

Clear Thinking Care Limited

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Inspection report

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Date of inspection visit:
17 November 2022

Date of publication:
23 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Clear Thinking Care Ltd is a domiciliary care agency. It provides personal care to people with specific health needs, learning disabilities and/ or Autism living in their own houses and flats. At the time of the inspection the service was supporting 15 people.

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

Right Support: The model of care at Clear Thinking Care Ltd maximised people's choice, control and independence. Staff were committed to supporting people in line with their preferences and supported people to receive their medicines safely and as prescribed. People were enabled to access health and social care support in the community.

Right Care: Risks associated with people's care were assessed and included in their support plans. Care records guided staff on the action they were to take to mitigate risks to people and themselves.

Right Culture: The registered manager and staff were clear about their aim of providing person-centred care. They had a good knowledge of the service and understood the needs of people they supported. Staff supported people to lead confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for this service was requires improvement (published 5 October 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 27 July 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 processes to safeguard people and governance arrangements.

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 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 changed from requires improvement to good. 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 Clear Thinking Care Ltd 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clear Thinking 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 (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

This inspection was carried out by one inspector and one assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records, this included five people's care records and Medication Administration Records (MAR). We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, we also spoke with the registered manager and four care staff.

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.

At our last inspection in October 2022, the provider failed to operate systems and processes to safeguard people effectively. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with during our inspection told us they felt people were safe and well looked after. One relative told us, "I would recommend Clear Thinking".
- The provider had clear policies and procedures in relation to safeguarding adults. We saw evidence of how these systems and processes worked effectively.
- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns. This included knowledge in who to report concerns to, both internally and to external agencies.

Learning lessons when things go wrong

- There was a strong emphasis within the service on learning when things went wrong. The registered manager and provider had reflected on the findings from our last inspection and taken robust action to reduce the risk of reoccurrence.
- Accidents and incidents were recorded and reviewed by the registered manager and provider to identify any learning which may help to prevent a reoccurrence.
- Learning from accidents and incidents was shared with all staff on an individual basis and as a team.

Assessing risk, safety monitoring and management

- Risks associated with people's living environments were monitored.
- Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place.
- The assessments covered areas such as, behaviours that may challenge others, nutrition, medication and emotional wellbeing. Care records guided staff on the action they were to take to mitigate risks to people and themselves.

Staffing and recruitment

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. Where shortfalls in staffing did occur, the registered manager took appropriate action to ensure staffing levels were maintained. A staff member we spoke with told us, "Staffing has been fine".

- Relatives and records confirmed where people required two members of staff to support them with their care needs, this was provided
- People were protected against the employment of unsuitable staff because the provider followed safe recruitment practices.

Using medicines safely

- Medicines were managed safely; people received their medicines as prescribed.
- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with best practice guidance. One staff member told us, "We have regular spot checks".
- People's medicine care records were detailed, accurate and up to date. They reminded staff of people's required doses and when the medicines needed to be administered.

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.

At our last inspection in October 2022, we identified a failure to notify CQC of a significant event, this was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection the provider had made enough improvement and was no longer in breach of regulation 18.

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

- The registered manager and provider submitted timely statutory notifications to CQC. A notification is information about important events, which the provider is required to tell us about by law.
- The service had governance systems in place. Both the registered manager and provider had ensured these systems were strengthened following our last inspection.
- Regular audits were carried out by the registered manager and the provider. Results of audits were used by the registered manager to develop and enhance the performance of staff and systems and to help drive improvements in the service.
- The registered manager and staff understood their roles and responsibilities and strived to ensure care was delivered in the way people needed and wanted it.
- There were effective communication systems in place along with clear lines of responsibility and accountability across the management and staff team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The leadership team promoted an open culture which contributed to staff work satisfaction. Staff we spoke with were complimentary about the registered manager. One staff member told us, "(The registered manager) is absolutely brilliant and is approachable and communicates well".
- The registered manager, provider and staff team promoted a person-centred culture to ensure people received personalised care and support.
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider and staff were enthusiastic and committed to further improving the service for the benefit of people using the service

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

Working in partnership with others

- People's healthcare needs were regularly monitored. People had access to health care professionals where needed, such as doctors and specialists. Concerns about people's health had been followed up and there was evidence of this in people's care plans.

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. A relative we spoke with told us, "They are excellent with his healthcare and the way they have conducted themselves with any meetings".