

Clark James Norwich Limited

Lincolnshire

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Lincolnshire is a domiciliary care agency. It is registered to provide personal care for older people.

People's experience of using this service: The provider did not have specific policies to help guide staff for some specialised areas of care.

Audits and checks to monitor the service were still being developed. The auditing of bed rail safety checks was not in place.

We found one person had undertaken shopping and domestic work for people using the service in emergencies, without them having any employment checks undertaken. The registered manager informed this practice would cease immediately.

The provider monitored the length of calls provided for people. The provider's 'Client Guide' did not inform people that they would be charged for their call if staff were allowed to leave early if there was nothing more they wanted them to do. This information was also not in the staff handbook.

People told us they were satisfied with the service they received. Safeguarding policies and procedures were in place to help to protect people from harm and abuse. Staff followed infection prevention and control practices. Staffing levels were monitored and there were enough skilled and experienced staff to meet people's needs. Risks to people's wellbeing and in their home environments were identified to help protect all parties.

Staff received induction, training, and ongoing support through supervision and spot checks of their practice which helped them to support people.

Records confirmed people's input and where they were unable to consent the provider followed appropriate legislation and best practice guidance to make sure care was delivered in people's best interests.

Staff understood the importance of providing person-centred care and they developed positive relationships with people and their relatives. People received support from staff who encouraged their independence to live fulfilled lives free from unnecessary restriction.

People told us staff were caring and kind. People confirmed they made decisions about their care and support. Information was provided to people in a format they could understand that complied with the Accessible Information Standard.

Where necessary, staff contacted healthcare professionals for advice and guidance to protect people's

wellbeing. People's independence was promoted and encouraged and their dietary needs were met. End of life care was provided for people by the service. Concerns and complaints raised were dealt with appropriately.

The provider continued to develop audits and checks to monitor the quality of service provided. People using the service, their relatives and staff had the opportunity to provide feedback. Data security was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: We inspected the service in response to concerns that the Commission had received relating to recruitment, infection control, length of calls and the care provided for some people.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Lincolnshire

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: The service is a 'domiciliary care agency' providing care to people in their own homes. The service was currently supporting older people, some of whom were living with dementia or physical disabilities.

Lincolnshire supports people with personal care and social support in the Market Rasen, Binbrook and Great Limber areas of Lincolnshire. At the time of the inspection 30 people were receiving personal care.

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

Notice of inspection: The inspection took place on 22 March, 1 and 2 of April 2019 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. However, when we contacted the service we found the registered manager was unavailable for 4 days. We visited once they had returned to work and were able to assist us.

What we did: Before the inspection we checked information, we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding, commissioning and quality monitoring team as well as Healthwatch England, (the national consumer champion for health and social care) to ask for their feedback about this service. We used this information to help plan our inspection.

During the inspection, we spoke with three people using the service and five relatives by phone. We asked about their experiences of the service. We spoke with the registered manager, director and three staff.

We reviewed a range of documentation including three people's care records, medicine administration records (MARs), quality monitoring checks and audits, policies and procedures and three staff recruitment files, including training, supervision and appraisal records. We also looked at the compliments and complaints received.

Is the service safe?

Our findings

Safe- this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment.

- Recruitment and Disclosure and Barring checks (DBS) were generally undertaken for staff. Some staff had these undertaken whilst working for the provider's recruitment agency before they started delivering the regulated activity.
- We were informed by the registered manager one person had undertaken shopping and domestic work for people in an emergency situation without having any employment checks undertaken. The registered manager confirmed during the inspection this practice would cease immediately.
- Staffing levels provided met people's needs. More staff were being recruited because the service was expanding. The management team told us they would not expand the service until they were sure they had enough staff in place to cover the increased number of calls.

Preventing and controlling infection.

- Staff were provided with personal protective equipment to help them maintain infection prevention and control. People told us staff wore gloves and aprons as necessary, when delivering their personal care.
- Infection control training was undertaken by staff.
- Food hygiene training was provided for staff who prepared meals for people in their own homes.

Systems and processes to safeguard people from the risk of abuse.

- The provider had safeguarding and whistleblowing policies and procedures in place. Staff undertook training which informed them about how to protect people from harm and abuse.
- Staff understood their responsibilities to report safeguarding issues. They knew how to refer incidents to the registered manager or to the local authority. A member of staff told us, "I would report safeguarding issues so they could be dealt with."
- The registered manager liaised with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; learning lessons when things go wrong.

- Risk's to people's health and wellbeing were assessed, monitored and recorded. This information was reviewed and updated as people's needs changed.
- People's care records contained information about risks to their wellbeing and those present within their home environment. This information was known by staff. People were encouraged to maintain their independence.
- Accidents and incidents were recorded and monitored by the registered manager who looked for trends and patterns. Health care professionals were contacted for advice to help prevent further incidents from occurring.
- Staff confirmed they could raise safety concerns and these would be acted upon to maintain people's

health and safety.

Using medicines safely.

- Staff undertook training about how to handle medicines safely and had their competency checked.
- People were assisted to maintain their independence with medicine's where this was possible.
- Printed medicine administration charts (MAR's) were being introduced to help minimise the risk of errors occurring from staff writing people's medicines on MAR charts.

Is the service effective?

Our findings

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

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

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

- The registered manager confirmed information was gained about people's needs, before the service supported them. The provider was looking at how a more in-depth assessment of people's needs could be carried out for all referrals made to the service.
- People's needs and choices for their care and support were recorded, monitored and reviewed.
- Reviews of people's care were held so that goals achieved could be celebrated or new goals could be set.
- Good practice guidance was implemented by the management team, where possible. For example, in regard to medicine administration charts.

Staff support: induction, training, skills and experience.

- All staff had to undertake the full package of training put in place by the provider to develop and maintain their skills.
- Staff undertook a period of induction. This varied in length depending on their previous skills and knowledge.
- New staff shadowed senior staff and undertook the Care Certificate (A nationally recognised training programme) to enhance their caring skills.
- People confirmed staff had the skills and knowledge required to support them.
- Specialised training was provided for staff who undertook Percutaneous Endoscopic Gastrostomy tube feeds (PEG) and stoma care. Health care professionals provided PEG training and provided ongoing support for staff.
- Supervision was provided for staff so that their performance and training needs could be monitored. Yearly appraisals were scheduled to be undertaken.

Supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care.

- Care plans contained information about people's dietary needs and preferences. Staff knew this information. Healthy balanced diets were encouraged and people chose what they wanted to eat.
- People's weight, food and fluid intake was monitored. Advice from health care professionals such as speech and language therapist (SALT), GP's and dieticians, was sought where necessary to help maintain people's wellbeing.

Supporting people to live healthier lives, access healthcare services and support; adapting service, design, decoration to meet people's needs.

- Staff contacted other services for advice for example chiropody and dental clinics to help maintain

people's wellbeing. Information received was recorded and followed.

- Hospital passports were completed for people to inform other health services about people's needs, in an emergency.
- There was an on-call system for people, their relatives and staff to use to gain help and advice.
- The service was flexible and the management team told us they wanted to deliver a reliable service to people that always met their needs.
- The office was designed to be accessible to people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment with appropriate legal authority. In community settings deprivation of liberty safeguards are put in place by application to the Court of Protection. For care agencies these deprivations are called Court of Protection orders. We checked whether the service was working within the principles of the MCA.

- People's mental capacity to make decisions for themselves was assessed. Where necessary, 'best interest' decisions were made following discussions held with people's relatives and health care professionals. This helped to protect people's rights.
- The registered manager and staff undertook training about the Mental Capacity Act 2005.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a person-centred culture at the service where staff built relationships with people and with their relatives.
- People told us the staff were caring and kind. One person said, "Staff are very pleasant, helpful and knowledgeable." A relative told us, "The staff treat [Name] well, they are very pleasant and helpful."
- Staff talked with people about their relatives and things they were interested in.
- Staff told us they enjoyed supporting people using the service and they provided continuity of care.
- People's equality, diversity and human rights were respected. Care and support was delivered in a non-discriminatory way.
- Staff supported people to live their lives the way they wanted to.

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

- Staff enabled people to make decisions about their care and provided help and support, as required.
- People's care plans guided staff about how to communicate with them and share information in an accessible way. People told us staff gave them time to ask questions.
- People were encouraged to provide feedback about the care and support they received from staff.
- Advocacy services were available for people if they required this support to help them raise their views.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was protected by the staff who delivered their personal care in their bedrooms or in the bathroom with the doors closed. One person said, "Staff do protect my privacy and dignity when helping me shower."
- People confirmed staff understood their wishes and preferences to maintain their independence.
- Care records informed staff about the tasks people could undertake for themselves.
- Staff were provided with a confidentiality policy. This informed them about the standard expected from them whilst working for the service.
- Information was stored securely in the office in line with data protection requirements.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's needs were assessed before a service was provided.
- People had care plans created based upon the information received.
- People were encouraged to set goals to achieve which helped them develop their self-worth, confidence and independence.
- Preferences for people's care and support were recorded along with information about their social, family life and hobbies, where possible.

Improving care quality in response to complaints or concerns.

- There was a complaint policy in place. This was provided in a suitable format for people to understand. Issues raised were dealt with appropriately. One person told us, "I would raise a complaint. I have once and it was taken on board and dealt with."
- The registered manager was available to people and their relatives to discuss concerns. Issues raised were investigated and the outcome was sent to the complainant.

End of life care and support.

- The registered manager confirmed end of life care was provided for people using the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- This service was registered with the Care Quality Commission (CQC) in December 2018. The management team were still developing their checks and audits to monitor the service delivery.
- We found although staff received training about PEG and stoma care, the provider did not have policies in place to support and guide staff about this care. These policies were created during the inspection. This demonstrated the management teams monitoring of their policies and procedures required improvement.
- A programme of checks and audits were being developed and this included 'spot checks' to monitor the staff's performance. However, we found auditing potential risk's to people's wellbeing were not always in place.
- One person required bed rails to help prevent them falling out of bed. The need to check the person's bed rails was not recorded in the person's risk assessment. The provider did not have a detailed policy for the use of bed rails. The daily and monthly bed rail check's undertaken by staff were also not audited. This auditing was implemented during the inspection. Failure to monitor this potential risk may place people's wellbeing at risk of harm.
- People were not always fully informed about the service provided. For example, the provider monitored the length of calls undertaken to people. The providers 'Client Guide' did not inform people that they would be charged for their call if staff were allowed to leave early if there was nothing more they wanted them to do. This information was also not in the staff handbook. This was corrected following the inspection.
- The management team met regularly to monitor the quality of the service. The aim was to provide a reliable service that met people's needs. Where issues were identified action plans were implemented.
- Meetings were held to gain the staff's views and share information, such as policies and procedures.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.
- People told us the service sought their views about the care and support provided. One person said, "[Name] phoned me to see how things were going. They phoned this week."
- People told us they were satisfied with the quality of the service provided. We received the following comments, "The service is very good, they do what they are meant to", "The service is brilliant I could not wish for better from the manager or staff" and "I am quite happy with the agency. They are doing a good

job."

- Staff were clear about the provider's vision and values. They were committed to delivering effective care and support to people. A member of staff said, "The provider is brilliant to work for."

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

- People were placed at the heart of the service's ethos. The provider and registered manager promoted equality within the service for all parties.
- People were asked for their views about the service on a one to one basis, through phone calls, visits and surveys.
- The management team and staff were committed to providing individualised person-centred care and support for people using the service.

Working in partnership with others; Continuous learning and improving care.

- Views were sought from people who used the service, relatives and staff through conversation, meetings and surveys. Changes were made to the service based on feedback.
- Management worked in partnership to keep up to date with changes in good practice guidance and legislation. They looked at how the service could be improved to benefit all parties.
- The provider had ensured in house training was undertaken by all staff. Instead of accepting training certificates brought by new staff as evidence of training undertaken in their previous employment. This helped to raise standards of care at the service.