

Essex Care Consortium Limited

Essex Care Consortium - Marks Tey

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?	Good ●

Summary of findings

Overall summary

About the service

Essex Care Consortium – Marks Tey is a residential care home registered to provide accommodation with personal care for up to 13 people with learning disabilities, those with autistic spectrum disorder and dementia. At the time of the inspection 13 people were living at the service. The service does not provide nursing care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. Thirteen people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People using the service were supported to stay safe. Staff had good understanding of safeguarding procedures and how to report concerns. Risks to people were assessed and managed well.

Staff had the support they needed to manage people's anxieties and behaviours in a positive way. The service had worked well liaising with other professionals and services to ensure people received the support they needed to stay safe.

Sufficient numbers of staff were employed and adjusted when needed to meet people's complex needs. The recruitment, induction and training processes in place ensured staff had the right skills and experience and were suitable to work with people who used the service.

Systems were in place to ensure people's medicines were managed safely and prevent the spread of infection. The premises were clean, tidy and homely, with a rolling programme of maintenance. People had access to food and drink of their choice and were supported to live a healthy lifestyle.

People using the service were cared for by staff that knew them well. People's privacy, dignity and independence was promoted and respected. People were receiving personalised care responsive to their

needs, including access to health care services. Any changes in people's care and support needs were identified and responded to promptly.

The requirements of the MCA and DoLS were understood and managed in line with relevant guidance and legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service always applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's communication needs had been assessed and were meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific approach for providers of health and social care to meet the communication needs of people with a disability, impairment or sensory loss. Work was in progress to develop end of life care plans to ensure people's wishes will be taken into account at such time, and ensure they experience a pain free and comfortable death.

Staff were not aware of the vision and values of the company, but intuitively applied these in their day to day roles ensuring person received person centred care. People, their relatives and staff were involved in the service, and feedback was used to improve the service provided.

Systems were in place to assess the quality of the service and ensure risks and regulatory requirements were being understood and managed. Where things had gone wrong, systems were in place to learn from such incidents and improvements made.

Rating at last inspection: Good (Report published 24 November 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Essex Care Consortium – Marks Tey on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Essex Care Consortium - Marks Tey

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team consisted of one inspector and an assistant inspector.

Service and service type

Essex Care Consortium – Marks Tey is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who were able to express their views, but not everyone chose to or were able to communicate with us. Therefore, we spent time observing how staff interacted with people to understand the experience of people who could not talk with us.

We spoke with the registered manager, two support workers and the domestic. We also spoke with the assistant general manager responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from two professionals who regularly visit 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 the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "Yes, I do feel safe here, I would speak with any of the staff if I didn't." Their relative confirmed this, commenting, "Safe, honestly, yes. Staff protect the people living here."
- Staff understood processes in place to keep people safe and how to report concerns. One member of staff told us, "My role is to make sure people are safe, anything I see that is untoward, I would report to protect them, or whistle blow if I needed to."
- The registered manager was aware of their responsibility to liaise with the local authority and where safeguarding concerns had been raised, such incidents had been managed well.

Assessing risk, safety monitoring and management

- Risks to the premises and people were anticipated and managed well to keep them safe.
- People were involved in making positive choices where risks were involved, which enabled them to have maximum control over their lives. One member of staff told us, "My role is to look after clients and their welfare, promoting their liberty, and carrying out assessment of risk in and outside the home."
- People's complex needs meant they often behaved in ways that challenged others. Staff understood and supported people to follow routines which provided continuity and stability. This helped to reduce causes of behaviour or distress. This was confirmed by a relative who told us, "They [staff] do really well. Sometimes something triggers in [Person's] brain, they calm him, and manage it really well. They are brilliant here."
- Where restraint was used, this was only carried out by trained staff, with agreed techniques, with the least restrictions possible and clearly documented.

Staffing and recruitment

- People, their relatives and staff told us there was always enough staff on duty. Comments included, "More than enough staff", and "New staff now and again, but I know them well, and the agency."
- Enough staff were employed to meet people's complex needs including additional support hours as contracted by the local authority funding the care.
- Staffing levels were regularly reviewed as people's needs changed. The registered manager and staff worked flexibly to meet the needs of the people using the service. Agency staff were used to cover staff absence and vacancies.
- A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience and were suitable to work with people who used the service.

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely and in accordance with relevant best practice guidance.
- Staff had recognised where people using the service were able to manage their own medicines. Systems were in place to check people were taking their medicines, when needed and safely.
- People told us they received their medicines when they needed them. Comments included, "Staff do talk to me about my medicines, and I know why I take them", and "I take my medication at lunchtime, I always take it, staff give it to me."
- The registered manager and staff were working with a person's GP to reduce their psychotropic medicine. Reducing these medicines was helping them to stay well and have a good quality of life.
- Random sampling of people's routine medicines, against their records confirmed they were receiving their medicines as prescribed by their GP.
- Where medicines were prescribed on an 'as required' (PRN) basis, clear protocols were in place to guide staff when these should be administered.

Preventing and controlling infection

- Systems were in place to control and prevent the spread of infection.
- The premises were clean, tidy and had no unpleasant odours.
- Staff were trained and understood their responsibilities when preparing and handling food and maintaining cleanliness and hygiene in the premises.

Learning lessons when things go wrong

- Systems were in place to ensure oversight of people's health, welfare and safety. Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incident packs were used to record accidents, or incidents where people's behaviours changed. These packs included a description of what occurred, action taken, body maps to record any injuries, and if PRN medicines were administered. The packs were monitored by the registered manager and assistant general manager monthly to identify any themes and trends.
- Learning from such incidents was shared with staff at supervision and monthly team meetings. This ensured lessons were learned and improvements made when things had gone wrong to prevent similar incidents reoccurring. One member of staff told us, "We discuss issues at monthly staff meetings, or emergency meetings if a situation arises. This helps dealing with problems and establishes consistency amongst staff when dealing with clients."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care, and support was delivered in line with legislation, standards and evidence-based guidance, such as the requirements of the Accessible Information Standards. Staff were trained to use Makaton, pictures, symbols and technology to effectively communicate with people using the service.
- People told us they were involved in developing their care plans. These contained information on how their physical, mental and social needs were being assessed and met. One person told us, "I am involved, and my care plan is in the office."
- The registered manager told us due to the complexity of people's behaviour's they had sought advice from psychiatrists, the intensive support team and community nurses, and welcomed their input.

Staff support: induction, training, skills and experience

- People's relatives told us they were confident staff had the skills to support their family members. One relative told us, "I don't know what training staff have, but they are marvellous with [Person] and manage situations really well."
- Staff told us they received a range of training that gave them the skills and knowledge to carry out their roles and meet the specific needs of people using the service. One member of staff told us, "The training gives me the skills and knowledge I need to do the job, if we need more training, we just have to ask."
- Staff told us, and records confirmed they had completed specific training which focussed on the complexities of people's behaviours. They were able to clearly explain how they supported people to manage their behaviours and respond to unforeseen events.
- Most of the staff had worked at the service for a long time but told us when they first started working at the service they had completed an induction. This had included training and shadowing an experienced member of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed, and professional advice and support was obtained for people when needed.
- Staff were aware of people's dietary needs, including those that needed a soft diet due to the risk of choking, and those under the dietician.
- People were supported to eat and drink and maintain a healthy balanced diet. Comments included, "Food here is alright, a lot of different choices. I am not really a take away person but have them sometimes," and "Food is alright, I can choose what I like. We have a meeting to decide what we want to eat, and I help do the

food shopping, my favourite is sausage and mash."

- People chose what they wanted to eat, where to have their meal and had access to the kitchen. One person told us, "I get my own breakfast, and make my own tea, coffee, and sandwiches. I can help myself to food, snacks and fruit, when I want to."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked well with other professionals to ensure continuity of care and support to people when moving between services.
- The registered manager and staff had worked well with the psychiatrist and behaviour support team to support a person to successfully transition to the service, where the local authority had previously been unable to find a suitable placement. The registered manager told us, "[Person's] behaviours have reduced, and they now access activities in the community. When [Person] came in, the staff team were amazing, they went above and beyond, and those staff not directly involved, kept others safe."
- An Independent Mental Health Advocate (IMHA) involved with the service told us. "Residents that have been challenging have been well supported. The people I see can't always tell me how they feel, but I have never raised any concerns when visiting placements here."

Adapting service, design, decoration to meet people's needs.

- The service was divided into four separate properties, which helped to meet people's needs and promote their independence.
- The environment was a safe and comfortable place for people to live. Rooms were bright, clean and tidy. People's rooms had been decorated to reflect their personalities and individual needs.
- People and their relatives told us the premises were safe and secure. One person told us, "Yes, the house is maintained, these walls (lounge / dining area), have recently been painted, we do discuss with staff what colour paints."
- The registered manager told us due to destructive behaviours of some of the people using the service, maintenance and redecoration of the premises was ongoing.
- The providers maintenance team were on site carrying out improvements to the décor. People using the service knew the maintenance team well which helped to reduce distress when any changes to the environment were made.

Supporting people to live healthier lives, access healthcare services and support

- People had good access to healthcare services, including professionals, such as the epilepsy nurse, GP and an annual health check. One person told us, "I can see the GP at the surgery if I need to."
- Risks to people's health and welfare had been identified and acted on. The registered manager commented, "We do a lot of observation, if we notice any changes these are reported straight away, for example one person suffers with Psoriasis, and we referred them to a dermatologist."
- Each person had a 'Traffic light health assessment' completed in case they needed medical care in hospital. This assessment provided hospital staff with important information about the person's specific needs and provided advice on any reasonable adjustments needed to ensure the person's needs were met.

Ensuring consent to care and treatment in line with law and guidance

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.

- Systems were in place to support people in the least restrictive way and ensuring their rights were

protected.

- Where people had been deemed to lack capacity to make significant decisions about their health, welfare and finances, relevant people including their Power of Attorney (POA) and health professionals had been involved. One relative told us, "I have enduring POA for [Person's] health and welfare. I am very involved in their care."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager confirmed most people had authorisations in place to restrict their freedom for their own safety. Where people did not have their freedom to leave the premises restricted, they had been given the key code to the gate to come and go as they chose.
- Where DoL'S authorisations were due to expire, the registered manager confirmed they had submitted applications for these to be renewed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care and support they received. One person told us, "I am happy living here. Staff are good, very nice. I get the care and support I need." Their relative was equally positive commenting, "I can't find anything wrong, I am 100% behind the staff, they are wonderful."
- Staff had developed good relationships with people using the service. One member of staff told us, "We are a long established and positive staff team. We have developed good relationships with clients and built trust. If we are calm with clients, they are calm. People here have got to a point where they have a good quality life."
- We saw positive interactions between staff, and the people they supported. Staff were smiling and using humour as they engaged with people. Interactions were natural, but respectful.
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves. One member of staff told us, "I have worked here for a long time, and know the clients very well. For example, [Person's] personality has changed for the better since they have been here, they are comfortable in their surroundings and with the staff."

Supporting people to express their views and be involved in making decisions about their care

- We saw people being supported to make decisions about how they spent their day, what they had to eat and where they wanted to go on holiday. People told us, "I am looking forward to my holiday next week, I am going to a caravan holiday park," and "Me and [Person] are looking forward to going on holiday, we are sharing a log cabin in Norfolk."
- The registered manager worked well with professionals, such as the psychiatrist, community nurse and families when people needed help to make decisions about their care, or where a change in support was needed.
- People were supported by advocacy services where this was needed.
- Staff knew people's communication needs well and had developed different ways of establishing people's choices and views when making decisions. This included the use of Makaton and technology, such as computer software that generated symbols and pictures to support communication. The registered manager told us, "We involve people in everything we can. We have used an iPad to show people pictures to discuss issues like holidays and purchases. This is going really well, people are using the iPad to make decisions, with positive outcomes."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity, respect and kindness. This was confirmed by an IMHA who regularly visited the service. They told us, "I have seen good rapport between staff and clients."
- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. One member of staff told us, "We respect people's preferences in relation to gender, race, religion or beliefs, for example female clients tend to prefer female staff to support them with their personal care."
- People were supported to maintain relationships with family, social networks and develop their independence. One person told us, "I go to Church on Sundays." Another person commented, "I have been doing my own washing and have been out with my relative shopping. "

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People using the service received care, support and treatment personalised specifically for them. People's care plans contained detailed guidance for staff on how meet their individual needs. They were person centred, referring to people's preferences on how they wished their care to be provided.
- Positive behaviour support plans had been developed in consultation with the person, family members, and other professionals, such as the psychiatrist, community nurses, advocates and intensive support team.
- People were supported to follow interests and to take part in activities socially and culturally relevant to them. One person told us, "There is more than enough to do, I work out, and do martial arts. I also go to day care, where I do gardening, growing and sorting vegetables, and car washing. I go with some of the other people here and have friends there." Another person told us, "I go out shopping, to coffee shops and staff help paint my nails. I also go to college, I do maths and English, English is my favourite."
- People also told us they chose how to spend their leisure time in evenings, and at weekends. Comments included, "I watch TV, go to town on the bus, or walk in the park," and "I go to the pub and restaurants, and we have BBQ's sometimes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed a range of ways to comply with the AIS. Information in people's care records, menus, how to make a complaint, and the safeguarding process, had all been developed using symbols, pictures and in an easy read format. One person showed us the safeguarding poster and said, "Stop", which demonstrated they understood the poster was about keeping them safe.

Improving care quality in response to complaints or concerns

- Systems were in place to acknowledge and respond to complaints.
- A review of the complaints book showed there had been no complaints raised about the service.

End of life care and support

- The service does not currently have anyone approaching end of life. The registered manager told us three

people had prepaid funeral plans in place and was currently exploring ways to obtain people's preferences and choices in relation to end of life care. However, they told us, "This is a very difficult subject to discuss with our clients, as soon as you mention it, this causes anxieties and behaviours to occur."

- The service had worked well with other professionals and the hospice when previously supporting a person at the end of their life.
- Family members and other professionals had been involved in discussions about people's end of life. The assistant general manager told us, "I met with a person's relative to discuss arrangements should their [Person] become terminally ill. We also tap into all resources available, such as the behavioural support team, to help discuss end of life with people and have used social stories to help discuss their preferences around end of life." Social stories are individualised short stories often using comic strip conversations to help people with autism develop greater social understanding into specific situations.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were not aware of the vision and values of the company, which were 'to be person centred and for people to live life the best they can, with the least restrictions.' However, we observed staff applying these values intuitively in their day to day roles ensuring people received person centred care.
- The registered manager and staff described the culture in the service as good. Comments included, "Pretty good, we all work as a team, which impacts positively on people, if we are happy, so are they," and "The atmosphere, is really nice, it's just homely, the staff team are so good, the client group just works, as they have similar interests, and everyone works hard to help each other out."
- People, relatives and staff told us, the registered manager was approachable, and supportive. One member of staff commented, "The manager is really nice, I can talk with them about anything work wise, they are easy to approach, and listens." Another member of staff told us, "If we have any concerns, we have access to whistle blowing information. I can speak with manager, we have a very open and honest culture here. I can sit and have a 'pow wow' with the manager if I need to."

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 assistant general manager, registered manager and staff understood their responsibility to be open and transparent about events that happened in the service.
- A relative confirmed they were kept informed about their family member, including when things went wrong. They told us, "Staff do contact me when things change."
- The assistant general manager confirmed there had been no specific incidents, or complaints in the service that had required application of duty of candour processes. They told us, "We have a policy in place, and both directors are fully accessible if needed for support and advice."

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

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff understood their roles and responsibilities and told us they felt supported by the company and registered manager. Support included regular supervision and an annual appraisal with a senior member of

staff to review performance, training and development needs. One member of staff commented, "I have supervision and appraisals, and find these useful. I am always able to say what I want, and I feel listened to."

- The service had clear and effective systems in place to identify and manage risks to the service and drive improvement. This included monthly quality assurance visits carried out by the assistant general manager.

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

- The registered manager told us they tried different ways to seek feedback from people using the service, their relatives and staff on a regular basis. This included, regular meetings engaging with people to ascertain if they were happy, anything they wanted to change, and what they wanted to do. Minutes of the meetings were recorded using technology, symbols and pictures. The registered manager told us, "This is working really well and having positive outcomes for people."

- Team meetings provided staff with an opportunity to feedback their views and suggestions for improvements. One member of staff told us, "We have staff meetings where we have a say on issues and how to resolve them."

- People's relatives and other professionals were involved in making decisions about the service provided. The registered manager told us, "Obviously we talk with relatives all the time, and involve them in people's care planning. People's care plans are sent to their relatives for them to have their say and be involved in the care planning process. We are planning to involve families more, we are looking to have family days, and get clients to choose what they want to do, we are trying to look at ways to involve people more."

Continuous learning and improving care

- The assistant general manager and registered manager had a strong focus on continuous learning and sharing good practice across the organisation to drive improvement. They told us this helped them feel more integrated as a company.

- The registered manager shared their office with staff and told us, "Sharing an office means we are always discussing things, so that we are all working to the same goals, this stops small problems escalating into bigger problems."

- The registered manager attended regional meetings with other managers to share information and best practice.

Working in partnership with others

- The registered manager worked well with other professionals to ensure people using the service receive joined up care that ensured they receive the care and support they need. Feedback from an IMHA confirmed this, they told us, "Staff are always helpful when I visit, and records are well kept of what clients have been doing."