

NIKA GLOBAL LTD

Clarity Homecare (Hillingdon)

Inspection report

Office 109, Boundary House
Cricket Field Road
Uxbridge
UB8 1QG

Tel: 07908653276
Website: www.clarityhomecare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability or who are autistic.

About the service

Clarity Homecare (Hillingdon) is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection there were 11 people using the service. 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

Overall, service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. However, in terms of consent to care, we have recommended the provider is consistent in following the principles of the Mental capacity Act (2005). Additionally, we have recommended the provider consider the most relevant guidance around safe recruitment practices.

Right Support

Overall, people were supported to have maximum choice and control of their lives and 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 focused on people's strengths and promoted what they could do. People were supported by staff to pursue their interests as part of their care plan. Staff supported people to play an active role in maintaining their own health and wellbeing. Staff supported people with their medicines in a safe way.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Appropriate risk assessments were in place. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

People received good quality care, support and treatment because trained staff could meet their needs and

wishes. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 14 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarity Homecare (Hillingdon) on our website at www.cqc.org.uk.

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 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 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 (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 1 inspector. After the inspection, an Expert by Experience supported the inspection by making phone calls to people who used the service and their relatives to ask for their feedback. 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 11 July 2023 and ended on 16 August 2023. We visited the location's office on 13 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 3 people's care records, medicines records and 2 staff records. A variety of records relating to the management of the service, including audits were also reviewed. As part of the inspection, we spoke with 3 people who used the service and 3 relatives. 14 care workers emailed us feedback of their experience of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment procedures were not always followed. We reviewed the recruitment files of the two newest staff and found their disclosure and barring service (DBS) checks were not up to date. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- The staff were employed as part of a sponsorship programme and the registered manager thought they had three months to apply for a DBS. The registered manager took immediate action and was able to demonstrate after the inspection the DBS checks were now in place.

We recommend the provider always refers to relevant guidance regarding recruitment procedures.

- Notwithstanding the DBS checks for staff on the sponsorship programme, the provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references and identity checks. The information helps employers make safer recruitment decisions.
- There were enough staff to support the people using the service and to help keep them safe. People and their relatives told us staff arrived on time, stayed the correct length of time, and that they received support from the same staff which provided consistency of care. One person said, "My carers arrive on time when I am expecting [them]. If the carers are running late the office informs me and if carers are changed for the call, the office always informs me."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed to help ensure their needs were safely met. Assessments included risk for people in areas such as falls, the use of bedrails, medical conditions and personal care tasks.
- Risk management plans included information for staff about the actions to take to minimise the chance of accidents occurring. For example, for one person who ate pureed food, there was guidance on what they liked to eat, how they needed to be positioned to eat, their eating habits and what to do if various behaviours were observed while they were eating.

- There were also assessments of people's home environment to help make sure the environment was safe.
- Risk assessments and mitigation plans were regularly reviewed or when people's needs changed.
- Staff had appropriate training to meet the specific needs of the people they cared for.

Using medicines safely

- People received their medicines safely and as prescribed.
- At our last inspection we identified prescribed creams were not always correctly identified or recorded and we made a recommendation about this. At this inspection we found medicines administration records (MARs), including for topical creams, were completed correctly, which indicated medicines were administered as prescribed.
- The provider had a medicines policy and procedure in place with guidelines to administer medicines safely, Staff had completed medicines training and medicines competency assessments to help ensure they administered medicines correctly.
- 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.
- People using the service and their relatives told us people were safe. One person told us, "Yes, [I feel safe]. They are friendly, and also the carer that comes is regular. I know her now."
- Staff had completed safeguarding training to ensure they had the skills and ability to recognise when people were at risk of abuse and how to respond to help ensure people remained safe.
- The provider had worked with other agencies to help protect people and investigate safeguarding concerns when these had been raised.

Preventing and controlling infection

- The provider had appropriate systems to help prevent and control infection. These included policies and procedures which had been reviewed and updated in line with government guidance.
- 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.
- Spot checks and competency testing were completed to help ensure staff were following good practice such as wearing PPE correctly and following good hand hygiene.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. There had been no reportable incidents or accidents including complaints, and incident reporting forms were available for care workers to complete if required.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 and found it was not always.

- We reviewed a best interests decision form for one person which was not decision specific as it listed a number of tasks, for example, moving the person and administering medicines. There was no record of who was consulted during the best interests decision and the outcome described the person's needs and not the outcome of the best interests decision. We also found a relative was signing consent forms although they did not have the legal authority to do so.

We recommend the provider consistently applies the principles of the MCA.

- Where people were able to consent to their care, we found that consent had been sought appropriately.
- Records indicated the provider carried out mental capacity assessments prior to best interests decisions being made.
- Staff had completed appropriate training and told us they offered people choices when providing care. This was confirmed by people and relatives.

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

- People's needs and choices were assessed before they started using the service. These assessments formed the basis of people's care plans. People and relatives confirmed people's needs were assessed. One person said, "I am always involved in decisions that are made regarding my care and the care planning was undertaken with me so I can receive the care the way I want."
- Care plans and risk assessments were regularly reviewed to help ensure people's needs were being met by

the service.

Staff support: induction, training, skills and experience

- Staff were supported in their role through induction, training and supervision. This included completing an induction 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.
- People and their relatives told us that care workers carried out their duties effectively. One person said, "My carers complete the tasks they are expected to do in each call. The carers are well presented and the carers are well trained,"
- Training records confirmed that staff had completed training that was relevant to people's needs.
- Staff had regular supervisions and the manager completed unannounced spot checks. This helped to ensure staff were competent and had the required support to carry out their duties.

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

- People received the support they needed to meet their nutritional and hydration needs.
- The provider completed a needs assessment for people's dietary support needs, and this was used to create a care plan with guidance about how to support that need.
- Relatives of people who were supported with meals told us they were happy with this.

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

- People's healthcare needs were recorded, and staff were given information about how to care for identified needs.
- Staff responded appropriately when people became unwell, seeking medical assistance and liaising with healthcare professionals.
- The registered manager told us they worked in partnership with family members and health and social care professionals to help ensure people received appropriate care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection care records did not have up to date information which meant there was a risk people might not receive appropriate care according to their needs and preferences. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care which met their needs and reflected their preferences. People confirmed the staff were regular and were aware of their needs. One person told us "Sometimes I am bed bound. Those days I need more hands on care and [the carer] naturally adapts to it and is not patronising at all. They understand that some days are worse than others. They are patient with my speed on those days."
- Care records included information and guidelines for staff so they could meet people's needs and preferences.
- The provider tried to provide the same care worker to people using the service so there was consistency which helped staff to know people's needs.
- Care plans were regularly reviewed to reflect people's current needs.
- The care completed during each visit was logged and the daily logs were audited to help ensure people's care was delivered in line with their care plan.

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.

- People's communication needs were assessed. Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
- Staff spoke a number of different languages, and where possible, people were matched with staff who spoke their preferred language.
- The registered manager told us the head office could produce documents and written information in different formats if people required 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

- Except for one person, people using the service lived with their family which helped to reduce social isolation.
- Care plans recorded how people liked to be supported, their social histories and interests.
- Where it was part of the care plan, the provider supported people to access activities the person wished to attend.

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.
- There had not been any complaints since the last inspection, but people and their relatives confirmed they knew how to make a complaint if necessary.

End of life care and support

- The provider did not support people with end of life care.
- However, care plans included the option for people's end of life wishes and staff received training on end of life care, in the event it was required.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we identified quality assurance systems were not being operated effectively. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider completed checks and audits that included feedback from people. Checks on staff performance were undertaken through spot checks. These checks helped to monitor service delivery and identify areas of improvement.
- Incidents were investigated appropriately and included outcomes and actions to improve service delivery.

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

- The provider created a positive culture with good outcomes for people. Most people using the service and their relatives were happy with the service they received. One person told us, "I will recommend Clarity Homecare to my family or friends."
- The registered manager told us they made sure they had the right staff in place starting from recruitment through to training and support from management. They felt it was important to look after staff well, so they looked after people using the service well and achieved good outcomes.
- Staff told us the registered manager was approachable and listened to them. Comments from staff included, "[The registered manager] is very supportive with training and supervision. I did a lot of shadowing to grow my confidence and [senior team members] supported me with regular observation before signing me off as competent."
- People and their relatives contributed to care planning to receive a personalised service.
- There was good communication between the provider and the people using the service. One person said, "When I contact the office, my call is answered promptly and they respond appropriately to my concerns. The management are very friendly and very helpful."

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 the requirement to notify appropriate agencies including CQC if things went wrong.

- The registered manager told us if they make an error, they put their hand up and disclose it, and are always open and honest. "If anything goes wrong I report it so we can make sure can do the right thing [to resolve the situation]."

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

- The manager had relevant experience and staff understood their roles and responsibilities.
- People and their relatives knew who the managers were and felt able to raise concerns with them.

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

- The provider engaged with people using the service and other stakeholders.
- People's views were sought through regular contact, both informal and formal. This was seen through regular care plan reviews, telephone monitoring and annual surveys.
- 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.

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.