

Clarence Care Limited

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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

What life is like for people using this service:

- Improvements had been made following our previous inspection in October 2017 to address the areas we identified as requiring improvement.
- People were supported by staff to stay safe and who understood the need to ensure they consented to the care they received. People told us that they received care from regular staff who arrived on time and stayed for the agreed length of time. The provider ensured consistency in staff support so people and staff were able to build positive relationships.
- People were well cared for by staff who treated them with respect and dignity and encouraged them to maintain their independence. People received care and support based on their individual assessment, needs and preferences.
- Staff liaised with other health care professionals to meet people's health needs and support their wellbeing.
- Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.
- Records needed to improve. The provider had quality assurance systems in place, however they were not fully effective as they had failed to identify some areas requiring improvements.
- Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People spoke highly of the overall service and the management team positively encouraged feedback and inclusion and were keen to grow their service.

Rating at last inspection: At the last inspection the service was rated as 'Requires Improvement' (report published 6 October 2017).

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing care to twenty-four people.

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. The registered manager for Clarence Care is also the provider

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, 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 improved to 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 is not consistently well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Clarence Care Ltd

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team consisted of one inspector

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

Notice of inspection

This inspection was announced and took place on 19 December 2018. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with five people using the service and three relatives to ask about their experience of care. We spoke with the registered manager who is also the provider. We also spoke with the provider human resources lead, the care co-ordinator, one senior carer and three care staff.

We looked at the care records for six people, two staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels:

- There were sufficient numbers of staff to meet people's needs. The provider ensured consistency of staff for people. One person said this had improved since the last inspection which they appreciated as consistency of staff was very important to them.
- People said they felt safe because staff arrived on time and stayed for the right length of time.
- When new staff started work, they shadowed more experienced staff to learn about people's needs.
- We checked the recruitment records of two staff and saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

Supporting people to stay safe from harm and abuse:

- Staff recognised the types of abuse people could be at risk from. Staff told us they had received safeguarding training and were able to tell us what action they would take if they suspected someone was a risk of abuse. Staff confirmed the provider had a whistle-blowing policy in place.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

Assessing risk, safety monitoring and management:

- People were supported by staff who were aware of the risks to them on a daily basis. For example, one person told us how they were supported by two staff to keep them safe when mobilising. They said staff had received training to do this safely.
- Staff worked with the same people and were familiar with their needs and support.

Using medicines safely:

- People who received help with their medicines told us they received their medicines on time and as prescribed.
- Staff were trained and administered medicines safely and the registered manager told us they observed staff practice to ensure they were competent.
- Medicines records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection:

- Staff had received infection control training and had access to protective personal equipment such as gloves and aprons.
- Everyone told us staff practiced good infection control measures.

Learning lessons when things go wrong:

- Since the last inspection there had been no incidents where something had gone wrong. However, the registered provider was able to describe the action they would take and how discussions would take place in management team meetings and staff meetings to ensure the service learnt from any incidents that occurred.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this

Staff skills, knowledge and experience:

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. Staff were able to give examples of how training had impacted on the care they provided. For example, one member of staff explained how moving and handling training gave them the confidence to know how to support people correctly.
- Staff said they were well supported in their roles. They said they were able to discuss any concerns, progress or changing needs with the management team regularly.

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 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 were supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people consenting to their care.
- People told us they were in control of their support. One person told us how they were involved in their care. They said, "I direct my care."
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that staff listened to and respected.

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

- People's needs were assessed before the service began to provide support.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed. This was confirmed by the people we spoke with.

Eating and drinking:

- People's dietary needs and preferences were included in their care plans.
- Where assessed people were supported by staff to maintain good nutrition and hydration.
- All staff we spoke with told us about the importance of giving people choice of meals, one member of staff said, "I always show people what is available, so they can choose what they would like best."

Staff providing consistent, effective, timely care:

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. We saw records that showed when healthcare professionals had been contacted in support of people's health. For example, we saw when staff communicated with district nurses in support of people's skin care.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- All people we spoke with said they were treated with kindness. People gave very positive feedback about the caring and respectful approach of staff.
- The provider arranged for a birthday card and present for each person to celebrate their birthday. We saw pictures showing people laughing and smiling with staff as they received their cards. We also saw pictures of when staff had also arranged a makeover session for one person to celebrate their birthday, which the person clearly enjoyed.
- One person told us, "They [staff] are very caring. They are like an extended family."
- Staff told us they enjoyed working with the people they supported. One member of staff said, "They [people] are the best part of the job."

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. One person told us, "I am involved. I can raise anything I want good or bad. They [staff] do listen."
- One relative told us how they had worked with staff to ensure the best approach in caring for their family member. They said, "We worked together mutually."

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

- All people we spoke with said staff treated them with dignity and respect.
- People told us they were supported to maintain their independence, for example, staff prompted them to take their medicines.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; or stepping out of the room to respect when a person needed space.
- People told us staff respected their homes. One person said, "They [staff] respect I like things kept nice and tidy."
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care:

- People told us they got support in the way they preferred. One person said, "They [staff] do what I need to help me and then at the end they ask, 'Is there anything else we can do?'"
- People said as they had regular staff, they had built good relationships and knew their likes, dislikes and preferences.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with were able to describe people's preferences and how they liked to be supported.
- Staff told us a good level of information was available on the providers electronic system, which could be updated with any changes and then staff advised. Staff also said they felt it was important to listen to people as this was the best way to learn. One member of staff said, "I ask them, how would you like this? Is this OK? They tell you the best way for them."

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People told us they knew how they would complain about the care if they needed to. People told us they had not made any complaints, but if they had a concern they were happy to speak to staff; and they felt confident that these would be listened to and acted upon in an open and transparent way.
- The registered provider advised us that no written complaints had been received. The provider had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.

Is the service well-led?

Our findings

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care:

- The provider had quality assurance systems in place, however they were not fully effective as they had failed to identify some areas requiring improvements. For example, we found that some people's care plans did not accurately record their current care needs. However, when we spoke to staff and it was evident they were aware of people's current care needs therefore there was no impact on people. We also found that quality assurance systems had failed to identify that whilst reference checks with previous employers and with the Disclosure and Barring Service (DBS) had been completed when new staff were employed; they needed to strengthen the process further and ensure a full employment history was completed for all staff.
- The registered manager was keen to ensure a culture of continuous learning and improvement. Since the last inspection they had employed a human resources manager to lead on recruitment and training. They had also developed their quality monitoring systems in areas such as monitoring call times and medicine administration.
- The management team observed staff practice through spot checks to ensure the care delivered was of the required standard and we saw action was taken where improvements were required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service was well-run and there was a clear staffing structure.
- The provider was also the registered manager who led on management systems and office management and worked alongside a care co-ordinator who worked hands on, alongside staff where required.
- People spoke highly of the service. One person said "It's the best care I've ever had. They are always on call and are very responsive. I couldn't fault them in any respect."
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- Staff understood their roles and responsibilities and were confident in the registered manager.
- There was a good communication maintained between the management team and staff.
- Staff felt respected, valued and supported and that they were fairly treated.
- The latest CQC inspection report rating was on display at the office and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff; working in partnership with others

- The management team positively encouraged feedback and inclusion and were keen to grow their service. A survey had been sent to people using the service requesting feedback. We saw eight people had replied all giving positive feedback. The management team had noted an action to explore new ways of increasing the return rate.
- The service worked in partnership and collaboration with other key organisations to support care provision. The service also looked to develop community links, we saw where people and staff attended community

events such a Macmillan coffee morning. We also saw where the provider had made referrals to the local fire service to request support to individuals.

Provider plans and promotes person centred, high quality care and support and understands and acts on duty of candour responsibility when things go wrong.

- The provider promoted an open culture within the service and was able to describe the action they would take and how discussions would take place in management team meetings and staff meetings to ensure the service learnt from any incidents that occurred.