

Clemence Rogers Home Care Ltd

Clemence Rogers Home Care

Inspection report

Unit 21
Jetstream Drive, Auckley
Doncaster
DN9 3QS

Tel: 01302965114
Website: www.clemencerogershomecare.com

Date of inspection visit:
20 February 2019

Date of publication:
27 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Clemence Rogers Home Care is a domiciliary care agency providing personal care to people in their own homes. The service had recently registered with the Care Quality Commission. At the time of this inspection, the service was providing 10 people with personal care.

People's experience of using this service:

We found that people received a good service. People told us they felt safe. The provider ensured care was delivered safely and had introduced a range of systems to ensure care was monitored effectively.

People told us they felt the staff were caring, and said they received care in a way which suited them. One person said: "They [staff] are lovely."

Staff received training and induction they said was effective and equipped them for their roles. Most staff held a nationally recognised qualification in care. Staff told us the management team were supportive and understanding of their own personal circumstances.

People were supported in maintaining good health. Staff liaised with external healthcare providers where appropriate, to ensure care was provided in a way that met people's needs. We found the provider was complying with the principles of the Mental Capacity Act. People had given consent to their care and support.

More information is detailed in the full report.

Rating at last inspection:

This was the first rated inspection of the service, which was registered with CQC in August 2018.

Why we inspected:

This was a planned comprehensive inspection based on the date the service was registered.

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 ●

Clemence Rogers Home Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by an adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It is registered to provide a service to older adults, younger disabled adults and people with mental health issues.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service notice of the inspection visit to be sure the registered manager would be available.

The inspection site visit activity started on 20 February 2019 when we visited the office location to see the registered manager and staff. We also reviewed care records and policies and procedures.

What we did:

Before the inspection

- We reviewed information we received about the service since their registration with CQC 2018. This included details about incidents the provider must notify us about.
- We requested feedback about the service from the local authority commissioning teams.

At the inspection visit

- We looked at three people's care records
- We looked at audits and quality assurance reports
- We spoke with the care manager, the registered manager who is also a company director, and one other company director.

After the inspection visit

- We spoke with two people using the service and two relatives by telephone.
- We spoke with two members of staff by telephone.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place that helped reduce the risk of harm to people.
- Staff told us they had received safeguarding training, and the provider's training records confirmed this.
- The service was quite new and no allegation of abuse, accidents or incidents had taken place. However, there were systems in place to ensure any issues arising in the future would be responded to and reported appropriately.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and plans were in place to help manage any relevant risks.
- Each person had comprehensive risk assessments. These identified and considered risks they may present or be vulnerable to. There was a system in place to ensure these would be regularly updated.
- People's risk assessments were monitored as part of the service's audit system. Shortfalls were identified and addressed.
- Staff and managers were aware of how to manage risk within the service.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People told us they felt there were enough staff and they consistently received care from the same staff.
- A safe recruitment and selection process was in place. This included checking people's work history, obtaining appropriate references and checking their identification. These systems helped to make sure staff were of suitable character for the role.
- All staff had a Disclosure and Barring Service (DBS) check before they commenced work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- The provider had clear policies and procedures for the safe management of medicines.
- Each person's care plans included information about medicines they were prescribed and clear guidance about support people required in taking and managing their medicines.
- Managers carried out audits of medication records to ensure people were receiving their medicines safely.

Preventing and controlling infection

- Staff training records showed staff had received infection control training.
- Staff told us they used personal protective equipment (PPE) such as gloves and aprons where appropriate. People who used the service confirmed this.

- Managers carried out spot checks to include whether staff were using PPE appropriately.

Learning lessons when things go wrong

- No incidents had taken place. However, the registered manager was keen to ensure lessons would be learned from any future incidents, accidents or complaints to improve practice.
- We saw there were systems in place to analyse any incident to reduce the risk of reoccurrence.

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

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

- People's needs and preferences were assessed and staff had time to get to know people before providing their care.
- Care was planned and delivered in line with people's individual needs.
- Staff understood people's diverse values, beliefs and preferences. People's care and support was planned in partnership with them.
- People's feedback was positive. For instance, one person said, "We talked about what I need and how I like things done."

Staff support: induction, training, skills and experience

- Staff told us they received a good standard of induction, including shadowing visits, before they began providing care to people. They felt this equipped them to carry out their role well.
- Staff praised the standard of the training and support they received.
- The provider's records showed staff received training in the core subjects needed to meet people's needs.
- People were confident about the staff's training and competence. One person said, "You can tell staff are trained. They know what they are doing."

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

- Where people needed support with nutrition and hydration they received a balanced diet. This took in to consideration their preferences and dietary requirements.
- People's care plans included their needs and preferences in relation to food and drink.
- Managers monitored people's care records to make sure people were supported in line with their care plans and to make sure they received the food and drink they preferred.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had a good knowledge of the healthcare needs of the people they supported.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.

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. We checked whether the service was working within the principles of the MCA
- We found the service obtained and evidenced people's consent to their care.
- Staff we asked were aware of the importance of obtaining consent when providing care, and had received training in relation to consent and the MCA.
- People who used the service told us they were asked for their consent in relation to their overall care plans. They also said staff checked if they consented each time they delivered care.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- The provider recognised people's diversity; they had policies which highlighted the importance of treating each person as an individual.
- People told us they liked the staff, who were kind and caring. One person said, "They [staff] are lovely. They are great." One person's relative said, "[Family member] is happy with the carers and particularly loves [staff member]."
- Staff had received training in equality and diversity. Care records showed people's rights were considered when their care was being planned.
- All members of the team spoke about people with warmth and respect.

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

- People told us they were involved in making decisions about their care.
- Care records showed people's views were central to how their care was planned and delivered.
- Those who were important to people, such as close relatives said they felt involved with care planning. For instance, one relative said they and their family member had met with the care manager to help put together their family member's care plan.
- When managers carried out spot checks during people's care calls, they asked the person for their views about how their care was being delivered.

Respecting and promoting people's privacy, dignity and independence

- People's plans placed a strong emphasis on treating people with dignity, respecting their privacy and encouraging people to be as independent as possible.
- Staff we spoke with gave good examples of how they promoted people's privacy, dignity and independence.
- Managers checked whether staff member upheld people's privacy and dignity as part of their spot checks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. The care plans we looked at showed people's individual needs and preferences had been taken into consideration in the assessment and planning of their care.
- Staff we spoke with gave good examples of how they ensured they promoted choice when caring for people.
- People told us staff checked with them when providing care. This helped people have control over the care they received.
- When managers carried out spot checks during care visits, they obtained the views of people using the service.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to receiving and managing complaints were clear.
- The care manager told us the provider had received no complaints in the preceding six months.
- Everyone we spoke with said they had no concerns or complaints about the service.
- People said the care manager was very approachable and they would be confident to raise any concerns with her, should they need to.
- All members of the management team were clear that any complaint would be taken seriously and thoroughly investigated, analysed for themes and patterns, and used to improve the service.

End of life care and support

- The service was new and had not yet provided anyone with end of life support. However, there were dedicated areas of people's care plans for people to include their needs and wishes, should they wish to do so.

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

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; and how the provider understands and acts on duty of candour responsibility

- The registered manager and care manager made sure care was tailored to people's individual needs. Systems were in place to monitor the quality and safety of care and support.
- Care was audited by means of spot checks of care visits and audits of documentation. Actions were taken where shortfalls or areas for improvement were identified.

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

- Staff had a good understanding of their roles and responsibilities.
- The registered manager and operations manager were knowledgeable about regulatory requirements and their responsibility in ensuring these were complied with.

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

- People and their relatives knew the members of the management team by name and told us they experienced good levels of involvement and consultation in the service.
- The provider was introducing a system of surveys, gathering the views of staff and people using the service.
- Staff told us they felt supported by the care manager and registered manager and said they were both very approachable.

Continuous learning and improving care

- The registered manager and operations manager were very keen to promote a learning culture and were committed to continuous improvement.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as GPs, district nurses and continence specialists. This ensured a multi-disciplinary approach was taken to support the care of people receiving the service.