

APC Care Limited

Caremark (Eastbourne & Wealden)

Inspection report

West End
Herstmonceux
Hailsham
East Sussex
BN27 4NN

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Tel: 01323849019

Website: www.caremark.co.uk/locations/eastbourne-and-wealden

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?	Good ●

Summary of findings

Overall summary

Caremark (Eastbourne and Wealdon) provides personal care and support to people in their own homes. At the time of our visit the service supported 27 people with personal care and employed 18 care workers.

We visited the offices of Caremark (Eastbourne and Wealdon) on 7 December 2016. We told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

At the time of our visit the care manager had applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse and keep them safe. People told us they received care from familiar staff who arrived at the expected time and completed the required tasks.

There were enough suitably trained care workers to deliver care and support to people. The provider checked the suitability of care workers to work with people who used the service during their recruitment.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively.

Care workers were knowledgeable about people's needs. The information contained in people's care plans and risk assessments helped them to provide safe care in a way people preferred.

People met on a regular basis with managers to plan and review their care. There were processes to minimise risks associated with people's care. These included risk assessments and safe systems to manage people's medicines. Care workers had a good understanding of these processes.

The provider understood the principles of the Mental Capacity Act (MCA). Care staff completed training to develop an increased knowledge and understanding of the MCA. Care staff recognised the importance of gaining people's consent before they provided care.

People told us care workers showed them kindness and they had the correct skills and experience to provide the care and support they required. People received care from staff who were respectful and ensured people's privacy and dignity was maintained.

People knew how to complain and said that the management team listened to them and responded

promptly to their concerns. Staff felt supported to do their work and people felt able to contact the management team at any time.

There were systems to monitor and review the quality of service and understand the experiences of people who used the service.

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.

Care workers understood their responsibilities to keep people safe and to report any suspected abuse. People received support from staff who understood the risks relating to their care. There was a robust staff recruitment process and there were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and care workers were trained to do this.

Is the service effective?

Good ●

The service was effective.

Care workers completed training to ensure they had the knowledge and skills to deliver safe and effective care to people. The provider understood the principles of the Mental Capacity Act (2005). Care workers ensured they gained people's consent before delivering care. People were supported with their nutritional needs and were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People told us care workers showed them kindness. Care workers ensured they respected people's privacy and dignity, and promoted their independence where possible. People received care and support from consistent workers who understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People received support based on their personal preferences. Care plans were regularly reviewed and updated when there were changes to people's care needs. People were given opportunities to share their views about the service. People knew how to make a complaint if they wished to do so.

Is the service well-led?

Good 

The service was well-led.

People were happy with the service and felt the managers were approachable. Care workers were supported to carry out their roles by the management team who were available when they needed them. The quality and safety of the service provided was reviewed through a series of effective audits and checks.

Caremark (Eastbourne & Wealden)

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at information received from people, relatives and visitors, and we spoke to the local authority commissioning team who were positive about the quality of the service being provided to people. Commissioners are people who contract care and support services paid for by the local authority.

The inspection took place on 7 December 2016 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with staff.

The inspection was conducted 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. We contacted people who used the service by telephone and spoke with nine people and one relative. During our visit we spoke with the provider, the care manager, the care coordinator and one care worker. Following our visit we spoke with two more care workers.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at three staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service

operated, including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe with the care workers who provided their care. One person told us, "They (care workers) are all excellent and I have no worries about my personal safety or my valuables." Another said, "I've got to know (care worker) so I feel very safe with them." People told us they felt confident to contact the staff based in the office if they were concerned about anything.

All of the people we spoke with told us there were enough staff to provide their care. One person said, "It's very consistent, I see (care worker) every time, other than when they are on holiday." Another said, "They (care workers) are punctual and I am very satisfied, there are enough of them." The care co-ordinator completed the care worker rota each week and confirmed enough care workers were employed to meet people's needs. From talking with people and viewing staff schedules we found this was correct. When we looked at call schedules for the four weeks prior to our visit there had been no late calls or missed calls.

Care workers had completed training in safeguarding adults to protect people. Training included information on how to raise concerns and the signs to look for to indicate people were potentially being abused such as, unexplained bruising to their skin. Care workers described to us their responsibilities to keep people safe and they were confident to report any concerns to their managers. One said, "If I was concerned or worried I would contact the office straight away. It is my duty." They were confident the office staff would take action to protect people in response to any concerns. We asked what they would do if action was not taken. One said, "That would not happen but I know I could phone social services or CQC." Our discussions with the provider and the care manager confirmed they were aware of their responsibilities to keep people safe. Records showed they had referred safeguarding alerts to the Local Authority when people had been placed at risk. This meant allegations of abuse had been reported so they could be investigated correctly to keep people as safe as possible.

Risk assessments and management plans were in place to identify potential risks to people's health and wellbeing. These assessments were completed prior to people receiving care for the first time so they remained safe. The care manager said, "We will not provide care to people before we know we can provide it safely." We looked at risk assessments for three people. All had been reviewed in-line with the provider's policy. These assessments helped to keep people safe when delivering care. For example, one person had a health condition which meant they were at risk of choking on fluids. It was documented that one scoop of thickener needed to be added to their drinks to reduce this risk. (Thickeners are used when people are unable to swallow normal fluids safely). Care workers knew this and one commented, "There is a little sign up in the kitchen as an extra reminder."

Care workers knew about the risks associated with people's care and explained how these were to be managed. For example, one person's skin was at risk of becoming sore. They had an airflow (pressure relieving) mattress to reduce this risk and care workers visually checked the person's skin each day. They confirmed they would contact the district nurse if they noticed any changes to the person's skin. Staff told us when they identified any changes in people's needs a manager immediately completed a review to make sure the person was kept as safe as possible.

People and their relatives spoke positively about the way care staff safely handled and administered their medicines. One person told us "They (care workers) gently rub the correct amount of cream I need into my skin." Another said, "They (care workers) give me my tablets with a drink to wash them down and they sign the records. They do it properly."

We saw monthly checks of completed medicine administration records (MAR) were carried out to ensure that any errors could be rectified and dealt with in a timely way. We looked at a selection of MAR's which showed us people had received their medicines as required. Only trained competent staff supported people to take their medicines and care workers confirmed they had received medication training. Care workers told us their managers checked how they handled people's medicines every couple of months. One said, "It's good they check because giving people medicine is a big responsibility." The provider told us, "I insist on frequent competency checks." They told us the checks assured them care workers continued to support people with their medicines in a safe way. Care workers knew what to do if a person refused to take their medicine. One said, "I would record it on the administration chart and report it to the office." This was important as people's health could be at risk if they did not take their medicines.

The provider had a procedure for recording and monitoring accidents and incidents. Accidents and incidents were analysed by the provider or the care manager to reduce the likelihood of them happening again. One care worker told us, "If an accident happened I need to report it straight away."

The provider had contingency plans in place for managing risks to the delivery of the service in an emergency. For example, in extreme weather such as heavy snow fall the provider prioritised who was most at risk, such as, people who lived alone to make sure their calls were completed.

The provider's recruitment procedures minimised the risks to people safety. The care manager explained the service recruited staff who were of good character and checks were carried out before they started work. Records showed and staff confirmed checks had taken place to ensure they were suitable to work with people in their own homes. One staff member said, "Yes, I had a DBS check. (Provider) made sure I was suitable." The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Is the service effective?

Our findings

People told us care workers had the skills and knowledge they needed to provide the care and support they required. Comments included, "They (care workers) know their stuff." And, "They (care workers) are all properly trained. I cannot fault them with anything". One person explained they used a piece of equipment to get in and out of the bath safely. They said, "The carer is very familiar with and is trained to use my equipment. I feel very confident in their abilities."

Care workers signed to confirm they had received an employee handbook which included the provider's policies and procedures and outlined the standards expected of them. Records showed a programme of regular on-going training supported care workers to keep their skills and knowledge up to date.

New care workers were provided with effective support when they first started work at the service and they completed an induction and the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Care workers told us they had spent time shadowing (working alongside) experienced colleagues to gain an understanding of how people liked their care to be provided. One said, "I was shown the ropes by more experienced staff." They told us they had also read people's care records before they worked unsupervised.

The provider invested in staff training by providing an on-site training room, and opportunities for staff to complete nationally recognised qualifications. One care worker said, "We are encouraged to develop our skills. I asked for training and it was provided which increased my knowledge." The care coordinator confirmed the provider was committed to encouraging staff to gain extra skills. They explained care workers had completed or were in the process of completing level 2 or 3 qualifications in health and social care to benefit the people who used the service. We looked at the training matrix and this reflected what the care coordinator had told us.

Records showed care workers had completed training to obtain the skills to effectively support people with specific health conditions such as dementia. One member of staff said, "I am keen to learn. We have specialist training which has been really beneficial for me because we can ask questions and discuss scenarios." They explained the training had given them the confidence to care for people living with dementia because they had a better understanding of the condition.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of

Liberty Safeguards (DoLS). The provider was working within these principles. We saw mental capacity assessments had been completed for people and at the time of our visit no one who received a service from lacked the capacity to make all of their own decisions. The provider demonstrated good knowledge in this area and our discussions with them indicated they were aware of the procedure they needed to follow to refer people in the community for assessments.

Care workers had completed MCA training within the last six months. One care worker said, "I always explain what I am doing and make sure [person] is happy for me to help them to have a shower." This showed us they understood that they could only provide care and support to people who had given their consent. We saw consent forms had been completed correctly for areas such as staff using people's key safes and consent for staff to administer medicine.

Care workers were supported in their roles by a system of meetings and annual appraisals. The care manager told us appraisals provided an opportunity for care workers to reflect on their work practices over the previous 12 months. Care workers confirmed they had regular meetings with their manager and they discussed their personal development and training requirements. Managers also undertook regular unannounced 'spot checks' of staff performance which included their attitude, appearance and time keeping to ensure high standards of care were met.

The care manager told us care staff were really good at reporting any changes in people's care and support needs and this meant that care plans were updated quickly so that people's changing needs continued to be met. We asked care workers how they knew if a person's needs had changed. One said, "We are told straight away by the care manager." These changes were communicated in a variety of different ways which included telephone calls and text messages being sent to care worker's mobile phones.

When people were assessed, the arrangements for food preparation or support were discussed and agreed. People spoke positively about the way their meals and drinks were provided which maintained their health. One person said, "They (care workers) heat soup up for me or sometimes cook me bacon and eggs. It's very good." Another said, "They (care workers) will make me a sandwich or whatever I fancy to eat."

People we spoke with managed their own healthcare or relatives supported them with this. The care manager told us the service was flexible and could support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed. On the day of our visit the care manager completed a joint assessment of a person's mobility with a health professional. They explained how working in partnership with health professionals ensured the service continued to meet people's needs.

Is the service caring?

Our findings

People spoke positively about the care workers who supported them. They told us they were kind and treated them with respect. One person said, "So, very caring. I don't know what I would do without them." Another explained they had been receiving a service for over five years and they were extremely happy with the care they received.

Our discussions with people confirmed they received their care from a consistent group of care workers who they knew well. People had built up strong and meaningful relationships with the care workers. One said, "They are all my friends." They told us care workers knew 'all of the little things' about them and this meant they always received their care in the way they preferred.

Our discussions with people confirmed care workers understood their needs. They described to us how they were cared for in a dignified way. For example, care workers made sure the bathroom door was closed whenever they had a shower. This was important to one person because they lived with their relative.

People and their relatives were involved in making decisions and planning their care. One person said, "Senior management came out in the beginning and discussed my needs, they wrote a care plan. I signed to say I agreed." Another said, "The supervisor came out at the start and went through the care plan with me... she was very thorough."

People told us care workers promoted their independence. One explained how some days they 'felt stronger' than on other days. They told us care workers asked them how they were feeling each morning and encouraged them to do as much for themselves as possible. This made them feel care workers listened to them and did care about them.

Care workers told us what caring meant to them. Comments included, "Showing people kindness and being patient," "Showing empathy and understanding," and, "Treating people how I would want to be treated." The provider said, "I am extremely proud of all of the staff. They are compassionate and do an amazing job."

All of the staff we spoke with enjoyed working at Caremark (Eastbourne and Wealdon). One said, "I thoroughly enjoy my job. We work as a team and (provider) sets high standards." Another said, "The quality of care provided is very good." They explained this was because all of the staff were kind hearted and were motivated to do their jobs.

Staff understood the importance of maintaining people's confidentiality. Staff told us they would not speak with people about other clients and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the office. Only authorised staff had access to this information.

Is the service responsive?

Our findings

People told us the care they received was personalised and met their needs. Comments included, "It has a personal touch," "Nothing is too much trouble," and, "They all know me very well, I am in good hands."

One person described the service they received as 'invaluable' and 'quality'. They explained whenever care workers visited them it was a positive experience full of laughter and chatter and this made them feel happy.

The care manager was proud of their recent successes in responding to people's needs in-line with their wishes. For example, one person had been supported to purchase a stair lift so they were able to access the upstairs of their home and sleep in their bedroom. Another person had a pet cat which was very important to them. The person told us care workers had supported them to maintain the health of the cat by taking it to the vets. This made them extremely happy as they were unable to take the cat themselves.

We looked at the care records for three people. We saw the information was very detailed and personalised. For example, people's life history and preferred daily routines were recorded. One care worker said, "Everything is about the person, it's their life, their choice and we go by what they say." Records showed people's needs and abilities were reviewed every month and their care plans were updated when their needs changed. The care manager checked completed care plans each month to gain assurance the information was correct and to ensure their knowledge of people remained up to date.

Care workers told us they read people's care plans and the information informed them of people's preferences. For example, what clothing people preferred to wear and what television programmes they enjoyed to watch. However, they did not solely rely on this information. They explained how they spoke with people to make sure care was provided in-line with their wishes.

People told us that communication was very good between them and the service. One said, "You can ring them up for any reason; they do everything they can to help. I know all of the office staff by name". Another said, "It is a very good company, very responsive." People told us if their care worker was running late the office staff always informed them. This was important because some people could become anxious if their care worker was going to arrive a few minutes late.

People told us they received a schedule to inform them which care workers would be providing their care each week. This meant they knew who would be visiting their home. One person commented, "Having the schedule gives me peace of mind, I know who is coming." Care was recorded on an electronic system using telephones, for care staff to log in and out of calls. This enabled the management team to monitor call times. The care co-ordinator told us, "It is a great system we are able to make sure people receive the care they need."

People knew who to speak with if they had any concerns or complaints about their care and all felt their views were listened to and acted upon. Comments included, "I would feel very happy to complain if I needed to do so. I have a folder here with all the information in," and, "I've never needed to complain about

anything."

There were systems in place to manage complaints about the service provided. Records showed no complaints had been received in the six months prior to our visit. We discussed this with the provider. They explained because they had good relationships with people and their families they were able to deal immediately with any issues before people felt they needed to complain.

We looked at a selection of compliments which had been received in the six months prior to our visit. Comments included, 'Thank you for all your excellent care,' and, 'I appreciate all of your help and support.' This showed us people were happy with the service they received.

Is the service well-led?

Our findings

People told us they were very happy with the management of Caremark (Eastbourne and Wealdon). This was because they were supported to live their lives how they wished to do so. One person said, "I would recommend this company to anyone, the managers are very good role models for the staff." They told us they knew the managers well and felt they were approachable.

Care workers told us their managers were 'excellent' and always provided advice over the telephone or they could go into the office and speak face to face with them if they needed to. One said, "We can go and have a chat and a cup of coffee if we want to." An 'on-call' telephone number was available for care workers to call if they needed advice or guidance outside of office hours and this made them feel supported.

The provider had a system of recognising individual staff member's commitment with 'care worker of the month' awards. Staff who received the award were presented with a small gift. Their photograph was displayed on the noticeboard in the office. One care worker said, "It's good we are recognised, we do work hard." They explained how this had a positive effect on staff morale.

There was a clear management structure in place. The management team consisted of the provider, a care manager and a care coordinator. The care manager was in the process of becoming the registered manager. They were experienced and had worked at the service for over 12 months. They told us they felt supported in their role. They said, "(Provider) is great to work for. They are very proactive and get things done."

The provider worked in the office and knew the people who used the service very well. They completed checks and audits to identify good practice and areas that required further development. For example, the correct use of the electronic call system. We found these checks were effective and this meant the provider had an overview of the care that had been provided. The checks ensured the service was run effectively and in line with the provider's procedures. A regional manager visited the service several times each year and supported the management team by completing independent audits to ensure their systems were effective.

People told us their views of the service they received were sought and listened to. For example, one person explained they had contacted the office on one occasion to change their care worker. They felt confident to bring this to the manager's attention and their request had been dealt with straight away.

The management team encouraged feedback from people, their relatives and the staff. Annual quality questionnaires were sent out to gather people's views on the service. Completed questionnaires were analysed to assess if action was required to make improvements. Questionnaires had been sent to people in November 2016 and at the time of our visit their responses were being analysed. Questionnaires had been sent to staff in May 2016. The analysis showed that 100% of staff felt they had received the training they required and they felt supported in their roles. The provider said, "We really listen and make changes when they are required."

The provider told us of their future plans for the service. They were planning a recruitment drive in an attempt to provide a service to people over a wider geographical area. They said, "Our plan is to grow slowly and attract the right calibre of staff. Many of our referrals are from current customers recommending us."

The provider and care manager told us which notifications they were required to send to us so we were able to monitor any changes or issues about the service. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the service.