

ClarkeCare Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

ClarkeCare is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 22 May 2018 the agency provided 300 hours of personal care a week to people in the Bury St Edmunds area. This supported approximately 56 people. We gave the service 24 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 4 and 8 September 2015, the service was rated Outstanding overall. We found the evidence continued to support the rating of Outstanding overall and improvements had been made in the key question for Responsive. Responsive had become Outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had built on their previous success and sustained the outstanding model of care and support provided to people using their service. The management team and staff continued to find ways to improve the service and remained driven by their passion for caring for people, including those with dementia. The vision and the values of the service remained embedded.

Staff had an excellent understanding of people's needs and were imaginative in the way they provided person centred care which put people at the heart of the service. They continued to find creative ways of supporting people to have an exceptional quality of life and remain in their own home.

The service provided to people was safe. Where people required support with their medicines, this was done safely. There were systems in place which were intended to minimise the risks to people, including from abuse and in their daily lives. There were enough care workers to cover people's planned care visits and for people to have consistent staff that they knew. Recruitment of care workers was done carefully and safely. There were infection control procedures and equipment in place to guide care workers in how to minimise the risks of cross infection.

The service continued to provide an effective service. People were supported by care workers who were well trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the ethos, policies and systems in the service supported this practice. Where people required support with their dietary needs, systems were in place to support them. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

The service continued to provide extremely caring support to people. Feedback from all sources was consistently that people received kind, respectful and compassionate care. People had meaningful and positive relationships with the care workers and the registered manager. People's dignity, privacy and independence were respected and promoted at all times. People's views were sought, listened to and valued continuously.

The service provided was very responsive. People received care and support which was assessed, planned and delivered to meet their individual needs. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. People gave numerous examples of how flexible the service was to their changing needs. There were effective, caring systems in place to support and care for people at the end of their lives, where required. Staff had the skills to support people at the end of their lives and had received appropriate training to do so. A complaints procedure was in place and feedback was acted upon and used to improve the service to people.

Staff spoke consistently about the service being a good place to work. The registered provider had worked in partnership with other organisations and had set up several good practice initiatives within the local community. The agency had won awards in 2017 in recognition of the outstanding service provided.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Outstanding	Outstanding ☆
Is the service responsive? The service has improved to Outstanding	Outstanding ☆
Is the service well-led? The service remains Outstanding	Outstanding ☆

ClarkeCare 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 checked 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.

This announced comprehensive inspection was carried out by one inspector on 22 May 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available.

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

At the time of the inspection visit we spoke with four people who used the service and one relative. We spoke with the registered manager, six care support staff and one healthcare professional involved with the service. We reviewed four people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

Prior to our inspection we sent questionnaires to people who used the service, relatives, the service's staff and community professionals. This was to gain their views about the service. We received completed questionnaires from five people, six relatives, seven staff and five community professionals.

Is the service safe?

Our findings

At our last inspection of 4 and 8 September 2015, the key question Safe was rated Good. At this inspection, we found Safe had continued to be rated Good.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "They know my medicines and are aware of what I have." We observed a member of staff seek consent then apply cream to a person's legs. The person went on to tell us, "They are all very caring when they do this. They are marvellous to me."

Each person had a medicines risk management plan in place which identified the support they required with taking their medicines and measures in place to reduce any assessed risks. Care workers were trained in the safe management of medicines and their competency was checked by the senior team.

There were monitoring systems in place which assisted the registered manager to identify any shortfalls in medicines management. This included checks on received medicines, as well as weekly and monthly audits and checks. Where shortfalls were identified, actions were taken, for example providing further training for care workers.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People told us that they felt safe with their care workers. A relative told us, "We 100% trust them. I know they keep her safe." All the questionnaires we received from people said that they felt safe from abuse or harm from their care workers.

All the questionnaires from care workers said that people were safe from abuse or harm and that they knew what to do if they suspected a person was being abused or at risk of harm. This was confirmed in discussions we had with the registered manager and care staff. A staff member told us they were confident and knew what they would do if they were faced with such a situation, "I would report the matter to the office. I would make clear notes. Not putting words in a person's mouth, but listening." People received support from care workers who were trained in safeguarding and knew the local policy and procedure.

The registered manager took appropriate action when they had received concerns related to keeping people safe. This included reporting to the appropriate authorities. Actions were taken to learn from incidents and use them to drive improvement in the service to reduce the risks of future incidents. The registered manager told us about how a director had attended fraud awareness events and then shared that with the team and families. Emails were regularly sent to people and family reminding of best practice regarding potential scams and how to keep safe.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in their homes. There were risk assessments relating to people's specific conditions to guide care workers how to reduce the risks to people. Where people were at risk, the service had worked with other professionals such as

occupational therapists, wheelchair technicians and the continence team. Advice was sought and actions taken reduced the risks to people.

People told us that their care visits were always completed. One person said, "We have never been let down. We have the roster sent to us a week in advance." A relative said, "I am delighted with the service we receive from ClarkeCare. The care is consistent, professional and unfailingly kind and considerate." All the questionnaires we received from people said that their care workers arrived on time, stayed at their visits for the agreed length of time and completed all of the tasks that they should do at each visit.

The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. People were introduced to staff before they supported them. One person said, "They always turn up. You cannot fault them," Another person said, "I cannot speak highly enough about them. They are god's gift to me. I can't ask for more." Care workers told us that there were enough staff to cover people's care visits. Staff were given time between visits and traffic conditions were accommodated. One staff member told us, "They respond quickly to any issues big or small, giving more time for a client if needed, letting a client know if we are running late. The travel time in between clients is always enough to ensure we don't have to feel rushed both with a client on their care call and with traveling to the next client." This meant that people were provided with consistent care from care workers who were known to them.

The registered manager had a system to provide enough care workers to cover planned visits to people. This was regularly reviewed to manage any changes in people's times or increased visits. The service continued to maintain a high standard of recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Systems in place ensured that staff were recruited for their caring values and desire to do the right by vulnerable people in our community.

All the questionnaires from people said that their care workers did all they could to prevent and control infection, including using gloves and aprons. We observed good hygiene practices from staff who washed their hands and used equipment provided appropriately. When giving personal care staff gave assurances to people and informed them about how they had maintained their cleanliness. We overheard a staff member say, "That's all clean now. I will change my gloves." Policies, procedures and face to face training in place supported good hygiene standards.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. These along with masks, shoe protectors and hand gel were provided to staff as part of their equipment they had, known as their 'blue box'. Staff also had alarms and an electric circuit breaker to use if needed to keep them safe.

Is the service effective?

Our findings

At our last inspection of 4 and 8 September 2015, the key question Effective was rated Good. At this inspection, we found Effective had continued to be rated Good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs. The registered manager and care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. Positive relationships were maintained with local GP's and pharmacy. All the questionnaires from community professionals said that the service acted on any instructions they gave.

People continued to be supported to maintain good health and had access to health professionals where required. Service staff actively advocated for people and gave us examples of how they had ensured people's health needs were met. People's records identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. The records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans and followed by service staff.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Details in people's plans supported staff to give people the best support. Staff were encouraged to share any 'golden nuggets' of ways of working such as 'cut grapes in half, always put pots of rice in a bowl'. This was to ensure a person did not choke but also as they found opening pots of food difficult and therefore could be discouraged. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. There was related information in people's records to provide to other services, for example if a person was admitted to hospital.

The service continued to have systems in place to provide care workers and managers with the training they needed to meet people's needs effectively and to achieve qualifications in care. Feedback from service staff was consistently effusive about the quality of the training, much of which was face to face. Staff consistently told us it was 'in-depth, tailored to clients and specific about certain illnesses.' Two staff had or were doing a level five qualification in care. One staff member told us how they had learnt about pressure sores and moisture lesions, but how they had learnt more as they had presented their learning to other service staff. All the questionnaires from people said that the care workers had the skills and knowledge to give them the care and support they needed. All the questionnaires from community professionals said that the care workers were competent to provide the care and support required by people. All the questionnaires from care workers said that they received training to enable them to meet people's needs, choices and preferences.

Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported. This included high quality training in dementia from a variety of

professionals including people living with dementia. Before they started working in the service care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. All the questionnaires from care workers said that they were provided with an induction which prepared them fully for their role before they worked unsupervised.

Records and discussions with care workers showed that they continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. All the questionnaires from care workers said that they received regular supervision and appraisal which enhanced their skills and learning. One staff member told us. "They are very supportive, with regular supervision's and spot checks to make sure staff are confident in what they're doing and that we feel we can talk about anything."

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. People told us that the care workers asked for their consent before providing any care.

The assessment of people showed clearly that peoples consent to care had been sought on a number of levels and explained people's rights to them in terms of their representatives, advocates and agreement to receiving care and support from ClarkeCare. People had signed their care records to show that they consented to the care they were being provided with. All the questionnaires and verbal feedback from care workers said that they had training and understood their responsibilities under the MCA.

Is the service caring?

Our findings

At our last inspection of 4 and 8 September 2015, the key question Caring was rated Outstanding. At this inspection, we found Caring had continued to be rated Outstanding.

Everyone without exception continued to tell us that they were treated with kindness and compassion by care staff and managers alike. Staff went above and beyond their duties to demonstrate that they cared for people using the service. One person said, "I had surgery but I was stuck in hospital. During that time two of the bosses visited. That really helped my recovery." Another person said, "ClarkeCare treat everyone with dignity and respect." All the questionnaires received from people, care workers and professionals were consistent and positive. People said that their care workers were caring and kind and that they were always treated them with respect and dignity. One community professional said, "All members of staff show great dignity and respect towards each other and all of their service users."

One community professional told us, "ClarkeCare are an amazing company and go above and beyond with their clients. The Managers value every member of staff and always do their best for them. The warmth and care shown to clients is outstanding." The key element that made this agency outstanding in caring was that they placed exceptional value on caring for their staff who they believed in turn would demonstrate those behaviours to the people they supported. All staff without exception told us how they were supported to deliver high quality care. One staff member said, "ClarkeCare are by far the best company I have worked for. I feel very happy being a member of the ClarkeCare team, they care for the staff's wellbeing as much as the clients which makes a real difference as it promotes me to deliver the standard of care the clients deserve."

We saw examples of staff going the extra mile to enhance people's wellbeing. We saw examples of staff using skills such as hairdressing to style people's hair just as if they had visited a salon. We saw that care workers, team leaders and the registered manager continued to interact with people in a caring manner. They clearly shared positive relationships. The registered manager and care workers spoke about people in a compassionate manner. One staff member told us, "Today I was able to have breakfast with someone. I supported them to maintain their dignity as a female and help them shave and style their hair. We then spent time choosing clothes as the weather had turned chilly. It was like a fashion show." Care workers knew the people they cared for well. A relative said, "A small number of carers work with us. They are full of empathy, with a great sense of humour." This showed that the people using the service were provided with a consistent service.

Care workers were provided with detailed guidance on how people's rights to dignity and respect were promoted in people's care plans. This included enhancing people's lives through supporting their spiritual needs. For example, one person was of a specific faith and wanted a meaningful item blessed by a leader in their faith. Staff noted this request and ensured this happened. This showed people were listened to, respected and their views acted upon. All the questionnaires received from people said that the support and care they received helped them to be as independent as they could be. We saw that people were enabled to access equipment of all descriptions to ensure their independence was maintained. People's care plans identified the areas of their care that they could attend to independently and how this should be promoted

and respected.

People told us that the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person said, "I especially like the way I can make suggestions to the carers about the routine, and they are fully approachable." All the questionnaires received from people said that they were involved in making decisions about their care and support needs. There was a strong ethos of advocating for people. Any matter brought to the attention of staff was acted upon. One member of staff said that if requested they, "Took that worry away and resolved," matters for the person.

Is the service responsive?

Our findings

At our last inspection of 4 and 8 September 2015, the key question Responsive was rated Good. At this inspection, we found Responsive had continued to improve and was now rated Outstanding.

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. The registered manager told us that people were always provided with care from care workers who were known to them. Continuous feedback about people's needs meant that the service was revised and met people's needs. One person told us, "When a live-in carer from another agency proved unsuitable, ClarkeCare went to great trouble at short notice to provide emergency care." Another example was when a person was planning a trip by train and needed to cancel their regular call time. The agency was able to reschedule to escort the person to the train to ensure they caught the correct train at the right time.

The service continued to ensure that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. We saw examples where a relative had been involved with assessments. These had then been typed up and emailed for relatives to not only agree with, but explanations about how they could alter and contribute before assessments and plans were placed in files. An example of tailored joint working with a family was the suggestion and purchase of a little iron board and travel iron. This was used as a reminder of what they loved doing and to enable them to still feel they were doing their daily chores. Care reviews were undertaken regularly with people and relatives, where appropriate, to ensure that the service was meeting their needs and preferences. Plans in peoples home clearly said the content had been developed and discussed with people and that they can add or change anything at any time. People's daily records included information about the care and support provided to people each day and their wellbeing.

People told us that staff had outstanding skills, and had an excellent understanding of their social and cultural diversity, values and beliefs that may influence their decisions on how they wanted to receive care, treatment and support. One person had a life changing, life limiting illness. Staff had received training in the condition from a specialist nurse. The relative told us, "My husband's illness was tailored for very sensitively, carefully and with great respect and compassion."

Staff knew how to meet the preferences and were innovative in suggesting additional ideas that the family might not have considered. The registered manager supported the relative through the continuing healthcare assessment paperwork and supported them at the decision-making meeting. The relative told us, "I was assisted through the extremely convoluted process of obtaining funding...I couldn't have managed without the knowledgeable, professional compassionate support from beginning to end!"

In a different case staff ensured a person obtained good fitting slippers that were especially made for people with wide feet. These were ordered and purchased from the internet and the family were pleased to fund their relative's choice of slipper. This ensured the person was comfortable and had safe footwear to prevent

them from tripping and falling.

Visiting professionals said that the service was focused on providing person-centred care and support, and achieved exceptional results. One community professional said, "If a client has a special wish they try to make this happen, I witnessed one of these occasions it was a lady wanting to dance. It was a very powerful moment. All the staff really care and the clients feel this which makes such a difference." We were told of this event by staff who were overjoyed that the person attended the party and danced, but also called the next day requesting to go shopping. The person had not been to a supermarket for five years. Therefore, staff support was rearranged and transport put on to enable the person to go to a local supermarket and coffee shop the next day.

Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. The service had made strong links with a local charity that provided day care facilities to people living with dementia and their carers. Staff from the agency supported the luncheon clubs and there was a sharing of knowledge and experience.

We were told by people at the service and staff about the 'Get Together Tuesday'. This was a regular free coffee morning that was organised by the agency on the second Tuesday of the month to bring people together to limit social isolation. This showed us that the service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained.

The service had an innovative approach to using technology. We saw that as part of assessments the registered manager was aware of technology and how different systems could be used to maintain people's independence and to keep them safe with relatives being informed. People and their relatives were involved in decisions about how it was or could be used. An example of this was the 'Just Checking System.' Just Checking is a system of movement sensors, which provides a chart of activity of a person living alone, such as a person living with dementia who may be up and active through the night.

All the questionnaires we received from people said that they knew how to make a complaint, and that their care workers and management responded well to any concerns they had. One person in their questionnaire stated, "I'm very happy with the service provided. The management are very approachable and understanding." Another person said, "Every aspect of the support my husband and I have received has been excellent. There is nothing that I could criticise." The questionnaires also said that they knew who to contact in the service if they needed to.

There was a complaints procedure in place, each person was provided a copy with their care plan documents. People who used the service and their representatives were involved in regular reviews that checked that people knew how to raise a complaint should they need to do so. Newsletters reminded people that the agency was happy to hear any ways in which they could improve the service on offer. One person told us, "I know where the phone is. I would phone [named the registered manager] and I'm very confident they would resolve it." There were no complaints made of the service.

Records of concerns showed that they were listened to, addressed and used to improve the service. One concern received was that a person asked that a specific carer did not support them. This was immediately agreed to and a different person has supported them since and they were happy with that.

All aspects of people's lives were planned for. The service was particularly skilled at helping people and their families or carers to explore and record their wishes about care at the end of their life, and to plan how they

will be met so that they felt consulted, empowered, listened to, and valued. Peoples end of life wishes were recorded in care plans. People's wishes, such as if they wanted to be resuscitated and religious beliefs were included in their care records. The agency consulted with other professionals such as GP's and the local hospice who were also involved in developing pathways and choices for people.

Staff had the skills to support people at the end of their lives and had received appropriate training to do so. A representative from the local hospice told us. "I have found the staff to be interested in end of life care and they have shown intention to use their knowledge and understanding to enable their clients to have good end of life care." They confirmed that the agency had collaborated with the hospice in putting on training events. They went on to tell us, "The manager has demonstrated a thorough understanding of the needs of people who are entering the last chapters of their lives, both in terms of their physical and emotional needs and their social and spiritual care needs." A relative told us, "The emotional support and advice was also there for me."

Is the service well-led?

Our findings

At our last inspection of 4 and 8 September 2015, the key question Well Led was rated Outstanding. At this inspection, we found Well Led had continued to be rated Outstanding.

There was registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 that used the service were very keen to tell us what a good quality service they continued to receive. One person told us that they had read our report and therefore had used the agency on our findings and were not disappointed. They told us, "First-hand experience has confirmed that we made the right choice." A different person said, "I am delighted with the service we receive from ClarkeCare. I think ClarkeCare is outstanding!" A different person told us, "They really merit top awards for the best care company. Please please they deserve the award. I am proud to know them. We clients celebrate with them when they win awards." The agency had won several awards over the last two years from different organisations. In 2016 they had won five awards and in 2017 they had won Small Business Sunday award from Theo Paphitis. They were 'Highly Commended' for Inspirational Leaders and Managers at the Suffolk Care Awards and 'Highly Commended' for Care Service of the year also at the Suffolk Care Awards. We were consistently told how everyone was invited to celebrate with the agency for the achievements and recognitions that were accomplished.

All the questionnaires from community professionals said that they service was well managed. They also said that they would recommend this service to members of their own family. One community professional told us, "[Registered manager] is a pleasure to work with, they are professional, reliable and is an advocate for their clients and staff." All the questionnaires from people said that they would recommend the service to others. A different community professional told us, "The manager has always demonstrated a commitment to ensure their clients receive the best, evidence based care. The manager has been proactive in seeking training for the care agency staff to improve their skills."

Staff consistently told us how they felt valued and supported by the management, training and opportunities afforded to them. They were keen to tell us that they felt valued and appreciated by the registered manager. One staff member said, "This is the best company I've ever worked for. A chocolate bar was placed in my tray because I had worked the bank holiday. At Easter I received an egg and a thank you card for everything I do. I feel really appreciated." When we asked staff about the registered manager we were told how inspirational they were and how hard working they were. One staff member said of the registered manager, "A genuine person. They bring out the goodness in staff." Another said, "I'm made to feel positive at work. I focus on the person. I go to bed and think about what I've achieved that day. I'm given the chance to listen to people and be interested in the person." A member of staff said, "The manager is approachable. I feel confident I can go to them and not feel stupid. There is no blame here. They are supportive." This showed us that staff truly understood the culture and values of the organisation and what

ClarkeCare wanted to achieve for people who used the service.

The registered manager continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Where shortfalls these were included in an action plan, which identified when the improvements had been made. Incidents and accidents, including falls, were analysed and actions taken to reduce future incidents. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. The service's Provider Information Return (PIR) identified that the service understood their roles and responsibilities and plans were in place to continually improve the service.

The registered manager continued to promote an open culture where people and care workers were asked for their views of the service provided. People completed satisfaction surveys to express their views of the service. Where comments from people were received, the service continued to address them. However, these were by far predominantly positive. With one person stating about the agency, 'You are so open it's easy to talk to you. Just keep doing what you are doing.' Another person stated, 'The care professionals are simply that – professional. It's also reassuring that their individual practice is monitored through observation by seniors.' All the questionnaires we received from people said that the service asked what they thought about the service they provided.

Staff meeting minutes identified that they were kept updated with any changes and discussed people's wellbeing and any concerns they had. If any concerns were received these were discussed in the meetings, including the systems that had been put in place to reduce any further concerns. In recent minutes staff were thanked for bringing concerns forward and reminded, 'It really helps keep the clients safe and well. No niggles are too small...' This showed us that staff were encouraged and supported appropriately.

The registered manager continued to work with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care such as Healthwatch. The registered manager had been asked on occasions to share their knowledge and experience of how to be an outstanding provider of domiciliary care. This had been shared with other professionals, agencies and commissioning groups. The registered manager also supported and attended the registered managers forum in Suffolk.

The service kept strong, effective links within the local community. A recent repeated event was a conference on understanding and living with dementia. This was facilitated by ClarkeCare and open to all people living with dementia and their families to enable them to better understand the condition. The event was a great success with professionals presenting and attending, but also key to the success of the day was people themselves giving and hearing a personal perspective of dementia. This along with ClarkeCare promoting local businesses to become Dementia Friends demonstrates that this agency goes the extra mile to ensure the understanding and support for people living with dementia is more widely understood in our community.