

Jark (Norwich) Limited

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Inspection report

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20 August 2018

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection of Jark (Norwich) Ltd took place between 15 May 2018 and 20 August 2018. Our visit to their office was announced to make sure staff were available. This was the first inspection for this agency.

Jark (Norwich) Ltd is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our visit 50 people were using the service. Since our visit the provider has submitted an application to cancel the registration of this agency.

Not everyone using Jark (Norwich) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at this agency who was supported by an office manager and other senior staff. 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.

The provider's monitoring process did not look at the systems relating to the care of people, identify issues or take action to resolve these. People's views were sought but no action was put into place to improve issues that were raised.

Medicine administration records were not always completed correctly and medicines were not always administered as prescribed. People's personal and health care needs were met but care records were not always in place or contain adequate information to guide staff in how to do this.

Staff knew how to respond to possible harm and how to reduce most risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Staff used personal protective equipment to reduce the risk of cross infection to people.

Staff were caring, kind and treated people with respect, although the agency did not always respect people's right to be cared for by staff of the gender of their choice. People were listened to but were not always asked about their care. People's right to privacy was maintained by the actions and care given by staff members.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible; the policies and systems in the service supported this practice. People received support with meals, if this was needed.

There was enough information for staff to contact health care professionals if needed and staff followed the advice professionals gave them.

A complaints system was in place and there was information available so people knew who to speak with if they had concerns, although informal concerns were not recorded for analysis of trends or themes. Staff did not have adequate guidance or training to care for people at the end of their lives, if this became necessary.

Staff were supported by and supportive of the registered manager and office staff.

We found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to medicines management and the governance of the agency. You can see what action we told the provider to take at the end of this report?

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?

Requires Improvement 

The service was not always safe.

Medicine administration records were not accurately completed and medicines were not always given as prescribed.

The systems in place to learn lessons from incidents were not completed effectively.

Staff assessed risks to protect people from harm and followed infection control practices to reduce the risk of cross infection.

There were enough staff, who had undergone recruitment checks, available to meet people's care needs.

Is the service effective?

Good 

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

Staff members received enough training to provide people with the care they required.

People were supported to prepare meals and drinks as independently as possible.

Staff worked with health care professionals to ensure people's health care needs were met.

Staff supported people to continue making decisions for themselves.

Is the service caring?

Good 

The service was caring.

Staff members developed good relationships with people using the service and their relatives, which ensured people received the care they needed.

Staff treated people with dignity and respect, although people's preferences were not always respected.

Is the service responsive?

The service was not always responsive.

People did not have all their individual care needs planned for.

People had information if they wished to complain and there were procedures to investigate and respond to these. Informal concerns were not monitored for trends and themes.

Guidance was not available staff about how to care for people at the end of life.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The quality and safety of the care provided was not monitored to drive improvement and it failed to address issues and shortfalls.

People's views about the agency were obtained, although action was not taken to address issues.

There was a good working relationship between staff members and people.

Staff contacted other organisations appropriately to report issues and provide joined-up care to people.

Requires Improvement ●

Jark (Norwich) Ltd

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 took place between 15 May and 20 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 15 May 2018 and ended on 20 August 2018. We visited the office location on 15 May 2018 to see the manager and office staff; and to review care records and policies and procedures. We spoke with people and staff between 16 and 20 August 2018.

This inspection was carried out by one inspector and an assistant inspector.

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. We used information the provider sent us in the Provider Information Return. 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 spoke with six people using the service. We also spoke with four members of care staff and the registered manager. We checked four people's care records and one person's medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

Only one person we spoke with received support with their medicines. They told us, "[Staff] get it for me and set it up and help me get it ready for me to take." Staff members told us that they had received training to be able to give medicines. To ensure that it was clear who the medicine was prescribed for, information, such as identification, specific administration instructions, and contact details for each person's GP, was also available.

We were provided with one medicine administration record (MAR) during our visit to the agency office. This showed gaps in the recording of administration of prescribed medicines, but without any explanation of why the medicine had not been given or taken by the person. The person had not taken the full dose of one antibiotic medicine on any one day. There were periods of more than 12 hours between doses and on one occasion there was more than 24 hours between doses. This meant that there was no guarantee that the antibiotic would be effective in treating the person's infection. One cream had been prescribed for a limited time only but staff had continued to administer it beyond the prescription end date. The registered manager told us that staff were very good at relaying information and concerns about medicine errors or issues and they provided an example of this. However, there was no information to show any action had been taken in regard to this person's medicines. This meant that medicines were not always managed in a way that promoted people's health.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to each person were assessed, reviewed and actions were identified to reduce those risks. These included moving and handling risks, such as for showering or bathing, and for other risks associated with these, such as for testing water temperature. Staff confirmed to us that they tested the water first before allowing people to get into a bath or shower. However, care records did not state the maximum safe temperature for immersion in hot water and a staff member we spoke with was also unable to tell us what this was. Information was available to guide staff around the person's safety if people had a health condition, such as diabetes, which included details of what staff should do in particular situations.

Environmental checks of people's homes had also been completed. This provided staff with an overview of where there may be risks, such as for using moving and handling equipment on carpeted floors. Actions were available to show staff how to reduce these risks, and for equipment, when the next servicing or maintenance checks were due.

The registered manager told us that incidents, accidents and other systems were monitored and then fed into broader analysis. However, no issues had been identified that required a change in how staff worked or cared for people. We found that there was not close enough scrutiny of the agency's systems to identify issues and therefore actions that should have been taken to improve the service overall had not been acted upon.

People told us that they felt safe with staff from the agency. One person told us, "I feel absolutely safe with the staff that come out to see me." Staff knew how to protect people from harm, they told us they had received training and they understood who to report to, including the local safeguarding authority. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC. Information received before our inspection showed that there had been no incidents of possible harm reported by the agency.

People told us that there were enough staff and they stayed with the person for the expected length of time. Staff told us there were enough staff employed by the agency. They said that there were times when they were asked to cover other staff, for sick leave for example and this ensured that they could provide care to people. One staff member told us that they had, "Never been left in the position where I was unable to deliver care." The registered manager told us that there were additional staffing hours each week (where staff had said they were available to work) that meant sudden or extra care tasks could be accommodated.

Staff recruitment file showed that satisfactory checks had been returned before the staff member worked with people. A staff member confirmed that checks and information had been returned before they had been able to provide care to people. These included criminal record checks through the Disclosure and Barring Service, identification and a health declaration to ensure that they were safe to work. New staff completed induction training and shadowed more experienced staff so that they understood how to keep people safe while providing care and support.

Staff told us that they had enough personal protective equipment (PPE) available and that further supplies were easily obtained from the agency office. They had received training in infection control and prevention, which provided them with the skills to reduce risks to people. Care records also guided staff in how to reduce these risks. For example, how to ensure food was properly prepared. This showed us that processes were in place to reduce the risk of infection and cross contamination.

Is the service effective?

Our findings

Needs assessments were completed for people using the service before care started. These assessments were completed with information from the person and or their families and health or social care professionals, where available. One person's care records contained information from NHS Choices about a long-term health condition that the person suffered from. This provided staff with general information and up to date guidance about caring for people with the condition. The person's care plan gave staff specific guidance about how the condition affected them and how the person wanted to be cared for. NHS Choices is an NHS website giving advice about health conditions and medicines. The registered manager told us that staff ensured people had any technology that promoted independence, such as pendant alarms, close to them.

Staff members had received the training they needed to carry out their roles. People told us that staff knew what they were doing, although they sometimes had to tell new staff how they preferred to be cared for. One person said, "They know me well." Staff told us that they received enough training and support to give them the skills to carry out their roles. One staff member commented that, "Once I had the training, I felt able to do the job". Another staff member described that they were able to start national qualifications in care. Staff training records showed that staff members had received training and when updates were next due.

Staff members said they received enough support from the registered manager and other staff to do their jobs. They explained that they received spot checks and individual one to one meetings from a senior staff member and could discuss any practical issues with them. They received an annual appraisal from a member of the management team and this allowed them to discuss their training and development needs and ongoing issues.

We saw that where needed, people were supported to eat and drink. Staff told us the actions they would take if they had concerns about a person's eating and drinking. Staff also told us that they had been given advice about how to make sure people had enough to drink during the day and how to keep people cool and hydrated in the hot weather. Care records contained information about people's likes, dislikes and what staff needed to do to support the person. One person's care plan provided advice about the type of diet they ate due to swallowing difficulties.

The registered manager told us that they worked with health and social care professionals for those occasions when people used other services, such as hospital admissions. However, they had not developed a written record, such as a hospital passport or 'This is me' form. These records would normally contain important information about the person that health professionals needed to be aware of. This meant that accurate information was not always available, without the need for people to remember all the details, or to reduce the impact on gathering this information had on other services.

People's care records showed that they had access to the advice and treatment of a range of health care professionals. These records provided enough information needed for staff to contact health professionals and to support people with their health needs, if needed. One person's records showed that a health

professional had been contacted for advice after the person's health had declined.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the MCA and worked within its principles when providing care to people. One staff member explained that they always informed people what they were going to do and waited for the person to say they were happy for the staff member to continue. Another staff member told us that they had received training and always presumed people were able to make their own decisions. Staff could access guidance to help people continue to make their own decisions.

Is the service caring?

Our findings

Most people told us that they were aware of their care records and staff spoke with some of them about how they wanted their care given. Other people told us that they had not spoken with staff for a long time about their care. Information was available in care records if people preferred a male or female staff member. However, one person told us that although they felt safe with all the staff who visited them, they felt uncomfortable when staff members of the opposite sex helped with personal care. Not all people using the agency were given the opportunity to discuss how they would like their care to be given and for one person, this meant they had to receive care in a way they did not want.

However, staff respected people's right to privacy and to be treated respectfully when they visited people. One person told us, "No-one has ever disrespected me, they have always respected me." This was also evident in the way staff spoke about people with thoughtfulness and concern. Staff told us that they greeted people before entering rooms, knocked on doors and called people by their names. Curtains and doors were closed when people received personal care and people were covered as much as possible when receiving a wash. Other comments from people included that staff were kind and caring. People described staff as, "Everyone I see is friendly," and "They are really nice."

Care records contained details about how people wanted to be addressed, their likes and dislikes and their preferred routines. We found that staff knew people well and that they were able to anticipate people's needs. One staff member explained how they cared for a person who was less able to verbally communicate and how they made sure that the person received personal care as often as they would allow. People said they were listened to and they felt supported by the staff who now visited them.

We saw that care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support. For example, in advice about caring for specific needs around continence or personal care, staff were guided to make sure each person received this in the way they were comfortable with.

Is the service responsive?

Our findings

People's care plans did not always provide clear written guidance for staff members. Information about why people needed the care and support they received and the difficulties the person experienced was included. Some people's care plans contained detailed information about how staff should support them with personal care. However, not everyone had this information. For one person, there was no guidance at all about their personal care needs. For another person, who had difficulty with the order in which to do things, staff were only advised to prompt the person. There were no other details to ensure that the person dried themselves properly or put on clothing in the right way. Daily care records were written in enough detail to show that both of these people did receive personal care, however there was not enough information to show whether this was how they wanted.

Plans for those who had additional health conditions, had not always been introduced. One person's risk assessment identified that they were at risk of seizures and provided staff with advice about what to do and who to contact. However, this information had not been written into a care plan to guide staff in managing this situation. Care plans had been reviewed although these did not look critically at the information within the plan and therefore changes were not always made.

People told us that they received the care they wanted and needed, in the way they wanted. One person commented, "Yes, they know me well," and another person said, "They are brilliant." However, they also told us that they often had to explain to staff, especially new staff, what they needed to do. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. They told us that there was enough information in care plans to guide them in supporting each person. This meant that although staff knew people's needs, there was sometimes inadequate guidance and people had to tell new staff to ensure their care needs were met.

People told us that they knew how to make a complaint and who to contact for this. Three people told us that they regularly contacted the office about issues and these were always resolved. A staff member said they would contact the registered manager, who would deal with any concerns or complaints. They told us that there was guidance for them to follow, should people make a complaint. There were copies of the complaints procedures in each person's care records. Records showed that no formal complaints had been made. However, there was a lack of recording around informal complaints, which meant that trends and themes may be missed.

There was not enough guidance for staff to ensure that people's end of life care needs would be properly met. The organisation did not have a policy and procedure for end of life care in place to support staff in meeting people's needs. There was no one at the time of this visit who was receiving end of life care. However, the registered manager confirmed that end of life care had previously been provided by staff. A staff member said that they had not received training in this area, but when they had supported a person during this time, it had been as an additional staff member where another agency was providing the care. People did not have their end of life care wishes recorded as part of their support plan and therefore staff did not have guidance for individual wishes if this were to occur.

Is the service well-led?

Our findings

The registered manager told us that they intended to complete audits of medicine records on an annual basis, although none had been completed at the time of our visit. They said that medicine administration records (MAR) should be returned approximately a month after completion for this purpose. However, we found that only one MAR had been returned to the office and despite it being dated three months prior to our visit, no audit had been completed. There were issues with recording on the MAR, which showed that medicines had not been administered as prescribed or had not been stopped when they should have been.

There were no audits of care records to determine whether the information recorded was adequate or up to date. We found that some people did not have care records to guide staff in meeting personal needs or these were not written in enough detail. The registered manager told us that an auditing system was in place but had not been completed, and which therefore did not effectively ensure people were kept safe from the risk of harm.

Recording and analysis of informal concerns and complaints had not taken place, which meant that trends and themes could not be identified. The lack of analysis and auditing limited the provider's ability to learn from incidents when they occurred. The registered manager had reported incidents to the local safeguarding authority. However, the lack of effective auditing meant that when a potential safeguarding incident, such as medicines errors occurred, no action had been taken.

People gave us mixed views about whether they had been contacted by the agency about their opinions of how it was run, with only two of the six people telling us they had been asked about this. Views of people and their relatives were obtained through questionnaires most recently in November 2017, although these had not been collated into a report. The returned questionnaires showed us that people's views were generally positive. Most people said they were happy with staff members and the service they received. However, one person was not happy with the service they received and there was no information to show that any action had been taken about this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our visit the provider has submitted an application to cancel the registration of this agency with the Care Quality Commission. The provider has confirmed that this was to restructure the organisation.

People told us that they would recommend this agency to others. This was because the staff were nice and they were generally satisfied with the care they received. One person told us, "The [staff] that come and see me are good and without them I would struggle to live." Staff told us that the registered manager was approachable and they were able to discuss any issues with her. One staff member told us, "The manager is always helpful, always calls back." Another staff member said that there had been an improvement when the registered manager had started working for the agency. They went on to say, "It's a positive culture and I haven't got any complaints."

There was a registered manager in post, who was available for our visit to Jark (Norwich) Ltd. 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. The registered manager was supported by office staff and care coordinators in the running of the agency.

Staff told us that group staff meetings had stopped due to the limited number of staff able to attend. They were able to speak with the registered manager if they had any concerns and The registered manager and office staff passed on information about the agency and any changes by email, text messages or phone calls to staff. They said that this was an effective way of relaying information to staff.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately. Information was shared with other agencies about people where their advice was required and in the best interests of the person.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service were not protected against the risks associated with unsafe medicine administration and poor recording of medicines administration.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks associated with unsafe care because of inadequate assessment and monitoring of the risks relating to health and welfare.</p>