

Clark James Norwich Limited

Clark James HomeCare - Norwich

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: Clark James HomeCare - Norwich 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, and younger disabled adults. At the time of this inspection the service supported 33 people with their personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People who used the service and relatives were positive about the service provided. One person told us, "I get all the help I need, [the staff] are caring and kind." One person's relative said, "This service is brilliant, I haven't had any reason to complain. [The staff] know [my relative] so well and they get on so well with everyone."

Staff supported people to keep safe and acted when necessary to prevent any harm or abuse. People were supported to have maximum choice and control of their lives, risks to people's health and wellbeing were managed in a way that did not restrict them unnecessarily. People were supported by staff who were skilled, highly motivated and caring.

People were supported to have their medicines as they prescribed. If needed, people were helped to eat and drink enough to maintain a healthy diet. Staff protected people from the risk of infection by using the necessary protection, such as gloves and aprons.

Care plans were person centred and people were consulted over their care needs and actively encouraged to make their own decisions. Staff were responsive in identifying and reviewing changes to support good physical and mental health.

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 confirmed this practice.

Staff received the training and support they needed to carry out their roles. The service worked to ensure that people received person centred care when they used and were supported by different services.

Staff who spoke with us talked about the people who use the service in a caring and positive way. The people who used the service told us that staff were kind, caring and protected their privacy and dignity. We saw evidence that people were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on.

People received care that was personalised and responsive to their needs. The service listened to people's

experiences, concerns and complaints. They took steps to investigate complaints and to make any changes needed.

The service was well led, the registered manager was knowledgeable and well informed. Quality assurance systems were in place and were robust in all areas.

Rating at last inspection: The service was rated as Requires Improvement at its last inspection. (Published on 9 June 2018) This was because although there were quality assurance systems in place, these were not fully effective and further improvements were needed to monitor medicines administration. We also found that further monitoring was needed of the care plans in terms of ensuring that they contained staff guidance in relation to people's health conditions. The regular quality assurance systems had not been robust enough to identify these shortcomings in the care planning documents.

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

For more details, please see the full report which is on the CQC 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Clark James HomeCare - Norwich

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 inspection of this small service was carried out by one inspector.

Service and service type:

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, and younger disabled adults. At the time of our inspection, there were 33 people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be available to provide the information we needed for our inspection.

Inspection site visit activity started and ended on 10 May 2019. We visited the office location to see the registered manager/provider and office staff and to review care records and policies and procedures.

What we did before the inspection:

We reviewed any notifications we had received from the service. A notification is information about

important events which the service is required to tell us about by law. 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 also reviewed any information about the service that we had received from members of the public and external agencies.

We used all of this information to plan our inspection.

During the inspection we looked at records relating to four people's care, three staff recruitment records, training records and complaints. We also looked at audits and systems in place to check on the quality of service provided. We spoke with the registered manager, both company directors, and one care staff. We went to visit four people in their own homes and spoke with one person's relative.

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 also spoke with three care staff members by telephone.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found that the service did not provide the staff with sufficient guidance about individual risks associated with people's health to enable staff to know what action to take in an event related to people's health conditions.

- Staff understood the actions they should take to make sure people were safe. Since our last inspection care plans had been updated to include risks that were associated with health conditions people had and how staff could support them to stay safe. For example, one person's care plan detailed what help they needed with their diabetes; how they should be supported and pointers on how to recognise the person was having problems with their blood sugar and what action to take.
- Personalised risks assessments demonstrated that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.

Using medicines safely

During our last inspection we found that guidance was not given to staff about the risks associated to people's medicines. Guidance was also needed about when and why people should take medicines that were taken on an 'as required' basis, pain killers for example.

- Not everyone who used the service required support with their medicines. One person who received support said, "I see to my tablets, [the staff] keep an eye on me and remind me if I need it."
- When people required support with their medicines, they received them as required. People's records identified the support they required and guided staff on how this was to be provided safely.
- Care plans contained medicine risk assessments with descriptions of how people's health conditions could be affected by the medicine. The care plans also contained guidance for staff to know when and why people should take their medicines that was taken on an 'as required' basis.
- Staff received training in supporting people with their medicines. The registered manager observed care staff to ensure they helped people with their medicines safely.
- There were systems to monitor and assess the support people received with their medicines. This supported the management team to act swiftly to reduce risks.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and knew who to contact if they felt unsafe. One person said, "I consider

the [staff] that help me as friends, I feel safe when they are around."

- Staff had received training in safeguarding and understood how to recognise and protect people from abuse.
- The registered manager told us what action they would take if they had any safeguarding concerns or were worried about people's safety.

Staffing and recruitment

- Sufficient staff were employed to cover people's care visits. People told us that their care staff always arrived for their care visits and if the care workers were running late they were informed. One person commented, "I get a phone call if [the staff] are running late, that doesn't happen often." Another person said, "I've never had no one turn up. Traffic slows them down but not too much." One person's relative said, "[The staff] come when they say they will, they do their best even in bad weather."
- People told us they normally get the same staff at each visit and if they feel they do not get on with an individual staff they will be replaced.
- Staff had been recruited safely to ensure they were suitable to work with people who may be vulnerable to abuse.

Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment, such as disposable gloves and aprons was provided for care staff to use to reduce the risks of cross infection.

Learning lessons when things go wrong

- The service had systems to learn from incidents and media reports to reduce the risks to people using the service.
- The registered manager was in daily contact with the directors of the organisation and took the opportunity to talk through any difficulties that occurred to determine what action could be taken to avoid them happening again.

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 Good. 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

- Assessments of people's individual and diverse needs were in place prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced staff. One person said, "They know exactly what they have to do, they must be well trained." A relative commented, "[staff] told me all the training they do before they start working with us, there's a lot of it."
- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively. This included training in people's specific needs, such as dementia, protecting people's dignity and showing respect. Staff were supported to undertake qualifications relevant to their role.
- Staff were provided with one to one and group supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Staff told us that they felt supported and had received the training they needed to meet people's needs effectively. One staff member commented, "I have been very pleased with the support and training I have had, I have done the mandatory training and can ask for extra training, like end of life care, which I am really keen on doing."

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

- Where people required support with their dietary needs, this was provided effectively.
- People's care records included the support people required and guidance of how to do this effectively. This included encouraging people to drink to reduce the risks of dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that if they needed help to get to appointment, such as hospital appointments, staff would go with them and supported them to arrange health care appointments. Their care records showed the level of support given, staff following up on advice given.
- Records demonstrated that if staff had concerns about people's wellbeing, they had acted quickly. This included calling health professionals or advising their relatives they needed to see a doctor.
- The registered manager told us how they had worked with other professionals including occupational therapists to support people to obtain the equipment they needed.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Information in care plans demonstrated staff's working knowledge of the MCA and how they put it into practice. Staff received training in the MCA.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

Office location and access.

- The service's office is located very close to Norwich town centre and was suitable for the running of the service. The office was easy to access.
- There is parking available close by and there were regular buses to the location.
- The registered manager told us if people wanted to talk with them but had difficulties that made it hard for them to travel, they were happy to go to the person's home.

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 has remained the same rating of Good. 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 supported by kind and compassionate care workers. One person told us, "They are all so good, Laura [the registered manager] is easy to talk to and we have a laugh." One person's relative told us that the staff were, "Brilliant, they know [my relative] so well and [they] get on well all of them."
- Staff received training in dignity and respect. They demonstrated they understood why it was important to treat people with respect and the staff we spoke with talked about people in a compassionate manner.

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

- One person commented, "If I don't feel up to much one day, they don't make a fuss and just make me comfortable." Another person's relative told us that they and their family member were consulted about the care and support provided. They said, "[My relative] is always given a choice about if and when they want things done."
- People's care records evidenced that people were central to the decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were guided in people's care records to ensure their privacy, dignity and independence was always respected.
- One person told us, "They leave me feeling relaxed and comfortable. Where I can, they let me help myself."
- There was storage in the service's office to keep confidential records safe and secure.

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 has remained the same at Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with the care they received, it met their needs and preferences. One person said, "I couldn't get better care." One person's relative told us that the care their family member received enabled them to be comfortable and relaxed, "My [relative] likes the staff to chat as they help them, they find ways to make them smile."
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People's care records demonstrated their full involvement in the decisions about how they wanted their care to be delivered. The care plans were person centred and guided care staff how people's individual needs were to be met.

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.

- People's records showed that their communication needs had been considered during their assessment and this was reflected in their care plans.
- When we observed staff talking with people, we saw that they talked clearly and made sure they had been understood.
- During our inspection, the registered manager took us to visit people who had agreed to share their views of how the service met their needs with us. On the way to each person they explained how the person preferred to communicate and whether they had any communication difficulties, such as whether they had any hearing loss.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People knew how to raise concerns and complaints. All the people we spoke with told us that they had not needed to complain because staff listened and made changes before they needed to. One person's relative said, "I haven't needed to complain, they know what to do and do it well."
- The registered manager used feedback from complaints and suggestions to drive improvement.
- The registered manager told us that they often supported people with their care and visited them for

quality assurance reasons, meaning that people knew her well and felt comfortable in being able to talk with her. She felt that this ongoing communication with people and acting on any concerns swiftly, reduced the risks of complaints escalating.

- Where people raised concerns, they were managed in line with the provider's complaints procedure.

End of life care and support

- The registered manager said they would work with other healthcare services, such as hospice services, to support people to be comfortable and pain free when they reached the end of their lives.
- Care workers received end of life training.
- People's care records included any decisions people had made about their end of life choices. This included whether or not they wanted to be resuscitated.

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 Required Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

During our previous inspection on 18 April 2018 we found that, although there were quality assurance systems in place, these were not fully effective and further improvements were needed to monitor medicines administration. We also found that further monitoring was needed of the care plans in terms of ensuring that they contained staff guidance in relation to people's health conditions. The regular quality assurance systems had not been robust enough to identify these shortcomings in the care planning documents. Action had been taken to improve the quality assurance audits.

- There was a programme of quality assurance checks in place, including care records and medicines and the registered manager and providers have a good overview of the service.
- Care staff were observed in their usual duties, by a member of the management team, to ensure they were working to the standards expected.
- The registered manager and the both directors had a good oversight of what was happening in the service and demonstrated an in-depth knowledge of the needs of the people using the service.
- The registered manager continues to support people with personal care, which means they are in daily contact with people. This means that they have a good rapport with people and know how they feel about the support they get.
- One person's relative told us of their high regard for the registered manager saying, "Because she has been a carer and has worked with [my relative] I feel confident to talk to her because she knows [my relative] so well."
- The registered manager and the directors were passionate about the care people received and promoted open communication. They understood their responsibility of the duty of candour, in that they must be open and honest with people when something went wrong.
- The registered manager, the directors and all staff spoken with were highly motivated and shared the same values of putting people using the service first.
- The registered manager and the directors told us how they advocated on people's behalf and worked with other professionals to obtain the care packages and support people needed.