

Stephen Support Services Ltd

# Clements Health Care

## Inspection report

13 Carters Green  
West Bromwich  
West Midlands  
B70 9QP

Tel: 01215535303

Date of inspection visit:  
12 February 2019  
19 February 2019  
20 February 2019

Date of publication:  
01 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

This was an announced inspection carried out on 12, 19 and 20 February 2019. We gave 24 hours' notice of the inspection to ensure someone would be available at the office.

This was the first rated inspection of Clements Health Care since it moved location and was re-registered in 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. 20 people were using the service at the time of our inspection.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us the service kept them safe. They trusted the workers who supported them. Risks to people were assessed and plans put in place to mitigate any assessed risk. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

There were sufficient staff employed and people received a reliable and consistent service. Staff were well-supported due to regular supervision, annual appraisals. A robust induction programme, which developed their understanding of people and their routines, was in place. Staff also received training to ensure they could support people safely and carry out their roles effectively.

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. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves.

Staff knew the people they were supporting well. Care plans were in place that provide some guidance about how people wished to be supported. People were involved in making decisions about their care. Staff had developed good relationships with people. They were caring in their approach and treated people with respect. Care was provided with patience and kindness. Staff upheld people's human rights and treated everyone with great respect and dignity.

Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People's health needs were identified and staff worked with other health care professionals to ensure these were addressed.

People, their relatives and staff said the management team were supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up-to-date about any changes in people's care and support needs and the running of the service.

A complaints procedure was in place if people or their relatives needed to raise a complaint.

People, relatives and staff spoke well of the registered manager and they said the service had good leadership. There were effective systems to assess and monitor the quality of the service. These methods included feedback from people receiving care. Staff performance was subject to periodic spot checks.

## 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.

Systems were in place for people to receive their medicines in a safe way.

Staffing capacity was sufficient to meet people's needs safely and flexibly and the required checks were carried out before staff began work with people.

Staff had received training about safeguarding. They could identify any instances of possible abuse and would report it if it occurred.

### Is the service effective?

Good ●

The service was effective.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Staff had access to training and they received regular supervision and appraisals.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs. Staff liaised with General Practitioners and other health care professionals where required.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and respectful. People and their relatives said the staff team were compassionate, kind and cheerful.

People told us they were happy with the care they received and were well supported by staff. They were encouraged to express their views and make decisions about their care.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were knowledgeable about people's needs and wishes. There was a very good standard of record keeping so staff had information to ensure people's needs were met.

Care plans reflected people's needs and their abilities and preferences were clearly recorded.

People were aware of how to make a complaint should they need to and expressed confidence in the process.

### **Is the service well-led?**

**Good** ●

The service was well-led.

An ethos of individual care and involvement was encouraged amongst staff with people who used the service.

The provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

# Clements Health Care

## 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.

This inspection took place on 12, 19 and 20 February 2019 and was announced.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

We visited the office location on 12 February 2019 to see the registered manager and reviewed the service's systems and records. On day two and three of the inspection we made telephone calls to some relatives and staff.

The inspection was carried out by one inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

During the inspection we spoke with the administrator and the registered manager. We reviewed a range of records about people's care and how the service was managed. We looked at care records for six people, recruitment, training and induction records for six staff, staffing rosters, staff meeting minutes and quality assurance audits the registered manager had completed. After the site visit we telephoned and spoke with two people, four relatives and five support staff.

## Is the service safe?

### Our findings

People and staff told us they felt safe with the support they received from the service. Their comments included, "I do feel safe", "The night care has helped us and [Name] in that we are rested and less stressed and so is [Name]" and "I feel safe with the service and the workers are trustworthy."

Staff told us they thought there were sufficient staff to support the number of people using the service. At the time of inspection 20 support staff were employed by the service to support 20 people. Staffing levels were determined by the hours contracted for each individual care package. These were totalled and planned for by the registered manager. This enabled them to plan for each person's care and match this to available staff. Each person's dependency was assessed and where necessary people would be supported by two carers at a time. Care plans were well recorded and gave staff detailed information on how to provide safe and appropriate care.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. One person told us, "We have the telephone numbers if we need to contact the office."

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to the manager or the local authority safeguarding adults team. One staff member told us, "I have done safe guarding training." No safeguarding alerts had been made or received by the agency.

Procedures were followed to safeguard against financial abuse. Each person who was supported with financial transactions had a ledger to record them. Receipts were obtained for all purchases. Regular checks of the records were carried out by management. One person told us, "If the workers buy me odds and ends of shopping they give me a receipt and we count out the change together. They write it in one of the records."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as moving and assisting, nutrition and distressed behaviour. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. There was a system of evaluation. However, we advised the registered manager they should be evaluated more regularly to ensure they remained relevant and reflected current risks. The registered manager told us this would be addressed.

Staff confirmed they had the equipment they needed to do their job safely. They were provided with protective clothing, having access to gloves and aprons. They had completed training in infection control.

People received their medicines when they needed them. Staff had completed medicines training and periodic competency checks were carried out. Staff had access to a set of policies and procedures to guide their practice. Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. The registered manager also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. The registered manager told us and records showed all incidents were audited and action was taken by the responsible person as required to help protect people.

The provider had strong recruitment processes in place to ensure only suitable staff were recruited.

## Is the service effective?

### Our findings

Staff had opportunities for training to understand people's care and support needs and they received training in safe working practices. They said they were supported in their role. Their comments included, "We get lots of training", "I did training at induction", "We do face-to-face training", "I talk about training at my supervision", "The manager does my supervision", "I did infection control training and first aid training as part of my induction" and "I'm doing a qualification in management and leadership."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One staff member commented, "I did shadowing for a week." Staff were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. The registered manager told us staff studied for the Care Certificate as part of staff induction to increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

People told us communication with support workers and from the office was effective and organised. Their comments included, "Communication is very good. Workers will let me know how [Name] is and I also let them know", "Communication with staff and management is effective", "Communication from the office is good, we get our rosters every Thursday" and "The office will telephone and send us information about care plans electronically."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

People were provided with different levels of support to meet their nutritional needs. This ranged from help with food shopping, support in making choices about and preparing meals, to assisting people with eating and drinking. Individualised care plans described people's dietary requirements, likes and dislikes, and the support they needed. We discussed with the manager that a nutritional care plan did not detail how the support should be provided to ensure consistent care was provided by all staff. The registered manager told us that this would be addressed. A relative commented, "The new care agency workers and the manager of Clements Healthcare have been amazing. I cannot express how happy I am with them. They are making [Name] their choice of cultural foods."

Records showed people were registered with a GP and received care and support from other professionals, such as the district nurse, speech and language therapist and medical consultants. People's healthcare needs were considered within the care planning process. Assessments had been completed on physical and mental health needs.

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Records showed these decisions involved relevant professionals as well as the person's family or representative. Formal consent to care and treatment was also captured in people's records.

## Is the service caring?

### Our findings

People and their relatives told us they were very happy with the support and the staff who cared for them. They told us staff stayed for their allocated time, were reliable and arrived as arranged. Their comments included, "[Name] is a different person with the care from this agency. They are calmer and have made progress", "The workers are brilliant", "Carers accommodate me as well as [Name]. Nothing is too much trouble", "I'd give the workers 11 out of 10", "I couldn't fault my care", "The workers are very kind, caring and sympathetic", "The workers are lovely" and "The carers are very reliable, kind and patient."

All people we spoke with said their privacy and dignity were respected. A professional told us, "The carer workers were very respectful and treated [Name] with manners and dignity." Staff were aware and respectful of people's cultural and spiritual needs. One relative commented, "The agency is brilliant, staff will speak in Punjabi or English with [Name]." We were given examples of how workers went the 'extra mile' and in some cases provided support to families as well the person on occasion. For example, a worker had supported the family and made chapattis for the whole family, when the relative, who usually made them was in hospital. A worker had volunteered and escorted a person to hospital, rather than a hospital appointment being cancelled, when the relative was unavailable.

People using the service were supported to express their views and were actively involved in making decisions about their care and support. One relative told us, "[Name] is kept involved and given choice. For example, they'd be asked if wanted their hair washed today, tomorrow."

People were provided with information about the service, including who to contact with any questions they might have. The registered manager told us this information was made available in an accessible format if the person's first language was not English or where they may not recognise the written word. All of the people we spoke with confirmed they knew who to contact at the agency and informed us they were involved in reviews of their care. Their comments included, "The manager gave us information about the service when we started to use it and explained about the agency" and "I was given the agency contact numbers and if I telephone it is usually the manager who will telephone me back." We saw positive feedback had been gained through reviews, as well as in the provider's quality survey, about the caring approach of staff. Comments included, "I am impressed with the agency and the care workers as well as the care that is provided."

People and relatives told us that staff's time keeping was good and that they were reliable. They told us they would be contacted beforehand if a care worker was going to be late. Their comments included, "The workers come on time and do what is needed", "If they are held up, the workers will always let me know" and "The workers are usually on time unless there has been a problem at their previous call. Then the manager or the worker will telephone me to let me know they are running late." Support staff also confirmed that they would contact the office if they had been detained on a previous call. The office staff would then inform the person of the delay.

People and relatives confirmed that people usually received the same workers to provide consistent care

and support. They would be informed if their workers changed. Their comments included, "The workers will say when they are going to be on their days off", "We usually have the same workers", "My regular carers know how to support me or I may tell them as we go along" and "I have the same care workers except if they are on holiday or training."

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we interviewed, who demonstrated a professional and compassionate approach.

Detailed information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. For example, one communication care plan stated, "I use facial expressions and point at things to make my feelings known."

People and their relatives were supported, to have access to advocacy services to support and speak on behalf of people if required. Advocates help to ensure that people's views and preferences are heard.

## Is the service responsive?

### Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to and if they were involved in planning their care. People and their relatives told us they had all been included when developing the care plan and were listened to. Their comments included, "It's nice to have someone to listen to me", "The manager calls in and we'll discuss [Name] and if there is any changes needed to their care", "I do feel listened to. The workers will do tasks that I may I ask them" and "I've had a review recently."

People's care and support was decided in partnership with them. Care was planned in detail before the start of the service. The registered manager spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an ongoing relationship between the manager and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided. The care plan was kept at each person's home, with a duplicate copy held at the provider's office. People commented, "I have a folder in my house with my care plans in" and "Care plans are kept at the house."

Care plans covered a range of areas including, diet and nutrition, psychological health, personal care, managing medicines and mobility. Care records were written using clear language. If new areas of support were identified then care plans were developed to address these. Care plans provided some detail to guide staff's care practice. However, they did not all detail what the person could do to be involved and to maintain some independence. They provided some information but did not give instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. We discussed this with the registered manager who told us it would be addressed.

Staff completed a daily record for each person. They recorded the person's daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform the office staff and the registered manager so a further care review could be carried out.

People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported social activities. The service worked with people's wider networks of support and ensured their involvement in activities which were important to them. A professional commented, "[Name] loves the chattiness of the care workers and is engaging with them in a positive manner. They clean [Name's] room, kitchen and bathroom daily. Their skin has never been better. They are accessing the community daily and not just sitting outside the house." A relative told us, "[Name] now concentrates and will play simple games."

Regular meetings took place with people and relatives, if they were involved, to check that people's care requirements were still being met and if there were any changes in people's care and support needs. People were also asked for feedback at reviews about the service.

People said they were able to contact the office any time and that the office staff were professional and helpful. One person commented, "If I telephone the office for information I always get a response." People and relatives expressed a good understanding of how to complain. They said they would speak to a member of staff and the registered manager if they had any concerns. One person said, "I'm very happy with the service, on the rare occasion I've needed to pick up the phone, any issues have been sorted straight away."

Information about how to complain was also detailed in the information pack people received when they started to use the service. Individual complaints were recorded and investigated. There were four complaints recorded within the service since 2017. We advised the registered manager a record should be maintained showing action taken and response times for any complaint received. Also, with an analysis for any trends and themes as part of quality assurance. This was addressed immediately after the inspection.

# Is the service well-led?

## Our findings

A registered manager was in post who had become registered with the Care Quality Commission in April 2017.

The registered manager was fully aware of their registration requirements and notified the Care Quality Commission of any events which affected the service.

The registered manager assisted us with the inspection. Records we requested were produced promptly. The registered manager was able to highlight their priorities for the future of the service and were open to working with us in a cooperative and transparent way.

The culture promoted person-centred care, for each individual to receive care in the way they wanted. There was a good standard of record keeping. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. The office provided a welcoming atmosphere and facilities for people and staff to call in. The registered manager had many ideas to promote the well-being of people who used the service. Staff, people and relatives we spoke with were very positive about their management and had respect for them. Their comments included, "The manager will call in and ask us how things are going and ask us about the care", "[Name], manager and her staff they are truly amazing", "The manager is brilliant", "The manager is very approachable" and "It's brilliant working here."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The quality of the service was monitored by several means, including on-going consultation at care reviews and spot checks. Quality checks for example, covered areas such as people's views, the quality and timeliness of care visits, staff presentation, whether the person had any complaints, the appropriateness of the care provided and whether records were up-to-date and accurately reflected people's care and support needs. This was to ensure people who used the service were happy with the support they received and to help identify areas in need of further improvement.

Feedback was sought from people and staff through meetings and surveys. One person told us, "We are asked for our views about the service." Results showed that people were extremely positive about service

provision. We advised the registered manager the results, after individual analysis could be put into a report as part of quality assurance to show any action that was taken if required, to show the provider was responsive to people's feedback. They told us that this would be addressed. People's comments to CQC received as part of the inspection were also very positive. Their comments included, "Everything is fine", "The service is brilliant" and "I'm very happy with the care I would recommend the agency."