

Clark James Norwich Limited

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Inspection report

The Old Coach House
87 Yarmouth Road
Norwich
Norfolk
NR7 0HF

Tel: 01603300364

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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?	Good ●

Summary of findings

Overall summary

The inspection took place on 28 January and we contacted the service before we visited to announce the inspection. The service was registered at their current address in January 2014 and this was the first inspection since they registered with the Care Quality Commission (CQC).

Clark James Norwich Limited provides domiciliary care to around fifty people living in their own homes, some of whom may be living with dementia or long term conditions.

At the time of our inspection the manager had submitted an application to become registered with the CQC. This was approved the day after our inspection and the manager is therefore referred to throughout this report as the registered manager. A registered manager is a person who has registered with the CQC 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 were supported by staff who were knowledgeable in their roles and demonstrated the skills required. They had been safely recruited and well-trained. Staff had been selected for their diverse skills and abilities. They told us they felt supported and happy in their roles. Staff showed passion for the people they cared for and the service they provided.

Staff demonstrated they understood how to prevent and protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns they may have and staff understood these. Staff had knowledge of other agencies they could go to report incidents of suspected abuse. People and staff were protected from harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. Risk assessments were individual to the person and their environment.

Medicines were administered in a consistently safe manner. Medicines administration records were clear and accurate and contained relevant information. Where medicines were not administered this was fully documented. Staff understood safe procedures for administering medicines.

Staff received training, regular support and encouragement to further improve their skills and knowledge. Staff were undertaking qualifications and were given regular opportunities to discuss their performance with the management team. The competencies of staff were regularly assessed and recorded to ensure an appropriate standard of care was delivered.

People benefited from staff who felt valued by the service and were happy in their work. They felt listened to and involved in the changes that occurred. They had confidence in the management team and were positive about the changes the service was making.

People were treated in a respectful, compassionate and caring manner. They told us they felt in control of

their lives. Staff demonstrated that they understood the importance of promoting people's dignity, privacy and independence. They gave examples of a caring and empathetic approach to the people they supported.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 and report on what we find. Staff had received training in the MCA and demonstrated they understood the importance of gaining people's consent before assisting them.

Care and support was delivered in a person-centred way as the service had completed thorough assessments of people's needs. People received individualised care as their care plans had been developed in collaboration with them. The service regularly reviewed people's needs and made changes as required.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs and demonstrated they had the knowledge to manage emergency situations should they arise.

Where required, staff supported people to maintain their interests and avoid social isolation. The service arranged events for people who used the service to aid this. They had made links with the community and worked jointly with other professionals to maintain people's well-being.

The management team demonstrated an inclusive approach to the management of the service and people had confidence in them. They were supportive, accessible and actively encouraged people to comment on the service they provided.

Complaints were taken seriously and responded to in good time. The management team used them to develop and improve the service. Although people had not felt the need to complain they would feel comfortable in doing this. Effective systems were in place to monitor the quality of the service and the registered manager had identified areas for improvement and was working towards these.

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 to protect people from the risk of abuse. Staff knew what to do if they had any concerns and were confident in raising these.

People benefited from being supported by staff who had undergone recruitment checks to ensure they were safe to work in care.

The service had identified, assessed and regularly reviewed the risks to people and their staff.

Medicines were managed safely and audits identified any shortfalls which were actioned appropriately.

Is the service effective?

Good ●

The service was effective.

The training, support and development the staff received contributed to the effective support people experienced.

The service identified the need for staff to have diverse skills and abilities to meet the varied and individual needs of the people who used the service.

People received care and support in the way they wished as staff understood the importance of gaining people's consent.

People were supported to have their choice of food and drink whilst having their nutritional needs met.

Is the service caring?

Good ●

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

People received care and support in a way that allowed them to

be in control and that promoted their independence and choice.

People had been fully involved in planning the care and support they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted this.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs and these had been reviewed on a regular basis.

People were supported and encouraged to maintain relationships and avoid social isolation.

The service listened to people's concerns and addressed them appropriately and robustly.

Is the service well-led?

Good ●

The service was well-led.

The supportive and inclusive nature of the management team contributed to an open culture where people felt comfortable in expressing their views.

The management team was accessible, visible and approachable.

People benefited from a service that had effective systems in place to monitor the quality of the service people received. These were used to make further developments and improvements.

Good links had been established with the local community and health professionals to ensure people received the care and support they needed.

Clark James Norwich Limited

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.

The inspection took place on 28 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The management team sometimes spends time away from the office supporting staff and the people who use the service. Notice was given to ensure the management team was available to assist our inspection. The inspection was carried out by two inspectors.

Before the inspection we viewed all of the information we had about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local safeguarding team, the local quality assurance team and three other professionals who had assisted people in accessing the service. We asked for their views on the service.

During the inspection we visited the service's office, spoke with four people who used the service and four relatives. We also spoke with a director of the service, the registered manager, the field care supervisor and four care staff. We observed the office staff talking to clients, relatives and other professionals on the telephone.

We looked at the care records for five people who used the service and medicines administration records for three people. These records covered periods within the last 12 months. We also viewed records relating to the management of the service. These included risk assessments, four staff recruitment files, training records and complaints.

Is the service safe?

Our findings

All the people we spoke with who used the service said they felt safe whilst receiving care and support from staff employed by Clark James Norwich Limited. The relatives of those who used the service that we spoke with also said they had no safety concerns.

The staff we spoke with said they had received training in how to protect people from the risk of abuse. They could give us examples of abuse and were able to explain changes in people that may indicate a person was being abused. For example, one told us that if they saw a person they supported "cower" away from another person this may cause them concern. Staff knew how to report concerns within their organisation and told us other agencies they could speak to if they needed to. They told us they felt confident in reporting any concerns they may have. We saw from the records we viewed that staff had received training in safeguarding adults and that this was up to date.

The service had referred incidents to the local safeguarding team and these were prompt and appropriate. The registered manager told us that they were in the process of ensuring all care plans had copies of leaflets supplied to them by the local safeguarding team. They said this would then ensure that both the people who used the service and staff had access to contact details should they have any concerns. This was confirmed by the registered manager's action plan that showed this as a task that was ongoing. We concluded that the service took effective steps to protect people from the risk of abuse.

We saw that the service had identified, assessed and regularly reviewed the risks to people's safety as well as the safety to their staff. Risk assessments were in place that were individual to the person being supported. These included assessing the risks associated with moving and handling, nutrition and medicines administration. Further risks had been assessed such as the environment and uneven floors. In addition the service had risk assessed each person's home and included information on where utility switch off points were in case of emergency. In order to protect staff from the risk of harm, the service had identified the risks associated with such areas as lone working and stress. We also saw that the service assessed the risk to staff who were new or expectant mothers.

The service had systems in place to record accidents and incidents. The service had had very few accidents, however the staff we spoke with were able to clearly tell us what they would do if an accident occurred. This demonstrated that the staff's priority was the health and welfare of the person they supported and ensuring the accident was reported to the management team as soon as it occurred. The service had no overview system in place to monitor for patterns of accidents although the management team could tell us about the incidents that had occurred and the accident records we viewed were detailed.

We saw from the four personnel records we viewed that staff had been employed following recruitment checks. These included obtaining two references and completing a criminal records check. The staff we spoke with confirmed these had been in place prior to them starting in post. We did note that completed application forms did not contain full employment histories so the service could not be sure of people's whereabouts for periods of time. However, all other checks had been completed to ensure that the service

only employed those that were safe to work in care. When we discussed this with the registered manager and director they told us they would change the application form to show that full employment history was required.

There were enough staff to meet people's needs. Of all the people we spoke with, one said they had not received a call when they were supposed to and this was only on one occasion. As this had been a long time ago, they could not remember how this was managed but they had no current concerns in relation to the service not having enough staff. People told us staff visited when they were supposed to and that the correct amount of staff attended. When we discussed this with staff they told us there were enough staff to meet people's needs. The registered manager told us their priority was the standard of care and not developing the service too quickly. This always ensured they had enough staff to meet people's needs. They also told us they offered every member of staff the choice of a permanent contact to aid retainment.

The people we spoke with who had assistance to take their medicines had no concerns in how the staff completed this. The staff we spoke with told us how they administered medicines in people's own homes. They demonstrated they knew how to safely administer and record medicines and what they would do if they made an error in administration. They told us they had received training in medicines administration. This was confirmed by the training records we viewed.

We saw the medicines administration records (MAR) for three people who used the service. These had been recently completed and audited by the management team. We saw that the MAR charts were clear, accurately completed and, where issues had been identified, a clear description had been recorded on the back of the chart. For example, we saw that, where a staff member had not applied a prescribed cream to a person, the MAR chart clearly showed this was because the person had completed this task themselves. We saw from the audits we viewed that issues had been identified and action had been taken appropriately. When we discussed medicines management with the registered manager they told us that they planned to bring in weekly medicines audits to further improve the service they provided. They also told us that, following recent training, medicines information leaflets were to be introduced into all care plans to assist the people they supported.

Is the service effective?

Our findings

The people we spoke with who used the service were complimentary about the skills and knowledge of the staff that supported them. One person said, "I wonder how they do it so easily and well". Another person felt that the senior carers were particularly good and described them as "excellent". One relative we spoke with told us, "They're [the staff] are very good. They know my [relative's] needs".

People benefited from being supported by staff that were trained and encouraged to better develop their skills and knowledge. The staff we spoke with said they had received enough training to fulfil their role. One staff member told us that they were about to begin a qualification in health and social care whilst two others were currently working towards one. Staff received an induction when they first started in their role and job shadowed a senior member of staff before working alone. All the staff we spoke with confirmed they had received this. They told us the management team discussed their confidence, competency and skills with them before they worked alone. The records we viewed showed that staff had received up to date training and that this included areas such as moving and handling, pressure sores prevention and awareness, equality and diversity and caring for people living with dementia.

When we spoke with the registered manager about ensuring they recruited staff with the right skills and abilities they told us, "We need diverse characters to meet the needs of our diverse clients. Old, young, experienced, new to care – I don't want all carers to be the same. I look for qualities such as caring and an empathetic nature". The registered manager also had an action plan in place that had identified areas for staff development such as additional training and introducing dignity champions.

We asked the manager how they made sure that people were well matched with the staff member that supported them. They told us they completed a face to face assessment with the person, which gave them the opportunity to talk about such things as interests, likes and dislikes that helped them to identify compatible staff members. However, they told us this wasn't always possible and that if they felt the service could not meet a specific need then they did not provide support to that person. When we spoke to people and staff about compatibility, they told us the service was quick to respond to any requests in relation to this.

The staff we spoke with told us they received regular supervisions from the management team. They were complimentary about the support they received from the registered manager and the wider management team. One staff member told us, "If I need something, they are always happy to talk to me". Another staff member said, "The directors care about us". Records we viewed showed that staff received support on a regular basis. For example, we saw that staff received an annual appraisal, supervision sessions, spot checks and quality observations throughout the year. Spot checks covered such areas as moving and handling, infection prevention and control and communication. We saw that, where issues had been identified, actions were recorded with a timescale for completion in place.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The staff we spoke with told us they had received training in the MCA and the records we viewed confirmed this. Staff were able to tell us what capacity meant and how this influenced the support they provided. They knew how, and when, to report any changes in a person's capacity and the management team were able to tell us the actions they would take. Staff explained how they discussed what care people wanted to receive and gained their consent before supporting people. One person who used the service told us, "They [the staff] always follow what I ask".

The people we spoke with who used the service told us staff supported them to have the food and drink of their choice. One person we spoke with had specific nutritional needs and they told us the staff that supported them managed this need well. The staff knew the person's needs and were able to describe what support they provided. This was confirmed by viewing this person's care plan. The staff we spoke with could tell us what health professionals were involved in people's nutrition and what types of concerns they would report in relation to this.

Where required, staff made sure people accessed the healthcare they needed. One person told us of two occasions where support was needed for them to access medical assistance. They told us staff helped them with this and went with them to support them. They told us, "[Staff member] is good – they'll do anything for you". One staff member told us about an incident where the person they were supporting required emergency medical attention. From this discussion we concluded that the staff member understood the severity of the situation and responded appropriately.

Is the service caring?

Our findings

People spoke highly of the staff that supported them. One person told us, "I cannot fault any of them". Others described the staff as "excellent" and "very good". Another person said, "The carers are marvellous".

Staff had developed positive and caring relationships with the people they supported. One person who used the service told us, "[Staff member] is my life line". Another said, "I don't know what I'd do without them". One staff member told us of an incident where a person had experienced a fall during the night and had found the person on the floor with injuries that required emergency medical assistance. The staff member described making sure the person was warm and comfortable whilst waiting for assistance. They told us they lay on the floor with the person and that they sang together in order to provide comfort in a difficult situation. Another staff member told us, "I try and make people laugh and smile. I think it's important for people to hear positive things". We saw that staff were passionate about the people they supported and the care they provided.

People told us they had been involved in the planning of their care and support. One person told us they were fully involved and felt in control of how they were supported. The care plans we viewed showed that people had been involved in how their care was delivered.

Staff knew the people they supported well and offered choice. The people we spoke with who used the service described staff as looking after their needs in a way they requested. When we spoke with staff they were able to tell us about the people they supported, their likes, dislikes and preferences. For example, one staff member was able to tell us of a change that had occurred with a person's needs. The change had happened the day before and the staff member was able to tell us how this affected the person and what assistance they now required. Staff had received training in equality, diversity and inclusion and could tell us how they met people's diverse needs.

All the people we spoke with told us staff treated them with warmth, compassion and respect. One person told us, "They treat me as a friend. It's just what you want when you're unwell". Another person said, "[Staff member] is always helpful and willing". During our inspection we observed staff talking to people on the telephone in an unhurried manner demonstrating a concern for their well-being. For example, we heard a conversation that showed the staff member listened to what was being said and offered solutions that were discussed and agreed.

The staff we spoke with were able to tell us how they promoted people's independence, privacy and dignity. They described practical steps they took in collaboration with people in order to maintain dignity. This included drawing curtains, using towels and ensuring other people in the household knew personal care was being delivered. We saw from the care plans we looked at that emphasis had been made on ensuring the person received care in a way that made sure they were in control. Although one care plan gave staff full information on how to support that person, the care plan clearly stated that the care was to be provided in a way the person requested. It recorded what tasks the person wanted to do for themselves and that the person was to be involved at all times during care being delivered.

Staff understood the importance of confidentiality and we saw that care records and other sensitive material were stored in locked cupboards within the main office.

Is the service responsive?

Our findings

Staff understood the care and support needs of the people they assisted and ensured this was delivered in a way the person liked. One person told us, "They [the staff] respect what I want". Another person said of their regular carer, "We get on very well. [Staff member] knows how to look after me". A relative told us, "They're [staff] very good and know my [relative's] needs very well".

The service had met with people to complete an assessment of their needs. This allowed care plans and risk assessments to be completed in line with people's preferences, needs and wishes. The five care plans we viewed were person-centred and clearly showed people's likes and dislikes and how they wished to be supported. We also saw they contained important information such as communication methods, medical conditions and management, food and drink preferences and routines that were important to people. For example, we saw detailed information for one person on how to best manage their medical condition in relation to moving and handling.

When we spoke with one staff member they told us that when they had first started to visit one person they supported, they were having frozen meals delivered. However, as the staff member got to know the person they realised they had once enjoyed cooking. The staff member explained that, over time, they had begun to cook together and now cooked at every visit. They also told us they planned menus together for the coming weeks and cooked the suggested meals.

Each care plan we viewed had identified and assessed people's needs in detail. We saw that these needs had been reviewed on a regular basis. When we spoke with people about having their needs reviewed all but one told us this happened on a regular basis. However, we saw from the five care plans we viewed that all had been regularly updated to ensure care and support was delivered in the most appropriate way. Staff told us care plans were reviewed regularly and that they reported any changes in people's needs to the office. They told us these were acted upon promptly.

When we spoke with people who used the service they told us they normally received support from the same staff members. This aided continuity and assisted people in forming trusting relationships. Staff agreed that they generally visited the same people in order to provide care and support. When we discussed this with the registered manager they told us they expected each person to only ever receive a maximum of four different staff members. This took into account when staff were on holiday or off sick. The registered manager told us this was explained to a person when they first used the service to manage their expectations. The registered manager told us people always had choice over the staff member that supported them. This was confirmed by the people and staff we spoke with.

The people and staff we spoke with said enough time was provided by the service to meet people's needs in a person-centred way. People told us staff always stayed for the allotted amount of time and completed all the care and support expected of them. People told us staff were generally on time and that, if they were running late, they received a call to make them aware. One person told us that the staff member who supported them sometimes went over their time to ensure they were comfortable and had everything they

needed.

People were supported to participate within the community and follow their interests where required. One person told us staff assisted them to care for their pet. The staff we spoke with told us about the interests of the people they supported and how they encouraged people to participate in these. The registered manager told us the service arranged events for people who used the service and their relatives if appropriate. A party had been arranged at Christmas and one was being planned for Easter. The registered manager told us they didn't want anyone to feel isolated and that this gave them the opportunity to meet others if they chose to.

None of the people we spoke with had had cause to make a complaint however they all knew how to do this if they had any concerns. They all said the management team were approachable and would feel comfortable discussing any concerns with them. We saw that complaints had been acted upon and responded to thoroughly, appropriately and in a timely manner. The registered manager had met face to face with people who had raised concerns. Records showed that issues had been raised and discussed with staff members if required and appropriate.

When we discussed complaints with the registered manager they told us these had reduced following a number of pro-active actions they had taken. This included extending the opening hours of the office, the management team being out in the community on a regular basis and using performance logs for each staff member. These logs were used to record areas for improvement as well as good practice. The registered manager gave us an example where a staff member's performance had improved simply by meeting and discussing the issues raised. We concluded that the service listened and learnt from people's concerns and complaints.

Although not everyone told us they had had the chance to voice their opinions on the service we saw that questionnaires had been sent to everyone who used the service on a regular basis. Letters had also gone out with the questionnaires explaining the purpose of gaining feedback and offering to share the findings with them. Of the 13 questionnaires we viewed, one raised some concerns which we saw had been addressed by the registered manager.

Is the service well-led?

Our findings

The service had a new manager in post who had only recently been registered with the CQC. All the people who used the service and the staff we spoke with had confidence in the new manager and felt they had already made changes to develop and improve the service. One person told us, "[The registered manager] is marvellous and has covered last minute for us".

All the staff we spoke with said the management team and directors of the service were approachable and supportive. One said, "The office staff are easy to speak to, there's always someone to listen". The service promoted an open and inclusive culture. All the people who used the service that we spoke with, and their relatives, agreed that the office staff were accessible. One staff member told us they felt involved in the ongoing changes and thought there had been positive changes as a result. The management team told us it was important that they all worked alongside the carers in the community on a regular basis to encourage an open culture. One management staff member told us, "I need to be out there to keep an overview of the service. I get the best of both worlds". This staff member told us they thought it also encouraged people to raise concerns promptly if they had any.

The staff we talked with spoke highly of the management team and agreed team work was good. Staff told us they were happy in their work. One said, "It feels like a little family". The same person told us there was a team spirit amongst the staff and that they all helped each other. Another staff member said, "I have such a good relationship with everyone". The registered manager told us, "The carers are wonderful, they really care – they're a brilliant team. I'm very proud of them". From our inspection we could see there was a clear line of responsibility and management structure. Staff knew who their line manager was and how issues and concerns were reported upwards. However, all the staff we spoke with said they would feel comfortable in talking to any of the management team if they needed to.

We know from the information held about Clark James Norwich Limited that the service had reported events in the past as required. When we spoke to the registered manager about the types of events that needed to be reported, they knew what events to report and to whom. Although new into role, the registered manager told us they felt very well supported and valued by the directors of the company. They told us they spoke to them daily on the telephone and saw them once a week. The registered manager told us the directors of the company were always there if there were any issues.

Although the service offered staff the opportunity to discuss issues at staff meetings, the registered manager had identified that these had been poorly attended and had made changes. More staff meetings were to take place and staff were going to meet in their teams rather than as a whole group. Even though this change hadn't yet taken place, the staff we spoke with were all aware of it and encouraged by this change. We saw from records we viewed that meetings had taken place on a regular basis and that either one or both of the directors of the company attended. This aided transparency and further contributed to an open and inclusive culture.

The quality of the service was monitored by the management team on a regular basis. The registered

manager had also completed a detailed action plan that they were currently working through in order to develop and improve the service. We saw questionnaires had been completed on a regular basis that sought people's views of the service they received. Further audits were completed on care records and medicines administration. We saw that, where issues had been identified, these had been recorded with relevant actions in place. The registered manager gave us an example of where an audit had been used to improve the service. This demonstrated that the quality audits that the service had in place were effective.

The service had made connections with the local community and worked in partnership with health professionals. The service had recently worked with the children from a primary school to design Christmas cards to send to the people who used their service. The registered manager told us these had been sent along with a letter introducing themselves as the new manager. They told us, "Seeing these cards in our client's homes was wonderful". They told us the feedback they had received regarding the Christmas cards had been positive. We saw that one person had written to the service to say thank you for the card and that they would be very happy to be involved in further links with the children from the primary school. The registered manager explained how it had also benefited the children too as it had sparked conversation about loneliness and isolation at Christmastime.