

Clarity Homecare (Norwich) Ltd

Clarity Homecare (Norwich)

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

Clarity Homecare (Norwich) is a domiciliary care agency. It provides personal care to adults living in their own homes in Norwich and the surrounding areas. 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. At the time of this inspection, seven people received the regulated activity, personal care.

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

The registered manager and staff were very caring and provided people's care in a very person-centred way. Staff were skilled at helping people to express their views and people were consulted about all aspects of their care and support.

People's care plans were detailed and provided staff with comprehensive guidance on how to meet people's needs. Staff supported people with 'make a difference days'. These were additional care calls where staff supported people to do or achieve things they wouldn't otherwise be able to. For example, a meal with their family, or a specific activity.

Staff were friendly, caring and thoughtful, which reflected the provider's values of person-centred care. Staff treated people with the utmost respect and had embedded privacy and dignity into their working practice. There was a strong recognition that people were individuals. Staff spoke passionately about providing people with excellent, person-centred care.

People felt safe receiving the service and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. People received their medicines at the right times. Staff had the time to ensure people's needs were met safely, and in a way that suited them. People received care from a small team of staff who were well trained and very well supported. Staff worked well together and with external care professionals to ensure people received the care and support they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Where people needed additional support to make decisions, staff referred people to external advocates.

Systems were in place to deal with any concerns or complaints. The registered manager told us they tried to address any concerns at an early stage, thereby resolving issues before they became complaints.

The provider and registered manager were experienced leaders who were committed to involving people, relatives, staff and other stakeholders in the development of the service. Audits and quality monitoring checks helped drive forward improvements in the service. We received positive feedback about the way the service was managed. Everyone said the registered manager and staff were approachable and accessible.

The service had developed links with the local community and looked for ways to contribute to the local community. The registered manager looked for ways to continuously improve and develop the service. Staff were proud to work for the service and worked in partnership with external professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection of this service since the provider registered with the CQC on 16 August 2018.

Why we inspected

This was a planned inspection based on the date of the provider's registration with the CQC.

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 (Norwich)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this announced inspection.

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 a short period notice of the inspection because, prior to visiting the service, we wanted to speak with staff and people who use the service.

Inspection activity started on 15 August 2019 and ended on 22 August 2019. We spoke on the telephone with two people who use the service and two other people's relatives, and a staff member on 15 August 2019. We visited the office location on 19 August 2019 and spoke to three staff members. We received feedback via email and telephone from external professionals during the inspection period.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four staff members including the registered manager, the care manager, a care co-ordinator and a care worker. We also spoke with, and received information from, five external professionals. These included a commissioner from the local Clinical Commissioning Group (CCG), a local authority quality assurance manager, an apprentice development manager, the secretary for a local charity, and officer from a local organisation who provides advice and support to people working in social care.

We sampled a range of records. This included two people's care records and two staff files in relation to staff recruitment, training, and supervision. We also looked at a variety of records relating to the management of the service, including audits, investigations and meeting minutes.

After the inspection

The registered manager sent us additional information regarding medicines administration.



Our findings

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

This was the first inspection of this service. At this inspection this key question was rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they, or their family member felt safe receiving the service. One relative said, "When you've got [staff] who come regularly, and know you well, you feel more safe with them."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. They were confident the registered manager would take seriously any concerns they raised.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments and guidance in place to support people and staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, staff had referred a person to an occupational therapist where they were concerned about the person's safety when going up and down the stairs.
- Staff carried out checks and ensured equipment was safe to use and well maintained. Emergency plans were in place. For example, to ensure people were appropriately supported if their main family carer was unable to care for them.
- There had been no accidents or incidents since the agency registered. However, the care manager encouraged staff to report anything that was "different" about people from the norm. This meant any changes in their health and well-being were identified and acted on quickly. For example, staff reported that a person had been incontinent on a few occasions. They encouraged the person to consult their doctor who diagnosed they had an infection which the doctor then treated.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff and records confirmed the registered manager followed these processes and carried out thorough checks before staff worked with people. These included references and a criminal record check.
- There were enough staff to meet people's needs. Staff rosters were planned to ensure they had enough time to travel between calls and provide the care the person required. One person said, "There's enough

staff to come to me three times a day. If I want to go to the toilet all I have to do is phone and someone comes." A staff member told us, "Our staffing levels are really good for the amount of [people]. We have enough time to cover calls."

- People received care from a small staff team who got to know people, their needs and preferences, well. One person said, "I have four main carers. There's much more continuity of care than with my last company."

Using medicines safely

- The provider had systems in place to enable staff to safely managed medicines. People told us they received their medicines as prescribed. One person said, "[Staff] put my creams on. They know where they go." A relative told us, "[Staff member] seems very up to date on what medicines do. It is reassuring. [Staff member] picks things up."

- Staff identified that one person may be at risk of harm if they had access to their medicines. Staff met with the person and their relative to put in place a procedure, so the medicines were stored safely, with the person only accessing them when staff or relatives were present.

- Staff maintained accurate records of administered medicines. Staff were trained and their competency to administer medicines was regularly assessed.

- Staff quickly identified and informed the registered manager of any changes in people's medicines and ensured information was communicated to other people quickly and appropriately. This included other care workers, relatives, and / or health care professionals. One relative told us, "[A staff member] noticed the doctor had stopped a tablet before I did. They are very vigilant."

- Senior staff audited medicine records regularly to ensure that medicines were administered to people as prescribed.

Preventing and controlling infection

- Staff completed training in infection control and there were effective processes in place to reduce the spread of infection. One person told us, "[Staff] always wear gloves and aprons and wash their hands."

- Staff had access to, and used, disposable protective equipment such as gloves.

Learning lessons when things go wrong

- The registered manager identified the need to ensure people applying for jobs understood what the role entailed as soon as possible. As a result, the registered manager had increased the robustness of questions at interview, provided additional support, and gained feedback from people at an early stage.

- Any learning was shared with the staff team. This included as appropriate, refresher training for staff.

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 was the first inspection of this service. At this inspection this key question was rated as 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 assessed each person to ensure they understood, and could meet, people's needs. A healthcare professional told us, "The [registered] managers assessment is very thorough to ensure they have all the client's needs taken into account and discuss at length how they can support the person requiring care." The healthcare professional, and the registered manager, told us they discussed the first few calls taking longer in order to gauge people's actual needs.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained. One person said, "They know what they've got to do, and they do it well." A relative told us the staff member they had most contact with was "certainly well up to date on all the procedures."
- Staff were competent, knowledgeable and enthusiastic about working at the service. They felt very well supported by the management team.
- New staff received comprehensive training and induction into their roles. One staff member told us, "The training was really good." They said their induction consisted of face to face training in a wide range of topics and shadowing more experienced staff members. Another staff member told us, "One thing I like is at most of team meetings we have bite sized refresher training. It enables us to function effectively."
- The registered manager understood the importance of continuously developing staff members' skills and sharing best practice. The registered manager had suggested additional learning materials and training. For example, they had booked positive behaviour support training for staff, and staff had enrolled in vocational courses in health and social care. Positive behaviour support aims to improve the quality of a person's life and that of the people around them.
- Staff felt very well supported, both formally through supervision sessions, and more informally. One staff

member told us, "[The senior staff team] are very good. Any problems they will support you with them. They are always available."

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

- People were supported to have enough to eat and drink, and to eat healthily. One relative told us their family member diet affected a health condition. They told us their family member's health had improved because staff make sure they eat a balanced diet with plenty of fruit.
- Staff were aware where people had dietary needs, and these were reflected in people's care plans.

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

- People and relatives were confident staff shared information with each other and external professionals, such as GPs, community nurses, and care managers. People and relatives gave us several examples of when staff had referred people to healthcare professionals for advice. One person told us how, when they had developed a high temperature, a staff member had identified the possible cause of infection and informed the community nurse for treatment. They told us, "[Staff] always ask if they are doing the right thing ... and the nurse usually says, 'Yes.'"
- Staff followed external care professional's advice. This helped to ensure that people received effective care that maintained their health and wellbeing.

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 with appropriate legal authority. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew how the MCA and DoLS applied to their work.
- People told us that staff always obtained their consent before providing care.
- Where people lacked the mental capacity to make certain decisions, the registered manager saw the appropriate legal authorisations before allowing other to make decisions on behalf of the person.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was the first inspection of this service. At this inspection this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved in partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There was a strong emphasis on, and people were fully involved in, decisions about their care, from the first contact with the service. As part of the assessment and ongoing review process, the registered manager and staff asked people what would make a difference in their lives and if there was anything they missed doing. As a result, they provided free of charge 'make a difference' care calls specifically to address people's responses.
- One person told us they the registered manager had arranged for a care worker to cook a roast dinner to share with their family. They said, "It will give my [relative] a break from doing the cooking and it will be really nice for my family to come around and have a meal with me." Other 'make a difference' days included afternoon tea with a friend in their garden, the care worker playing the person's favourite card games with them, and a trip out for a person who hadn't been out of their house for over a year.
- People chose how they wanted their care provided and how they wanted things done. People told us they felt staff listened to them and respected their choices about how and when their care was provided and providing a very caring, responsive and flexible service. One person told us they used to have three calls per day with two staff at each call to help them move. They told us, "I don't always want to be moved and pulled about, so I have two carers twice a day and one carer for the other call. If I want to go to the toilet all I have to do is phone and someone comes." They told us this was even at short notice and during the night.
- Respect and dignity were at the heart of this service. The registered manager told us, "Dignity means different things to different people, the whole service needs to be focused on each individual." People and staff were treated with respect and staff had embedded privacy and dignity into their working practice. Care plans guided people in this, reminding them to close curtains and doors before providing people's personal care.
- Senior staff respected people's choice of the gender of their care workers, ensuring people's dignity was respected. One person told us they were happy for male staff to visit to provide some of their support, but that they requested female staff to support them with intimate personal care and staff respected this choice.
- Small teams of staff provided each person's care, enabling them to understand and meet each person's

needs and preferences. A staff member who knew the person always introduced them to any new staff. The new staff member shadowed a more experienced staff member before they provided the person's care. This meant staff understood each person's needs and preferences before they were responsible for providing care.

- Staff recognised that people needed to feel in control of their lives and were skilled in supporting people to maintain their independence. For example, one person told us how staff were careful to make sure all the things they needed were easily accessible to them. They told us, "They always push the table towards me, so everything is within my reach" and explained how important this was to them. Another person was no longer able to remember to take their medicines and these were locked away for safety. However, to maintain the person's independence staff handed them the container and they selected the medicines from it with staff support.
- Advocacy services were available for people who were unable to make decisions about their care and support. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives made very positive comments about the service they received and the caring nature of staff. One person told us the service was, "Excellent. I couldn't be more pleased with it." The person said changing from their previous service to this one was, "The best move I ever made." Another person wrote of the 'friendly and caring' staff and said how much they looked forward to their care visits. A relative described staff as, "Friendly. Calm, not flappable" and told us how happy their family member was with the service. A care professional told us, "On all occasions we have had really lovely feedback [from people and their relatives] about the carers and how supportive they are."
- Staff were very caring towards people's relatives. For example, staff were concerned that one person's relative was becoming socially isolated and provided information on places the person's relative could get support.
- Staff knew people extremely well and displayed genuine fondness and real empathy towards them. People and relatives gave us several examples of where staff went 'the extra mile' for them or their family members. One person told us, "They are so friendly" and explained how a staff member regularly picked up their medicines in their own time. They said, "[Staff member] goes out of [their] way. I can't praise them enough." Another person's relative told us, "[Staff member] seems to go above and beyond. It's not just a job. [Staff member] really seems to care for [my family member]."
- Care professionals shared this view. One care professional told us staff had, "Gone out of their way to support [people] who are looking for excellent home care. We have had nothing but really positive feedback from clients and families regarding the care received."
- Staff were very skilled at identifying what was important to each person and supported people to celebrate events that were important to them. A relative explained how, on their family member's birthday, the staff member brought their family member a card and present and how pleased their family member was with this. A person wrote to the registered manager, 'The care workers feel more like friends. They make me laugh and we joke which takes my mind off the care which is of a personal nature. I always feel better when they have been, they make me feel that it is not just a job to them and they really care. I am so happy I came to the company.'
- An independent website showed five reviews in the last year. All the comments were very positive and reflected those we received during our inspection. For example, 'Our carer is delightful. [They are] professional and willing and able. Very supportive of both of us and able to bring a positive outlook to every day.'

Our findings

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

This was the first inspection of this service. At this inspection this key question was rated as 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

- People and relatives told us staff supported people in a way that met their individual needs and preferences. External care professionals made positive comments about the service provided. One care professional told us, 'The client is always the absolute priority and clients/ families have always felt fully supported.'
- People's care plans broke down each aspect of the care and support the person needed. This meant that staff had detailed, personalised guidance on how to meet each person's needs.
- A staff member told us everyone had care plans. They said, "They are up to date and reflect people's needs. If there are any changes we contact the office and they update [the care plan] as soon as possible. If we do a task more than once we refer to the office."
- Staff reviewed people's care plans regularly and consulted people about them. People told us their care plans were accurate and that they were happy with the content.

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 registered manager provided information in other formats where this supported people to understand it. This included providing information, for example, the person's care plan and invoices, in large font, having consulted with the person to ensure the appropriate font size. The registered manager told us they could access a translation service to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with any concerns or complaints. The registered manager told us they addressed any concerns at an early stage, thereby resolving issues before they became complaints.

- People knew how to complain and had confidence in the registered manager. Most people and relatives said they were very satisfied with the care they received and had no reason to complain. However, one person explained they were not happy with some staff members' conduct. The registered manager had investigated this and not substantiated the complaints. They had also taken action to prevent re-occurrence. The person confirmed they were satisfied with the action the registered manager took.

End of life care and support

- Staff had access to basic training in end of life care.
- No-one was being supported with end of life care at the time of our inspection. The registered manager told us the service did not provide specialist end of life care but would continue to care for people at the end of their life as the need arose. They told us they would do this with support from external health professionals, such as specialist nurses, following any guidance they put in place. This helped to ensure staff understood people's wishes and the care they needed and how to provide this.
- Some people's care plans contained basic information about their end of life wishes. The registered manager told us they were looking to further develop end of life and future wishes care plans to ensure people's wishes were known to staff.

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 was the first inspection of this service. At this inspection this key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were passionate about providing people with a high quality, personalised service that was underpinned by the provider's values. This was evident throughout our inspection and from the feedback we received. They felt well supported by the registered manager. Comments from staff included, "[The registered manager] runs [the service] very well. She always listens to us and [people]. We have regular staff meetings, we had one yesterday. We discuss [people] and their progress. We can raise issues if we are concerned about something."
- The registered manager communicated with people, their relatives, and professionals in an open and transparent way. One relative commented, "The service is really excellent. You know exactly what they are doing. They are very transparent about the way they operate"
- People's records were well organised and regularly checked to ensure that information was up to date and accurate.

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

- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- The registered manager and senior team led by example. The registered manager told us that one of the senior team provided direct care to each person at least once each week, so they had up to date information on the care people received.
- Staff were clear about their roles and knew when and how to raise any concerns.
- There was effective communication in place to ensure staff were kept up to date with any changes.
- The registered manager and the staff team knew people and their relatives well which enabled them to

have positive relationships and good outcomes for people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were given opportunities to comment on the service provided regularly. This included formal reviews and surveys as well as informal feedback. Survey feedback was overwhelmingly positive about the staff and the service people received. The survey asked what people liked about the service. One person commented, 'Everything. The staff and manager are superb.' Another person wrote, 'Staff are all very friendly and always go above the call of duty. I have not been with the company for long, but I am glad I am.' A relative told us, "[The care manager] is always checking in with me and they asked me to fill a survey in not too long ago."
- Staff worked well together and demonstrated the values and vision of the service.
- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. They also attended one to one formal supervision as well as meeting with the registered manager and senior staff regularly.
- The registered manager used information gathered from audits, surveys and feedback to develop the service and make improvements. The registered manager and staff were committed to learning and to improving outcomes for people using the service. Team meetings provided staff with an opportunity to feedback their views and make suggestions for improvements to the service. They were also used as a forum for refresher training with different topics covered each time.
- External professionals described the registered manager and staff members "willingness to learn" and "real enthusiasm" for learning and development.
- Staff worked in partnership with a range of professionals to ensure that people received joined up care. External professionals described the registered manager and staff as, "Professional" and told us the registered manager and staff provided them with the required information appropriately.
- The registered manager had forged links with partners in the local community. For example, they used their professional experience to give advice at the local credit union and had signed up to support staff on health and social care apprenticeship schemes. The registered manager and staff supported local charities who promoted social cohesion and integration and addressed social isolation in older people, encouraging intergenerational interaction.