

Clarendon Home Care Limited

Clarendon Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Clarendon Home Care is a domiciliary care service and is registered to provide personal care and support to people in their own homes. 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 our inspection, 82 people were receiving personal care and support.

People's experience of using this service

There was a continued breach of regulation in relation to staffing. We received mixed feedback about staff punctuality and the amount of time they spent with people when providing care. People and their relatives commented, "Sometimes they are late by half an hour to one hour"; "Other carers are erratic and turn up an hour to two hours late"; "Staff can be abrupt as they are in a hurry." Other comments included, "Usually the carers are on time"; "Generally, it's not a problem" and "Our regular carer is on time and stays the whole time."

Systems were in place to monitor the quality of care people received. However, the electronic system used to monitor staff attendance on their calls did not always work as intended. Despite this, there had not been any missed calls. The registered manager and provider were aware of the problems and told us they were working to resolve the issues.

People felt they were safe with the care and support provided. Comments included, "I feel completely safe and well looked after by them"; "The care is 100% safe", "I'm OK with the carers" and "[Carers] know me and my needs. I feel safe with them. They hoist me and it's done safely".

People's needs were met. People told us, "I definitely get the care I need"; "Staff have been fantastic" and "They make sure [person] is cared for well". Staff knew how to identify and report abuse and were trained in safeguarding of vulnerable people. Risk assessments and management plans were in place which enabled staff to provide care safely. Safe recruitment checks were undertaken to ensure suitable staff were employed at the service. People received the support they needed to take their medicines safely. Staff knew how to minimise the risk of infection when providing care.

The majority of relatives, people using the service and staff were happy with the management of the service. People were asked to provide feedback about the service, although they said opportunities to do so were limited at the height of the COVID-19 pandemic. Audits were carried out to monitor and improve the quality of the service.

Accidents were recorded and monitored and discussed with staff to minimise a re-occurrence. The provider worked in partnership with other professionals and agencies to meet people's care needs.

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 the service was requires improvement (published on 22 December 2020) and there was a breach of regulation. The provider also completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the registered manager had increased oversight of staffing and quality assurance processes to ensure people received the care they needed. Despite the improvements made since our last inspection, more work was required to ensure adequate staffing levels and consistency in the delivery of care.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. At this inspection we identified a continued breach in relation to ensuring sufficient suitably qualified staff were deployed to meet the needs of people using the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Clarendon Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Clarendon Home Care 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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 February 2022 and ended on 23 February 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We also reviewed the intelligence we held about the service such as statutory notifications and information received from people. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 18 people who used the service, six relatives and eight staff members including the registered manager, a director and operations manager.

We reviewed a range of records. This included people's care records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

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 for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Not enough improvements had been made at this inspection and the provider was in continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- At our previous inspection we found the use of the Electronic Call Monitoring system (ECM) was not consistent and failed to accurately establish any missed visits, unlogged entries, incomplete visits or double up calls provided by a single care worker. Staffing levels were not adequate. People and their relatives told us staff were generally punctual for their calls and were informed of any delays. Comments included, "I have issues about them arriving late"; "[Carers] can really be late"; and "They are punctual, no concerns there" and "Generally good and punctual delays here and there."
- At this inspection, we found the provider had made improvements and resolved some of these issues. However, we found new concerns around staff not having enough travel time between calls, insufficient time spent on some calls, and a new ECM not working as it should resulting in manual loggings and posing a risk of not identifying missed calls on time. While the provider had made improvements about how they planned staffing, there clearly remained further room for more improvement.
- People and their relatives told us staff were generally punctual for their calls and were informed of any delays. Comments included, "I have issues about them arriving late"; "[Carers] can really be late"; and "They are punctual, no concerns there" and "Generally good and punctual delays here and there."
- We sought the provider's and registered manager's comments about this. They explained challenges they had faced with the ECM and that it was implemented at the height of the COVID-19 pandemic. Aside from the technical problems faced with the new ECM, they highlighted that many of their care staff were absent from work due to sickness from COVID-19 or forced to isolate as per guidance if they were contacted via the track and trace monitoring system. This resulted in a number of calls delayed as it was difficult to get cover on short notice.
- The office admin staff had increased monitoring call attendance and made telephone calls and manually logged calls when appropriate to indicate staff had attended their shifts to deliver care as planned.
- This had resulted in no reported cases of missed calls and or safeguarding concerns as a result of the late calls.
- We received mixed feedback about the time staff spent on providing care. They told us, "Carers could be abrupt and be in a hurry" and "Sometimes they very busy and in a rush". Others commented, "Sometimes [carers] stay over the allocated time to sort me out" and "[Carers] stay the length of time they should".
- We found staff were not always allocated travel time for the calls which led to some delays to calls or rushed delivery of care. The registered manager told us they were aware of the concerns and were reviewing

rotas to ensure staff had sufficient time to travel between their shifts.

- Staff told us they were satisfied with the rota system. Rotas were planned in a manner that care workers were assigned to people in close proximity geographically to minimise travel time and allow for minor delays. Despite this people experienced delays to their calls and staff did not always stay for the allocated time .
- People told us they were assigned a team of staff to provide their care which ensured they received consistent care from staff who knew them. Staff told us they were happy with the allocations and knew people they were caring for.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us, "I feel safe, [carers] are wonderful, they help me with everything" and "I feel safe because they understand me".
- Staff knew their responsibility to keep people safe by reporting any concerns or allegation of abuse. Staff told us and records confirmed they had attended safeguarding training. Staff were aware of whistleblowing information concerning wrongdoing to internal and external agencies to help keep people safe from abuse.
- Systems were in place to safeguard people from abuse. The registered manager raised safeguarding concerns when required.

Assessing risk, safety monitoring and management

- Risks were assessed and managed to ensure staff supported people in a safe manner.
- People's records identified risks to their health and well-being such as their ability to manage their finances, medicines, nutrition and hydration, mobility and home environment.
- Records showed staff followed guidance in place which enabled them to provide care in a safe manner.
- The registered manager and provider shared with us their action plan on how they were already working to resolve the issues we identified to ensure people were not put at risk of avoidable harm.

Using medicines safely

- People were supported to receive their medicines. Staff received training to support people to manage their medicines safely. Care records showed care staff or family was responsible for supporting the person to manage their medicines to minimise the risk of errors.
- The registered manager carried out audits to ensure people received their medicines as prescribed and that any concerns were identified and resolved.

Preventing and controlling infection

- People were protected from the risk of infection. Comments included, "The carers wear gloves, aprons and masks" and "They wash their hands before, during and after carrying out tasks".
- Staff told us they had access to Personal Protective Equipment such as masks, gloves and aprons they needed to deliver care safely. For example, staff told us they wore aprons and gloves when preparing food or carrying out personal care.
- Staff were aware of the provider's policies on infection prevention and control and COVID-19. The policies were up to date and in line with national guidance. Staff received training about infection prevention and control including COVID-19 and knew how to minimise the risk of cross contamination and spread of disease.

Learning lessons when things go wrong

- Accidents and incidents were recorded and managed.
- Accidents and incidents were recorded and analysed to identify patterns or trends.
- Systems were in place to ensure lessons were learnt and improvements made to prevent mistakes

happening again. Staff knew the procedures to report accidents or incidents.

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 remained the same.

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

- At our last inspection, we identified the quality assurance system of the electronic monitoring system (ECM) did not perform as required to identify staff attendance in people's homes to deliver care. In addition, there were concerns around staffing levels. At this inspection, we found the provider and registered manager had made improvements. There was close monitoring of the quality of care provided and the registered manager was proactive in resolving issues.
- There was increased oversight and contingency plans in place to minimise the risk of missed and delayed calls. A team of staff was assigned to monitor staff attendance via telephone calls and messages which ensured people received care. The provider was working with the provider of the ECM software to resolve the issues they had.
- Notwithstanding the improvements made, the provider needed to manage effectively the concerns about staffing and to ensure consistency in the care provided to people.

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

- The provider undertook audits on various aspects on the quality of care provided such as care planning, medicines management, infection prevention and control, staff supervision and training and implemented changes when needed.
- The registered manager and provider understood their responsibility to meet regulations and other statutory requirements. They submitted notifications to CQC and the local authority safeguarding teams when needed in line with their legal responsibilities.
- Policies and procedures were in place and reviewed and updated when required. For example, the provider had in response to the COVID-19 pandemic to ensure staff had up to date information to meet regulatory functions.
- Staff attended meetings where the registered manager encouraged discussion about their roles in relation to supporting people, managing risks, best practice in care delivery and policies and procedures.
- Spot checks were carried out on staff and support provided as appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a person-centred approach which was open and inclusive. Staff shared in the provider's vision of an empowering culture which placed people at the centre of the service.
- The majority of people and their relatives were complimentary about the care and support provided. One

person told us, "If not happy I would go to boss [registered manager]. He's very efficient. Things would get done".

- Staff told us they were happy working at the service and some of their feedback included, "I feel respected and valued by the company" and, "I feel very well supported by the office and colleagues. There's always someone available." They felt supported in their roles and could approach the registered manager to discuss any concerns.
- Staff told us the registered manager promoted good communication between them and the people who used the service. They said the registered manager involved them in decisions that affected the way they worked and provided care to people.

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 provider was aware of their responsibility to be open and honest with people using the service when things went wrong. For example, the provider had restricted themselves from taking new care packages until they had recruited additional staff and resolved the ECM concerns. People, their relatives and staff felt the registered manager was happy to discuss any issues that may affect care delivery.
- Staff told us the registered manager encouraged them to be honest transparent when the care they provided fell short of expected standards to ensure continuous learning took place.

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

- The provider, management team and care staff understood their responsibilities to promote an inclusive culture to provide care without discrimination. Staff received training on equality and diversity.
- People and their relatives told us the registered manager sought their views regularly to ensure they were happy with the care and support provided. The management team carried out home visits, telephone reviews, and sent out questionnaires as part of their regular checks on the quality of care provided.
- The registered manager communicated with staff regularly on issues affecting the service and the care and support they provided to people.

Working in partnership with others

- The registered manager and staff worked in partnership with a range of stakeholders to drive improvements.
- People were supported to access services with various health and social care professionals. These included GPs, pharmacists, occupational therapists and social workers to plan and deliver care effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Not enough improvements had been made at this inspection and the provider was in continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .