Clark James Norwich Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Clark James is a domiciliary care agency, and it provides personal care for people in their own homes. It provides a service to a broad range of people, including older people, younger people and those with mental health support needs. At the time of our inspection, 32 people were using the service. We last inspected the service in January 2016 and the service was rated, 'Good'.

This was an announced comprehensive inspection which took place over two days. We gained feedback from people on the phone on 19 April 2018, and followed this up with an inspection visit to the provider's offices on 23 April 2018.

There was not a registered manager in post, and the provider had not had a registered manager in post since May 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This meant that there was not a manager who was legally responsible for the service. There was a manager in post who was beginning their registration process with CQC, and they will be referred to as 'manager' throughout the report.

There were auditing systems in place, and some of these required further improvement to maintain oversight of the records, and therefore the care being provided. Audits relating to the administration of medicines were not fully effective as they did not identify all gaps or errors in records. The care plans required additional detail in relation to people's health conditions and associated risks. There was a risk that staff could not always mitigate risks to people because there was not always guidance in place relating to risks associated with their health needs.

People felt safe when staff were with them, and staff had a good knowledge of how to contribute to keeping people safe. There were enough staff to deliver the service as planned, and they were recruited safely.

Staff were trained in areas relevant to their roles and their competency had been checked. They undertook supervisions and discussions about their roles with senior staff. New staff shadowed experienced staff before delivering care to people on their own.

Where it was part of their care delivery, staff supported people with their meals and to drink enough throughout the day. Staff understood how to support people with special dietary needs. If needed, staff also supported people to access healthcare.

People's daily care needs were assessed before the service supported them, and these were written into a care plan which involved people and the families. Care plans included details of what was expected from staff during the visits, and included people's preferences.

Staff asked for consent before delivering care and respected people's choices, supporting them to make decisions when their mental capacity was variable. People and staff had positive relationships and staff got to know people well. The staff including the management team were caring towards people.

People's dignity was upheld during personal care and staff respected people's privacy. The service supported people's independence in different ways, from personal care to supporting people to go out, and this was identified in care plans.

The service responded to people's changing needs and communicated within the team about these. People's preferences during visits were adhered to. When people or their relatives raised concerns or complaints, the management team and staff worked to resolve these.

There was good teamwork and support among the staff. The service was striving to make improvements and gained feedback from people in order to take action to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People received their oral medicines as prescribed, however risks to people were not always assessed.

There were enough staff to keep people safe and staff knew about safeguarding. Staff were recruited safely.

Staff knew how to safely support people, but further information was required in care plans associated with possible health risks to people.

Is the service effective?

Good

The service was effective.

Staff received induction, supervision, training and competency checking relevant to their roles.

Staff supported people with meals and drinks if needed, and to access healthcare.

Staff were aware of people's mental capacity and asked for consent before delivering care.

Is the service caring?

Good

The service was caring.

Staff developed positive caring relationships with people. People were supported to maintain their independence, privacy and dignity.

People and their families were involved in their care.

Is the service responsive?

Good

The service was responsive.

People received care according to their preferences. The care plans were detailed with guidance for staff.

People and their families knew how to complain and concerns or complaints were resolved with people.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was not a registered manager in post, and had not been since May 2017. There was a manager who was employed and planning to register with CQC.

Improvements were needed to some auditing systems to increase their effectiveness.

The staff team worked well together and the service was striving for improvement, acting on people's feedback.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced, as it is a domiciliary care agency and we needed to be sure that staff would be in the office. We also needed to gain consent from people to carry out telephone conversations with them prior to doing so. Therefore, we gave the provider 2 days' notice of our inspection.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Some months prior to the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with six people using the service and two relatives. We also spoke with the manager, the care coordinator, a director of the registered provider, two senior care workers and a care worker. We also received feedback about the service from a healthcare professional involved with the service. We looked at a selection of care records, including four people's in detail and areas of another two. We looked at information relating to how the service was run, such as policies, auditing systems and quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in January 2016, we found that the service was safe. It was therefore rated, 'Good' in this area. We found during this inspection that the service had some shortfalls in this area and was therefore rated as 'Requires Improvement' in safe.

We found during this inspection that further risk assessments were needed in respect of people's health needs. This was because not everybody had full risk assessments and care plans in place with regard to their individual risks associated with their health. This included diabetes, pressure care and choking. We found that on speaking with staff and people that this had not had a negative impact on people's wellbeing. However, it is advisable to put these into place to guide staff in the event of risks arising due to people's conditions or health needs. There was a risk that staff who were not familiar with what action to take in an event related to people's conditions could put people at risk of harm. For example, in the event of a seizure, an asthma attack or hypoglycaemic episode. The manager began working on these immediately following the inspection, and sent us new risk assessments, an example of which covered an individuals' risk associated with diabetes.

We looked at the care plans around medicines for four people using the service and found that there were not always full risk assessments related to specific medicines, some of which carried a higher risk than others if not administered properly. Risk assessments in place did not contain information about people's medicines, how they were administered and what the specific risks were to each person. This meant we could not be sure that risks were mitigated fully. The manager agreed to implement improved medicines risk assessments immediately following the inspection. We also found that for medicines which were administered on an 'as required' basis, there were no protocols in place to guide staff on how and when to give these safely. This is advisable to minimise the risks of medicines being administered inappropriately. The manager also agreed to put these into place for everyone being supported with their medicines as a matter of priority. Staff were able to tell us when and why they administered PRN medicines, and we found their feedback was consistent, and we discussed this with the manager.

There were risk assessments in place for people's manual handling, and guidance for staff on supporting people. For example, where they required equipment to move. Risks to staff and people were assessed and mitigated in terms of ensuring people's environments were safe, for example, encouraging people to check their fire alarms.

Without exception, all of the people we spoke with told us they felt safe when staff visited them. We spoke with staff about safeguarding and found that they understood reporting processes and felt confident in identifying any concerns around keeping people safe.

There were enough staff to ensure that people were safe. All of the people we spoke with confirmed that they did not feel rushed by care staff and they always stayed the agreed amount of time on the visit. People said that at times when staff were late, they received a phone call to let them know. There were enough staff to cover the visits, and staff confirmed they did not feel rushed. The staff we spoke with confirmed that there

was an on call system so if staff were not able to make a visit, there was a plan for another member of staff to be able to go. We looked at the rota which confirmed that people received their visits as agreed, and that there were enough staff.

All of the people we spoke with said that staff were late at times, and this was usually due to traffic. It had not had a negative impact on their wellbeing. One relative told us that it was inconvenient at times as their family member relied on staff to assist them with personal care. Two people told us they felt staff did not always get enough travel time between visits. The staff we spoke with felt they did have enough time in between visits.

People received support with their medicines when they needed it. We spoke with people about how staff supported them to take their medicines. One person told us how staff supported them to take their medicines at the correct time, in the way they preferred to take them, before recording it in the book. Another two people we spoke with confirmed that they felt staff supported them safely, from prompting through to administering their medicines.

Staff received training in medicines administration and they confirmed that senior staff checked that they were competent in administering them. We looked at a sample of medicines administration records (MARs). We saw that staff recorded medicines they administered on them. These were then audited in the main office which ensured that any gaps or errors were identified and action taken if needed.

Staff were recruited with adequate safety checks in place, for example the Disclosure and Barring Service (DBS) check. This is a check to ascertain whether the staff member has any criminal convictions or has been barred from working within the care sector. Also, the provider had checked the identification of the staff member to make sure this was in order. These systems helped deem staff suitable for working with people.

Staff received training in infection control and this was also checked by the manager during their spot checks. This included checking that staff wore aprons and gloves if required. Staff also received training in food hygiene which was also regularly checked.

When staff reported an incident relating to someone's health or safety, the manager had taken appropriate action. This included involving other health care professionals and updating the care plans when people's needs changed, as well as sourcing equipment for people where required.

Good

Is the service effective?

Our findings

During our last inspection in January 2016, we found that the service was effective. It was therefore rated, 'Good' in this area. We found during this inspection that the service was effective and remained 'Good' in this area.

A thorough assessment of people's needs took place prior to the service commencing. One person confirmed, "[Staff] came out to my home. We went through everything I needed help with." A healthcare professional confirmed to us that the manager always gathered as much information about people as possible to ensure they only accepted people where they were able to meet their needs. We looked at records which contained details of these assessments and found that the service worked closely with people's social workers to ascertain whether they were able to meet their needs.

All of the people we spoke with said they felt staff were competent in their roles. One relative said they felt new staff could do with more shadowing (working with more experienced staff), however they said they felt confident in all staff. We spoke with one member of staff who had worked in the service for a few months, and they confirmed that they had shadowed experienced staff until they felt confident to work alone. The manager said the induction was flexible depending on staff experience and whether they felt confident.

One person said, "[Staff] know what they're doing." We spoke with staff about their training and looked at records. One staff member said, "We know what to do and have regular updates." This related to people's care needs. Staff received training deemed mandatory by the provider, which included manual handling and first aid, as well as dementia, safeguarding, pressure care and food hygiene. Where people had specific health needs, the provider ensured staff received the training required to meet these. Staff confirmed that their competence was checked by senior staff several times during the year. We saw records of these and saw that checks included uniform, dignity, infection control, time management and communication and these were discussed with staff in supervisions.

Where appropriate staff supported people to maintain a healthy balanced diet. For some people this included support with special diets, such as a fork mashable diet or a diabetic diet. There was information in people's care plans about how staff should support them with regards to food and drink, including their preferences. One person confirmed, "[Staff] always get me a drink if I want one." The other people we spoke with confirmed that staff always left a drink available for them after they finished the visit. This meant people were encouraged and supported to drink enough in between the staff visiting them.

A relative explained how the service had contacted one persons' social worker in a timely way to request some equipment which would better support them. A healthcare professional confirmed to us that they worked closely with them, as well as involved other services in people's care such as the mental health team. We saw from records that the manager liaised with people's social workers and GPs when needed, as well as other teams, such as speech and language teams.

Two people confirmed that staff supported them to access healthcare, such as a GP, when they needed to.

Staff confirmed to us that they supported people with accessing healthcare and other services when they required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The people we spoke with confirmed that staff always gained their permission prior to delivering any care. Staff were able to explain how they applied the principles of the MCA, and support people to make their own decisions where they had varying capacity.

Good

Is the service caring?

Our findings

During our last inspection in January 2016, we found that the service was caring. It was therefore rated, 'Good' in this area. We found during this inspection that the service was caring and remained 'Good' in this area.

One person told us, "Oh yes, they're [staff] all very nice and helpful." Another confirmed, "We have a laugh" referring to their relationship with the staff. One person described the staff as, "A lovely bunch." Everyone we spoke with said they felt staff listened and were approachable to speak to. For example, one person said, "We talk about anything. I can tell them [staff] anything." Another person felt staff were thoughtful towards them, "They [staff] make me nice and comfortable in my chair. They make sure I'm comfortable before they go."

People said that staff treated them with respect, one saying, "It's the general way they [staff] treat me, they chat to me as we're going along." Another said, "I'm sure they respect me. It feels like it." Staff promoted people's privacy and dignity when delivering care. One relative gave us an example of this, saying, "They [staff] make sure the blinds are pulled down when they shower or wash [family member]. No one can get in. We make sure the door is closed."

A relative explained how staff adapted their communication and constantly reassured their family member, who had problems communicating verbally. They said staff always told them what they were going to do, ensuring the person was comfortable and informed at all times. We also saw that people's communication needs were covered in their care plans with guidance for staff.

People were involved in their care planning. One person told us, "I was part of the plan from the beginning." Some people told us they preferred their family to be more involved in their care planning, and they were all happy with the care they received. The two relatives we spoke with confirmed that staff let them know and kept them informed if there were any incidents or changes relating to their family member.

Staff supported people to remain as independent as possible. One person confirmed how staff helped them make their own lunch, rather than did it for them. Another person told us, '"They [staff] know how to get me to use the walker thing. I'm very confident with them." The service also supported people to access the community as independently as possible by going with them, including shopping. The guidance in people's care plans also encouraged staff to prompt people to do as much as they could for themselves. We also saw in one person's care plan review that staff had supported the person to remain as independent as possible with their meals by sourcing some specialist cutlery.

One person told us how their fridge needed cleaning out, telling us, "[Staff member] got hot water and did it. [Staff member] went the extra mile." Another confirmed, "[Staff] help me make my bed if I've struggled. I don't have to ask them. They see it and help." A relative we spoke with told us that their family member had a fall during a visit once, and they told us, "[Staff member] was still here. They had stayed way past their time." This was in reference to the staff member supporting the person whilst waiting for emergency services

and relative to arrive. One staff member gave us an example of when the manager, who had been on call, came out at midnight to support one person because the paramedics attended and the manager wanted to support the person. Another staff member gave us an example of setting up a jigsaw for someone to do to pass their time. These examples demonstrated a caring and supportive culture was embedding within the service.

Good

Is the service responsive?

Our findings

During our last inspection in January 2016, we found that the service was responsive. It was therefore rated, 'Good' in this area. We found during this inspection that the service was responsive and remained 'Good' in this area.

One person told us, "Oh yes, whatever I wish them [staff] to do, they do it." Another person explained how staff respected their preferences and paid attention to what they wanted, "They [staff] know me now. They know how I like things left .They always put the magazines back on the table, put the cups in the right places." Two more people we spoke with gave examples of how staff supported them according to their preferences, with regards to how they preferred to receive personal care. This included being asked if they would prefer a female or male staff member. People received care from staff who regularly came to them. This helped people to receive consistently good care because staff got to know them well. However, three people said they did not always know which staff member was coming on which visit. Two said they would prefer this information to be given more consistently.

A relative said, "The [staff] pass [information] on to the next [staff] coming. There is good communication between them." Staff shared relevant information within the team so that everyone remained aware of any changes to people's care. The manager oversaw that this, as one staff member told us, "[Manager] keeps us updated on every person every week by email." We looked at a sample of these and saw that they contained helpful information about people with any additional guidance that staff may need.

A healthcare professional confirmed to us that the staff followed recommendations, and we saw in records that these were added to care plans appropriately. For example, guidance on supporting people to have a soft diet, or support with their mental health needs.

Staff gave people choices, as one person explained to us, "[Staff] ask what I want even though there is lots in the cupboards." The other people we spoke with confirmed that staff gave them choice, for example, whether they wanted support to have a bath or a shower, and what they would like to wear. We saw that staff also tried to be flexible to adapt to changes, for example, we heard one person ring up and request a change to their visit and this was accommodated.

Care plans contained individualised information about how people wanted to be cared for, and detailed guidance for staff on what was expected of them during each visit. However, staff said this was adaptable to people's changing needs. The care plans contained information about people's preferences in terms of what products they preferred during personal care, and how staff could support them to have their meals. We saw that the care plans were reviewed regularly and updated with changes.

People received individualised care during visits, however some people had not always been empowered to choose their visit times. We found that some people had fed back in questionnaires that they did not always have a visit time they preferred. One relative also told us they felt that the service had at times wanted their family member to work around the staff, rather than receive their visit at a preferred time. This was in

relation to agreeing a visit time with the service. They said they had spoken with the manager about this and it had been resolved. Another relative we spoke with had also raised an issue about the visit times with the manager and this had been resolved.

The care coordinator and the manager said that people called if they had any concerns about the service they received, and they worked with people to resolve these. We looked at the log of concerns and complaints and found that they had been resolved appropriately. People and their relatives knew how to complain if required.

Where appropriate, people's wishes for their end of life care were documented in the care plans, for example, where they preferred for their family to be consulted. The staff we spoke with confirmed they had time to read the care plans so they knew about people's needs and preferences.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection in January 2016, we found that the service was well-led. It was therefore rated, 'Good' in this area. We found during this inspection that the service had not been consistently well-led and was therefore rated, 'Requires improvement' in this area. There was not currently a registered manager in post and some improvements were needed to the governance systems in place.

There was a manager in post who managed the day to day running of the service with the support of a care coordinator. However, the provider had not had a registered manager in place since May 2017. It is a condition of the provider's registration was that they must ensure that personal care is managed by an individual who is registered as a manager, and is therefore partly accountable for the quality of care provided. A director of the registered provider and the manager explained to us that the previous manager had left their post before registering with CQC. The manager was planning to register as a priority, and awaiting their DBS paperwork as well as filling out the registration application.

There were quality assurance systems in place, however, further improvements would increase oversight of medicines administration. There were audits in place but not all of these were fully effective. For example, the current medicines audits had not identified that PRN protocols were not in place, despite this being a question within the audit. Further checking was needed to ensure medicines risk assessments specified the medicines prescribed as well as the risks to the person and guided staff on how to mitigate these risks.

Further oversight was also needed of the care plans in terms of ensuring that people's health conditions were covered, with guidance for staff where applicable. The regular reviews of the care plans had checked that the person's daily care needs were kept up to date, however there was not a system in place which checked that all individual risks to people's health were fully assessed.

People, relatives and staff said they felt comfortable to raise any concerns. One relative said, "I've always found them [manager] helpful. They take on board what you say." The care coordinator told us the staff as a team were keen to improve through reflecting on things that went well, or things that did not go so well. The representatives from the registered provider such as the directors, were involved in the oversight of care delivery and supporting the manager and the care coordinator. We saw from the quality assurance questionnaires and staff meetings that the service was working to improve agreed visit times and working around people's preferred times.

Without exception, all of the staff we spoke with said that they felt well supported in their roles, and were treated as individuals by their employers. One staff member told us, "You've always got someone on call if needed, they're [manager] always available." The care coordinator told us, "If staff feel uncomfortable with anything we will talk to them and work with them." There was a positive morale within the staff team and a sense of support among them. We saw that staff had opportunities to speak with management staff including the director, when they wanted to. They received regular opportunities to discuss their roles and attend staff meetings throughout the year.

People were involved in shaping the future of the service. There were quality assurance questionnaires which were sent to people using the service and relatives for them to give their feedback on the service. We saw that the service had made improvements to the management of staff time during the last few months as people had fed back at times this had been a problem for some. This meant that more people were receiving the visits as they preferred. Staff confirmed to us that the communication within the team had improved in recent months under the new manager and that people received more consistent care as a result. We also saw that the service had received many compliments from people thanking them for compassionate care provided.

The agency worked closely with others to provide good care, for example, for one person they were supporting, they worked alongside another agency who also provided care for that person, sharing information as needed. They also worked closely with relevant teams and social workers to ensure people received good care.

The manager was aware of their responsibilities with regards to sending notifications in to CQC.