Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Clarriots Care (Lancashire South)

Suite 3A-3C, Ribble House, Meanygate, Bamber Bridge, Preston, PR5 6UP

Tel: 01772627049

Date of Inspection: 14 April 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Richardson Trading Limited
Registered Manager	Mrs Michelle Richardson
Overview of the service	Clarriots Care (Lancashire South) is based in Bamber Bridge near Preston. The service aims to provide a range of services, including support with personal care, to people in their own home.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 April 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

This was a newly registered agency that provided support to a small number of service users. Most people had only been in receipt of support for a few weeks or months. People had individual private contracts in place.

The inspection was undertaken by the lead inspector for the service. We set out to answer five important questions. Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, and the staff supporting them and from looking at records. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Staff training, written guidance and appropriate working practices helped to keep people safe and protected against any potential abuse. People using the service and the relatives we spoke with expressed confidence in the staff team. Comments included; "I am quite happy to leave my wife in their care."

Effective recruitment procedures were in place. Robust checks helped to ensure only suitable staff were employed.

Policies and procedures were in place to make sure that unsafe practice was identified and people were protected. Staff understood their responsibilities in keeping people safe.

Is the service effective?

The individual or their representative such as a relative was involved in the assessment

and support planning processes. Support plans reflected people's individual wishes and preferences.

Staff we spoke with told us support plans contained enough appropriate information about the needs of each person.

The service users, relatives and staff we spoke with confirmed that continuity of staff was given a high priority. People were supported by the same staff or same small team of staff. This helped to promote consistency of care.

Is the service caring?

People told us they were supported by kind and attentive staff. Comments included; "They are always polite" "I am very pleased with the quality of the service." And "The staff are most courteous."

Relatives also told us they were satisfied with the quality of care provided.

People using the service and their relatives told us they felt able to raise any issues or make suggestions.

Is the service responsive?

We saw that some people had their support visits increased to meet their changing needs. Individuals had requested an increase in service provision and this had been accommodated.

One person explained that they had requested a change of carer and this had been swiftly addressed.

Is the service well-led?

The manager worked directly with each person using the service and had an excellent understanding of their individual needs.

Staff told us they were clear about their roles and responsibilities and were supported to work to a high standard. This helped to ensure that people received a good quality service.

People who used the service and their relatives told us they knew how to contact the manager at the office if they had any queries or concerns.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Written policies and procedures were in place. These covered areas such as; privacy, dignity, equality and diversity, confidentiality, rights and responsibilities. The mandatory training programme undertaken by all staff also addressed these important topics.

People using the service confirmed they had been fully involved in their assessment and support planning. Comments included; "They came when my daughter was here and went through everything. It was very thorough." And "The manager visited, gave me booklets and explained everything."

People using the service had individual private contracts in place. Service agreements were signed by the individual service user or their representative, such as a relative.

People who used the service were given appropriate information regarding their care. Each person had a file in their home, containing all the information relating to their support and the involvement of the agency. This included a copy of their assessment, risk assessment and care plan. Care plans also addressed any identified cultural or religious considerations. People were given information regarding how to raise any concerns and contact details for the agency office.

Privacy and dignity were promoted. The staff we spoke with showed a good understanding of these matters and described the practical steps they took to ensure the privacy and dignity of the people they supported. The records kept by staff gave a good overview of the person and the support provided.

One person we spoke with explained how staff encouraged them to remain independent. We were told, "they tell me the easiest way to help myself for when they are not here."

The service users and relatives we spoke with confirmed that staff were polite and respectful. We were told; "They are always polite" And "The staff are most courteous." One person explained that they had requested a change of carer and this had been swiftly

addressed.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs.

Reasons for our judgement

Records showed that the needs of people had been carefully assessed before a care plan was agreed. This helped to ensure staff had enough information to provide the appropriate support. Records clearly showed what staff were expected to do at each visit and gave good information about the preferences and routines of the service user.

Ongoing review and discussions helped to ensure support plans remained current and continued to meet the needs of the individual concerned. The current service users had only recently commenced with the agency. There were plans in place to introduce a more formal process of review.

Risk assessments addressed any potential risks in the home environment, plus risks relating to the individual.

We saw that staff kept good records of their time with each service user. This included records of prompting to take medication, records of handling any money, records of meals provided and an overview of the visit which included details of any personal care provided. We also saw clear records of any accidents or incidents and that these were monitored by the manager.

The service users, relatives and staff we spoke with confirmed that continuity of staff was given a high priority. People were supported by the same staff or same small team of staff. This helped to promote consistency of care and allowed for meaningful relationships to develop.

People using the service provided positive feedback about the support they received. Comments included; "They've been brilliant." "I am very pleased with the quality of the service." And "I have nothing to complain about."

Written policies and guidance addressed emergency situations, including health emergencies. Staff confirmed they had emergency contact numbers and that management support was always available if they needed any advice. Comments from staff included; "I can ring for advice at any time." And "There is a good on call system."

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Written policies and procedures were in place. These addressed complaints, whistle blowing, consent, mental capacity, the safekeeping of keys, managing service user money, acceptance of gifts, recruitment and selection, abuse and safeguarding. These provided a clear framework for staff to work within.

We discussed the abuse and safeguarding policies with the manager of the service, as the guidance regarding reporting concerns did not follow locally agreed procedures. The manager confirmed this would be amended. The manager and the staff we spoke with were clear about reporting any concerns to the local authority. Staff described the action they would take if they had any concerns in this area and were clear about agreed reporting procedures. Senior staff were always available for advice, with an on call system in place during evenings and weekends.

The staff we spoke with confirmed they had undertaken training regarding abuse and protection. This was reflected in the training records we viewed. Staff undertook this training as part of the induction period, before working with service users.

There were policies and procedures in place regarding the handling of money belonging to service users. Clear records were maintained and monitored by the manager.

Effective recruitment procedures were in place. Robust checks helped to ensure only suitable staff were employed.

Staff training, written guidance and appropriate working practices helped to keep people safe and protected against any potential abuse. People using the service and the relatives we spoke with expressed confidence in the staff team. Comments included; "I am quite happy to leave my wife in their care."

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment records for two recently appointed members of staff. Documentation included an application form, health questionnaire, references, a DBS (Disclosure and Barring Service) check and a record of the interview. We also saw evidence to show driving license and motor insurance checks had been carried out. The recruitment process helped to ensure only suitable staff were employed.

All staff received a handbook containing key policies and procedures regarding their employment, role and responsibilities.

Staff underwent a thorough three day induction programme prior to working with service users. This programme addressed topics such as; the role of the carer, health and safety, person centred care, communication, equality and diversity, safeguarding, fire safety, infection control, food hygiene, nutrition, moving and handling, medication and first aid awareness . Staff told us their induction had been thorough, with appropriate training and a period of time working alongside the manager. This helped them get to know the people they were supporting, the work routines and expectations of their role. Comments from staff included; "The training was very good and in depth." And "I really enjoyed it. There was variety, with presentations, DVD's and practical exercises."

Regular contact with the manager gave good opportunity to address any training or performance issues. Records showed that staff received regular supervision and support, which allowed work performance and development needs to be monitored.

People using the service spoke favourably of the staff team. We were told; "I am impressed with the quality of the training they have had." And "They are very capable." It was evident that staff had developed warm and comfortable relationships with the people they supported and that this contributed greatly to the general satisfaction with the service.

One person using the service had extremely complex needs, particularly regarding how they were to be moved. They had been involved in the recruitment and training of the staff deployed to work with them. This helped to ensure personalised care and support was provided for this individual.

People were cared for by staff that had been appropriately recruited and were trained for their role. The service had robust recruitment procedures in place, which helped ensure staff were of suitable character and had the necessary skills to perform their duties.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

This was a newly registered agency that provided support to a small number of service users. Most people had only been in receipt of support for a few weeks or months. The manager worked directly with each person using the service and had an excellent understanding of their individual needs.

Each member of staff had a training and development portfolio, containing records of their training and professional progress. We saw records of supervision meetings with staff. These provided good opportunity to discuss work performance and training issues. Regular supervisions helped ensure staff were working according to agreed standards and were following set procedures.

People who used the service and their relatives told us they knew how to contact a manager at the office if they had any queries or concerns. They told us they were able to give their views about the service and these were acted on. One person explained that they had requested a change of carer and this had been swiftly addressed. People told us they were regularly asked if they were happy with the service provided. There was a record of communication with each service user and this included a record of people being asked about their satisfaction with the support they received.

Staff told us they received good support from the manager, who worked alongside staff and was always on hand for advice.

As the service was relatively new, some aspects of quality assurance were still in their infancy. The manager planned to complete a full quality monitoring review after 6 months of operating, and this was soon to commence. Feedback surveys were to be distributed to people using the service and also to staff.

Risks were identified and managed. Procedures were in place for incident and accident recording and monitoring. Training records showed that staff completed appropriate health and safety training, which included fire safety, moving and handling, food hygiene and infection control. These measures helped to promote the health and safety of staff and

people using the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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