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Clark Care Services

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Clark Care Services on 30 November 2017. The service is registered to provide personal care in people's own homes. At the time of our visit three people received personal care. The agency also supported five more people with other services that did not involve personal care such as a companionship visit or housekeeping.

The registered provider had been registered as an individual therefore there was no requirement for a registered manager to be appointed. 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. The registered provider acted as a manager and was responsible for the day to day running of the service.

People were safe and there were sufficient staff to meet people's needs. Staff understood how to protect people and how to alert relevant authorities if they had any concerns. Risk assessments were carried out and staff aware how to manage these risks. People received their medicines as prescribed.

Staff received sufficient training to carry out their roles and they were well supported by the provider. The provider had systems in place to ensure staff recruited were safe and suitable to work with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice. People were supported to meet their nutritional needs and access health services as required.

The staff supported people in a caring way. Staff protected people's privacy and dignity and treated them with respect. People had developed positive relationships with staff and were supported to be as independent as possible.

The service was responsive to people's needs and ensured people were supported in a way that met their needs. People's relatives knew how to make a complaint and we saw when concerns had been raised, they had been dealt with in line with the provider's policy.

The service was well run and the manager was passionate about caring for people and they had a clear vision of the service they wanted to provide. We found provider's governance framework needed improving to reflect current best practice so the quality performance was effectively monitored to ensure sustainability was maintained.

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.

Risks to people's well-being were managed appropriately and staff were aware of these.

Provider had systems in place to keep people safe and free from abuse.

There were enough staff to keep people safe.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had relevant training and were well supported.

People were supported in line with the Mental Capacity Act (MCA) 2005.

People had access to healthcare services and were supported to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people's needs well and people established caring relationships with staff.

Staff were caring, patient and compassionate.

People's dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People received support that met their needs.

People knew how to raise concerns and concerns were

responded to.

Staff worked collaboratively with others professionals to deliver dignified end of life support.

Is the service well-led?

The service was not always well-led.

Governance systems were not always effective.

Staff praised the team work and good communication.

There was a positive approach and responsiveness demonstrated from the registered provider.

Requires Improvement ●

Clark Care Services

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 and 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 30 November 2017 and was announced. We told the provider three days before our visit that we would be coming. We did this because the provider's office is based at the provider's residential address. We needed to be sure that they would be in. The inspection was carried out by one inspector. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

On the day of the inspection, after we visited the provider's office we met with two people who used the service and two relatives. The provider made prior arrangements before our visit as we needed to obtain people's consent to visit them in their own homes. In addition we spoke with one care worker and the provider. We looked at two people's care records and three staff files that included their recruitment, supervision and training records. We also viewed a range of records about how the service was managed. After the inspection we contacted another relative and three external professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

People told us they felt safe with the way they were being cared for and when staff were in their home. One person told us, "I'm very safe".

There was a safeguarding and a whistle blowing policy in place and staff knew what to do if they had any safeguarding concerns. The manager was aware of the local authority's safeguarding procedures. They told us, "I raised (safeguarding) concerns outside the regulated activity (in relation to people who did not receive personal care)".

There were sufficient staff employed to keep people safe. The provider ensured regular staff were allocated to people and people knew who would be supporting them. One person said, "They come on time (and) when they should". One person's relative said, "Staff continuity is vital part, we definitely got it now – [person] has got three or four staff, two (of them) tend to do same hours". The provider followed safe recruitment process when employing new staff.

People's care plans detailed the support people required with the administration of medicines. On the day of our inspection two people were received minimal support such as ensuring the person had taken their morning tablets. The manager confirmed they ensured people's medicines were in a monitored dosage system which reduced the risk of giving an incorrect dose. The records confirmed people had their medicines as prescribed.

Risks to people's well-being were identified. This included various environmental risks relating to people's households as well as regarding people's individual well-being. For example, one person was assessed as at risk of falling due to confusion and their care plan gave details how best to support the person. However, we found one person used a hot water bottle and this was not reflected in their risk assessment. The person was however supported by regular staff that knew the person well so this did not impact on the person's care. There was also a hot water bottle policy in place for staff to refer to. The manager told us they would take immediate action to update the risk assessment record.

The provider had a system to record accidents and incidents. The manager told us no accidents occurred since the service had been registered last year. They also ensured near misses were used as a learning opportunity. For example, one member of staff did not push the metal lid of a tin inside which could put another member of staff at risk of cutting their hand when taking the bin out. We saw a communication was sent to all staff, including a picture of how to dispose of tins safely.

People were protected from the risk of infection. Staff received infection control training and had access to personal protective equipment (PPE) such as gloves. We saw gloves were stored together with person's care file at the person's house and the member of staff used these.

Is the service effective?

Our findings

People's needs were assessed prior to commencement of the service to ensure needs could be met. People's care files, where applicable also contained assessments received from commissioners of the service. This information was used to develop people's care plan and to ensure people's needs could be met. The manager told us they completed all assessments themselves.

People and their relatives told us staff were skilled and knew how to support people. Comments included, "She looks after me" and "They know [person] and families very well". Staff told us and records confirmed staff received training that enabled them to carry out their roles effectively. Staff training included safeguarding, dignity, food hygiene, infection control and moving and handling. Staff told us they felt well supported. Due to the small size of the service the manager worked closely with the team. The manager told us they recognised staff were lone workers therefore they made sure regular supervision sessions took place. The records we viewed confirmed this arrangement. A staff member said, "Training and support is OK, done quite a bit".

People told us the staff respected their decisions and that they, people, were 'in charge' of the support received. Comments included: "I mind my own business" and "They (staff) do as they're told".

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. We found the provider worked in line with these principles and we saw people's rights to make their own decisions were respected. A staff member said, "You've got to remember to give people choices to make own decisions".

People were supported to access health services and when advice from professionals such as an Occupational Therapist (OT) was received this was included in the person's care plan. The team also worked well together to ensure good communication was maintained. The manager told us staff used a group messaging service and if there were any changes to people's support they would be all immediately informed.

People's nutritional requirements including any allergies were outlined in people's care plans. Staff ensured people received appropriate support. For example, we observed a member of staff serving a hot cross bun and a cup of tea to the person. The member of staff knew the person would struggle to eat the bun if it was not cut and they cut the bun in mouth sized pieces so the person was able to eat independently. The member of staff also offered the person a fresh, hot cup of tea before they left and the person happily accepted it.

Is the service caring?

Our findings

People and their relatives complimented the caring nature of staff. We observed caring interactions, a member of staff gave a hug to the person and put their hands around the person. The person was visibly content and it was clear they liked this meaningful interaction. The manager ensured they worked with staff and carried out spot check of care practices which ensured ongoing monitoring of staff's caring practices.

People were involved in making decisions about their support. One person told us, "They respect if I don't want to get up". We saw people had signed their care plans and consent to taking photographs for file purposes. The manager told us how one person recently decided they wanted to spend a night in their recliner armchair. The staff ensured the person was comfortable and this was documented so the appropriate action could be taken should the person requested the same again the following night. People were supported to be independent. The manager told us, "We encourage [person] as much as possible to eat independently before we'd assist them to".

People's dignity and privacy was respected. For example, the inspector was scheduled to meet a member of staff at one person's house. The member of staff greeted the inspector, introduced them to the person and informed us they ensured they assisted the person to the toilet before the inspector came in to respect person's dignity. Staff knew how to promote dignity and privacy. One staff member said, "You ask the family to leave (the room) before taking the person to the bathroom".

Staff respected what was important to people. For example, the manager told us how one person no longer liked their photograph that had been used in their care file. The person took a lot of pride in their appearance and they requested that a new photograph was taken. The manager ensured this was completed and the person was happy with their new photograph that was taken on a special occasion when the person looked glamorous.

The provider had a policy in place promoting equality and diversity. The policy said staff aimed 'to encourage, promote and celebrate diversity in all activities'. The manager told us that the current people who used the service were not from diverse backgrounds but their staff were. The manager told us referring to promoting the diversity among the team, "We are all completely different and bring something different to the table".

Provider ensured people's needs in terms of providing accessible information were met. The manager told us they recently supported one family where a person was 80% blind and they ensured all correspondence sent was typed using large font. On the day of our inspection we saw one person who was hard of hearing and we observed the member of staff established the effective communication by talking very loudly to the person.

People's confidential information was protected. We saw people's care records were stored in a safe, lockable place in the provider's office.

Is the service responsive?

Our findings

People's care records were detailed and reflected people's visit details, their preferences, likes dislikes and choices. The care plans also gave details around people's achievements, activities that people enjoyed and what made them happy. Staff knew people very well due to working with the same people on regular basis.

The manager told us they always ensured they introduced staff to new people as people already had met the manager at the assessment. This ensured the manager was able to observe how the allocated staff worked with people to meet their needs.

People appreciated the support they had and told us the service met their needs. One person's wish was to remain in their own home and the person told us, "I would not be able to stay here (own home) on my own with no care".

The service responded well to people needs. For example, we saw a member of staff served an afternoon snack to the person who was living with sight impairment. The member of staff explained to the person what they had on their plate that was in front of them. The agency was flexible in relation to adapting the variations in timings of the care calls. People's relatives told us they could request the time of the visit to be adjusted and that would be arranged to suit them.

People knew how to complain and details of how to make a complaint were available to people. The provider had a log of all complaints made. We viewed the log and saw there were three verbal complaints recorded and all had been addressed by the registered provider. People's relatives were confident the provider would act on any smallest concerns. One relative told us, "We would not really want to change anything". None of the people or people's relatives we spoke with raised any concerns.

At the time of our inspection no people received end of life support. We saw 'Do Not Attempt Resuscitation' (DNAR) forms on people's file where applicable. The manager told us they worked with the local hospice occasionally when additional support was required for people that wished to spend the last days of their lives in their own home. The manager told us staff would be responsible for observation or gentle repositioning of a person and they would work closely with hospice nursing staff responsible for providing clinical support.

Is the service well-led?

Our findings

The service was run by the provider who acted as a manager and had an extensive experience of working with people as well as personal caring experience. This gave them the good insight of people's expectations and empathy. The manager promoted an open and transparent culture and aimed to provide high quality service to a small number of people. They had a clear vision and told us their business' model was not to take on more than six people who needed personal care and ensure high customer satisfaction. They also said, "The fact I am using my name in company's name gives me that extra bit of motivation to do your best".

The major part of quality monitoring was ensured by the fact that the manager worked hands on providing support to people. This allowed them to address any minor concerns immediately. They carried out regular audits of people's care records. In addition they had a log of late visits, we saw two late visits occurred in the last six months and the reason was investigated and systems put in place to prevent the reoccurrence. The manager ensured where an area for improvement was identified this was acted upon. For example, the provider's registration and recommendation assessment reflected the fire risk assessment was required for the office. We saw this was promptly implemented. Provider's registration and recommendation assessment is the document completed by the registration inspector when registering a new service.

However, we found the provider's governance systems required improvement. For example, the provider's medicine management policy covered mainly 'as required' medicine and did not include all necessary areas as per the National Institute for Health and Clinical Excellence (NICE) guidelines. We found an application form could not be found for one staff member. However, the manager reassured us they obtained the necessary information. The manager recognised that with the service being a small independent organisation they needed to link with external associations for support. They told us they were going to look into obtaining additional external support so their governance framework fully met good practice guidance. This was to aid quality performance systems and make sure the service delivery was monitored effectively and sustainability was ensured.

Staff told us there was good communication and team work. Staff felt valued, supported and praised the manager. A staff member said, "She is a good boss, she acts on any issues".

The manager also ensured people were involved in the running of the service and sought their views by surveys. We saw the results and these were very positive with people and relatives stating they would recommend this service to others. One person's relative said, "We can always make a suggestion and it's taken on board". Another relative told us, "I can't think of anything that is not good".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The team at the service worked closely with the local health and social care teams to ensure people were kept safe. For example, on the day of our inspection we observed the manager making arrangement with local district nurses for a continence assessment for one person due to concerns raised by staff.

