

Homehelp (Solihull) Limited

Caremark Solihull

Inspection report

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Date of inspection visit:

11 March 2019

15 March 2019

Date of publication:

05 April 2019

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

About the service: Caremark Solihull is a domiciliary care service that on the days of the inspection was providing support to 62 people in their own homes. It provides support to adults in their own traditional home setting.

People's experience of using this service:

- The service had maintained its standing as good overall.
- Some recruitment issues meant the service could not be satisfied that a member of staff had been recruited safely. This was resolved during the inspection.
- Consideration into people's mental capacity was dealt with appropriately and the service acted consistent with legislation.
- The service met the characteristics of good in all of the five domains.
- There were good practices within the service.
- People were assisted to have maximum choice and control over their lives.
- People who used the service, their relatives and staff members gave us positive feedback about the service and the management.
- Systems and processes within the service ensured people were safe.
- Staff knew people well and had built positive relationships with people they supported.
- People had an active say in how the service was operated and managed through individual meetings, surveys and reviews.
- More information is contained in the full report.

Rating at last inspection: The service was rated good overall. Our last report was published on 09 June 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, high quality care. We will inspect the service again in line with the overall rating and may inspect sooner if we receive concerning information.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good

Details are in our Well-Led findings below.

Good ●

Caremark Solihull

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.

This inspection was conducted on 11 and 15 March 2019.

Inspection team: This inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a full member of the inspection team and in this case a person who had personal experience of using or caring for someone who uses this type of service. This

On the first day of the inspection, the inspector visited the service's main office and met with the registered manager. On the second day, the expert by experience contacted people and their relatives by telephone to seek their feedback on their experience of the service.

Service and service type: This was a care at home service [domiciliary care agency]. It provided care and support to people in their own homes.

The service had a manager registered with the Care Quality Commission. 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 first day of the inspection was announced. We informed the registered manager of our inspection 48 hours prior to it starting. This was due to the type of service and the registered manager often being out of the office. We needed to be sure someone would be available.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We

obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We also looked at 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 used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service to ask about their experience of the care provided. We spoke with the registered manager, a provider's representative, two supervisors and four care staff. We looked at five people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for six staff members.

Details are in the key questions below.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that people felt safe using the service.
- We saw examples of where staff had acted quickly to prevent people from being harmed. However, in one of the examples, the service had not notified the CQC of an allegation of suspected abuse on a person who used the service. More information is in the 'Well-led' section of this report.
- Staff members confirmed they had received training in safeguarding and knew their responsibilities to raise concerns.
- Safeguarding and whistleblowing policies and procedures were in place to guide staff in their roles.
- One person who used the service told us, "I feel safe with my carers and I am reassured by them and the staff at the office."

Assessing risk, safety monitoring and management

- Risks to people's health and welfare had been identified and care records contained information about managing risks to keep people safe. We saw that if risks changed, reviews were undertaken and action taken.
- One person who used the service said, "Staff are always on at me to be careful around risks in the home."
- There was a system for the recording of accidents and incidents. The registered manager reviewed to see if there were any patterns or behaviours that required input from specialists such as health care professionals.

Staffing and recruitment

- Recruitment systems and processes were in place but in one of the six files we considered, insufficient recruitment checks had been made with previous employers before the member of staff starting work. All other checks such as criminal records and identity checks had taken place. The registered manager made further enquiries to ensure that the person had been safely employed.
- We received positive responses from people in relation to staffing levels within the service.
- Staffing rotas supported that there were enough staff available to manage and support people's needs.
- We saw that staff at the office monitored a computerised system that showed when staff visited a person's home. Where they may have been running late because of traffic problems or because they were held up at

a previous visit, people were contacted and given a revised time for the visit. People told us that they appreciated this and were reassured by the contact.

- One person said, "There's never a problem with staff being available, either the carers who visit or bosses at head office."

Using medicines safely

- People's medicines were managed safely and all staff were trained in the safe management of medicines. The provider had a medicines management policy available and all staff were familiar with it.
- We checked medicines administration records for three people for the two months before the inspection and saw that the records were completed to confirm they had received their medicines as prescribed. Senior staff considered the records and alerted the registered manager of any issues so that action could be taken.
- People told us they were happy with the support they received with medicines.

Preventing and controlling infection

- Staff were trained in the control and prevention of infection.
- Staff told us that they were provided with personal protective equipment such as aprons and gloves. They also said that they helped people to keep their homes clean and tidy.

Learning lessons when things go wrong

- Staff told us learning was provided in meetings with the registered manager when incidents occurred at people's homes and that this was also discussed in team meetings.
- Although accidents and incidents were recorded and reviewed, there was limited documented evidence of lessons learned. Any review around the issue raised earlier in this report around the failure to notify CQC had not been realised and appropriate action was not taken until the time of the inspection.

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

- Management staff reviewed care records and information contained in the files was up to date.
- Reviews were completed regularly and incorporated people views and, where appropriate, those of their relatives.
- Information from health and social care professionals was used to plan effective care for people.
- We saw assessments of people's needs were completed before they began using the service.
- The registered manager and staff applied their learning in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- The service had a robust system in relation to the induction, training and supervision of staff.
- Staff we spoke with confirmed they had an induction and received regular supervision and appraisal sessions with management staff.
- Staff said that they had attended various training courses and that this was a mandatory requirement. One staff member told us, "I am encouraged to complete my external qualifications in health and social care."
- Records showed that staff had access to a number of courses including, safeguarding, first aid, moving and handling, medicines, and dementia care and awareness.

Supporting people to eat and drink enough to maintain a balanced diet

- If it was part of the agreed package of care and support, staff supported people with their dietary needs.
- One person told us, "Staff encourage me to eat and drink healthily. Some of the staff are really good cooks."
- Care files contained a good level of information about how to support people with their individual dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- People told us that staff arrived on time and provided support for the right amount of time. This was monitored by staff at head office.
- We saw timely action had been taken when people required the use of different services. In the files we considered, we noted that there was regular contact with district/community nurses and GP's.

Supporting people to live healthier lives, access healthcare services and support

- Records we looked at showed the service supported people to access healthcare services such as GP's as and when required.

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

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 with appropriate legal authority. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty.

We checked whether the service was working within the principles of the MCA and if any applications had been made to the court of protection.

- Most of the people who used the service had capacity to make their own decisions. Where there were concerns around people's capacity, the service had made representations to the local authority around this. In one case, we noted that there was extensive family and social care professional involvement to ensure that the person's best interests were preserved.
- MCA training was included as part of the induction so that staff had an understanding of the legislation.
- The registered manager and senior staff understood their responsibilities in relation to this legislation.
- Care records showed that consent had been sought and people had signed their care plans in agreement to the care and support being provided.
- Care records were detailed but information about people's capacity and ability to consent was spread across a number of documents. New staff would have to read many documents to establish someone's mental capacity. We spoke to the registered manager about this who said that a one page profile would be prepared to assist staff who were not familiar with people. This would be reviewed annually or sooner if conditions changed.

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; respecting equality and diversity

- One person said, "I can talk to the staff. The manager is friendly and easy to get on with."
- One person's relative said, "In my experience all of the staff are very caring. My relative has improved since using the service."
- People we spoke with told us staff at all levels were kind and caring. This included the registered manager and provider's representative.
- Staff we spoke with told us they felt they knew people well, including their likes and dislikes, hobbies and interests.
- We saw care records that showed how best to communicate with people who may have some form of disability that limited communication.
- The provider had a comprehensive equality and diversity policy and this was covered during all staff member's inductions.

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

- One person's relative told us, "The service is really good and recently we all engaged and helped my relative with a change in their condition. The staff were very supportive"
- People's care records contained information about their histories and backgrounds. They also showed, where appropriate, that relatives had been consulted with as part of the support provided to people. Staff said this helped them better understand the people they were supporting.
- Care records directed staff to give people choices when supporting them. They also highlighted areas where people may require extra support when, for example, they were feeling unwell.
- People had access to advocacy services. The service 'signposted' people to these services. Advocacy seeks to ensure people are able to have their voice heard on issues that were important to them. This often happens when people's relatives are unavailable.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they promoted people's privacy and dignity. For example, they told us they respected people's dignity when providing personal care or when they had to speak confidentially to

someone.

- Confidential information was stored securely and only authorised staff had access to sensitive material and records.

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

- Care planning was person-centred and dealt with people as individuals with support arrangement to suit people's needs and requirements.
- One person told us, "I'm fully involved in my care plan and any reviews that take place."
- Reasonable adjustments were made, where appropriate, and the service identified, recorded and met people's information and communication needs, as required by the Accessible Information Standard. This included providing important documentation in accessible formats including easy-to-read. This standard was introduced in 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.
- We looked at how technology was used in the service. Staff at the office monitored a computerised system to assist in supporting people in a timely way. Some people used a 'keysafe' systems. This is a key to their front door in a locked external box.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service.
- People and their relatives knew how to make complaints; they felt these would be listened to and acted upon in an open and transparent way.
- There was a complaints policy and procedure to guide management and staff.
- Records we looked at showed the service had received two complaints in the past 12 months. These had been acknowledged, investigated and responded to consistent with the provider's policy.

End of life care and support

- The registered manager said that the service had a policy and systems to support people with end of life care. This included involvement with family members and local GP's.
- All staff had completed training in end of life care and support.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service demonstrated a commitment to provide a person-centred and high-quality care approach by engaging with everyone who used service, their relatives and health care professionals.
- We saw that the registered manager and senior staff encouraged feedback from people and relatives when speaking with them on the telephone. The registered manager said they always acted on feedback to continuously improve the service.
- Records relating to the care and support of people who used the service were accurate, up to date and complete.
- Policies and procedures were available to support staff in care delivery.
- There were plans to continue improvements within the service and we noted that this was discussed at meetings with staff.
- Although the registered manager was completing quality system checks, there were no documented provider-led checks or input on areas such as recruitment and incidents that may require regulatory notifications.

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

- The registered manager and staff members understood their roles, and the importance of quality performance and support and risks assessment requirements. One member of staff said, "We all know our roles and responsibilities."
- Most notifications the registered manager and provider had to make such as those alleging abuse and deaths of people, had been made to the CQC and local authority.
- There was an on-call system that provided support to people and staff and we noted that the provider's representative participated in this together with senior staff and the registered manager.

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

- People and relatives we spoke with told us that management staff were approachable.
- Staff members were complementary about the registered manager and support they received from office staff.
- Records we looked at showed that regular staff meetings were being held.
- There were incentives for staff including 'employee of the month' awards which included recognition for excellence that had been recognised by staff and people who used the service.
- The service had received compliments from people and relatives about the service and individual staff members.

Continuous learning and improving care

- Quality assurance processes and systems were in place. However, these processes had not identified the staff recruitment and the notification issues seen in the 'Safe' section of this report. Some improvement is required in this area to ensure they pick up on issues and that systems are appropriately robust. We will check this at our next inspection.
- We noted the registered manager discussed with staff areas of improvement at team meetings.
- Annual surveys were sent out to people who used the service. The results from the 2018 survey had been received in December 2018. We noted that they were positive about the care and support people received. However, only a small number of people had responded and the provider's representative had not used this as an opportunity to speak with people to encourage them to respond or to take feedback on the telephone.

Working in partnership with others

- The service demonstrated that they were working in partnership with others, such as social workers, GP's and district/community nurses.
- A health care professional's view on the service was positive. They said, "This is a well-run service and we get appropriate referrals."