs. They also worked closely with people's personal assistants to provide holistic and consistent care.