

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Clark James Norwich Limited

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Date of Inspection: 15 November 2012

Date of Publication: January
2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✓ | Met this standard |
| Care and welfare of people who use services | ✓ | Met this standard |
| Safeguarding people who use services from abuse | ✓ | Met this standard |
| Requirements relating to workers | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Clark James Norwich Limited |
| Overview of the service | Clark James Norwich Limited provides care and support to people living in their own homes in the Norfolk area. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Clark James Norwich Limited, looked at the personal care or treatment records of people who use the service, carried out a visit on 15 November 2012 and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The manager told us that signed copies of people's service agreements were maintained in individual care files, which were kept in people's own homes.

One person we spoke with told us that, when their relative had first started using the agency, there had been a number of staffing issues and staff had not always arrived to provide support at the agreed times. However, they said that things vastly improved when the new manager was employed.

Care and support packages were compiled on a person centred basis and varied from 'popping in' to prompt a person to take their medication or a few short visits each day to assist with personal care, through to 'sleep in' duties and full waking night support.

We saw that one person's goal was recorded as being able to remain in their own home, which was stated as being their preferred place to live.

Pre-employment checks such as clear disclosures from the Criminal Records Bureau (CRB) and references were obtained for all staff before they started working for the agency. We also saw from the staff records that regular training was provided for staff in areas such as safeguarding and adult protection.

There were a number of systems in place that enabled the provider to continually assess and monitor the quality of service provided by the agency.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager told us that when an enquiry regarding the provision of home care was received, they would visit the person requiring support and complete a full assessment of their needs.

The manager explained that once the initial assessment had been carried out, the person's needs would be discussed with them and a package of care would be compiled, in accordance with their wishes. Following this, a service agreement would be completed and signed by the person receiving the care or support. The manager told us that signed copies of the agreements were maintained in people's care files, which were kept in their own homes.

One person we spoke with confirmed this had been the case for their relative.

This told us that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care records for two people in detail during this inspection. We saw that initial assessments of people's needs had been carried out and that people had agreed the level of support they required from the agency.

For example, we saw that one person required assistance four times a day at specified times, to be supported with some personal care and the provision of snacks. We saw that initially the visits by staff had been for half an hour but we saw that this had recently been increased to an hour for two visits per week, as the person had requested additional assistance with bathing.

The records we looked at showed us that care and support packages were compiled on a person centred basis and varied from 'popping in' to prompt a person to take their medication or a few short visits each day to assist with personal care, through to 'sleep in' duties and full waking night support.

We noted that one person's goal was recorded as being able to remain in their own home, which was stated as being their preferred place to live.

Copies of two people's weekly schedules, showed that care and treatment was planned and delivered in line with their individual care plans.

As part of people's initial assessments, we saw that potential risks had been considered in a number of areas such as their ability to self care, medication, moving and handling and the layout of people's homes, which included the locations of the stopcock and fuse box.

We saw that information gathered from the initial needs assessments, risk assessments and information provided by other relevant people such as social services, existing carers or family members was also used to form the basis of people's individual plans of care, which the manager confirmed were regularly reviewed and updated when necessary.

This told us that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

One person we spoke with told us that, when their relative had first started using the agency, there had been a number of staffing issues and staff had not always arrived to

provide support at the agreed times. They said: "in the beginning, staffing was an absolute nightmare." However, they said that things vastly improved when the new manager was employed.

This person also told us that, when their relative neared end of life and began receiving round the clock care and support, the care staff and the manager were, "absolutely brilliant and went above and beyond the call of duty".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The staff files that we looked at showed that pre-employment checks such as clear disclosures from the Criminal Records Bureau (CRB) and references were obtained for all staff before they started working for the agency. This helped to ensure that people were protected from receiving care and support from unsuitable staff.

We also saw from the staff records that regular training was provided for staff in areas such as safeguarding and adult protection.

The minutes from a recent staff meeting showed how staff were reminded of the importance of always carrying their identification and information was available in the 'care worker handbook' in respect of emergency procedures, reporting abuse and handling people's money. This meant that staff were aware of the policies and procedures that helped ensure the people they supported remained safe.

The manager showed us documentation regarding a recent incident, in which a care worker became aware that a person they were supporting was suffering abuse from someone that did not work for the agency.

We saw that the care worker had reported the information promptly and appropriately and provided a very detailed statement of their concerns. We saw evidence that this information had then been reported to social services and the police. The outcome was that action was taken by the relevant authorities to ensure the person was suitably protected from any further risk of harm or abuse.

This told us that people who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. It also confirmed that the provider responded appropriately to any allegation of abuse.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at two random staff files during this inspection and spoke with the manager and provider of the agency, about the recruitment processes for Clark James Norwich Limited.

We saw that there were checklists in place to ensure all the required documentation and processes had been completed such as application form, interview records, copies of qualifications, personal identification and photographs.

We also saw that pre-employment checks such as clear disclosures from the Criminal Records Bureau (CRB), references and, where applicable, immigration clearance and work permits were obtained for all staff before they started working with the agency.

This told us that appropriate checks were undertaken before staff began work and that there were effective recruitment and selection processes in place.

In addition, other records we looked at showed that all new staff received an induction, to ensure they understood their roles and were competent to carry out their duties. We also saw that staff had access to training which was relevant to their work and to the needs of people using the agency.

One person we spoke with told us that, although all the staff were very caring, there was a definite difference with some of the younger staff, whose quality of care provision was compromised by their evident lack of experience in life and work.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had effective systems to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The agency registered with the Care Quality Commission in December 2011 and the manager told us that their first formal 'annual quality assurance' audit had yet to be completed.

However, during the course of our inspection, we saw that there were a number of other systems in place that enabled the provider to continually assess and monitor the quality of service provided by the agency.

For example, since recently commencing employment with Clark James Norwich Limited, the manager had implemented regular staff meetings, during which staff could give their views on the running of the agency and we saw that minutes were kept of these meetings.

The manager was also ensuring that all staff received one-to-one time for support and supervision, which would include a review of staff's work performance such as timekeeping and reliability and their feedback with regard to job satisfaction.

We saw from some of the records that staff knew how to report accidents and incidents and there was evidence that learning from incidents took place and appropriate changes were implemented as necessary.

The manager told us that they had appointed a member of staff who they referred to as a Client/Customer Liaison Officer. We were told that the role of this person was to be totally client focussed and that they were taking full responsibility for auditing people's records to ensure they were complete, accurate and kept up to date. This person was also to be responsible for undertaking spot check audits with individual clients and ensuring formal annual quality assurance questionnaires were sent out and people's responses and required actions were documented in an annual report.

During our visit it was evident that the provider and manager had an 'open door policy' and actively encouraged comments, suggestions and feedback from the people using the agency, their friends or family and relevant professionals.

We saw that where concerns or complaints had been received by the agency, these had been responded to appropriately and in a timely fashion. We also saw that the agency had

received numerous letters and cards from people receiving support as well as family members, thanking them for the high quality of the care provided.

This told us that people who used the service, their representatives and staff were able to give their views about people's care and treatment and any issues were acted on. This also confirmed to us that the provider took account of complaints and comments to improve the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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