Focal Care Ltd

Caremark (Barnsley)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Caremark (Barnsley) is registered to provide personal care. Support is provided to people living in their own homes throughout the town of Barnsley. The office is based in the S75 area of Barnsley, close to transport links. An on call system is in operation.

At the time of this inspection Caremark (Barnsley) was supporting approximately 200 people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Caremark (Barnsley) took place on 11 August 2014. The service was rated 'Good' following the inspection.

This inspection took place on 24 and 25 October 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be available and to arrange for some care workers to visit the office during our inspection so we could speak with them.

People supported by the service and their relative's spoke positively of the care workers that visited them. People said they felt safe with their care workers.

We found systems were in place to make sure people received their medicines safely.

Systems were in operation to ensure the safe handling and recording of people's money to protect them.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff had a good knowledge of the people they were supporting.

Some people said the timing of visits did not always meet their needs and they did not always have regular care workers visiting them all of the time. Other people said they had a group of regular care workers who generally arrived on time and stayed the full length of time. No people reported any missed visits.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

Each person had a care plan that accurately reflected their needs and wishes so these could be respected. Care plans had been reviewed to ensure they remained up to date.

Some people supported, and their relatives or representatives said they could speak with staff if they had any worries or concerns and felt they would be listened to. Other people told us they found the office staff less reliable and they felt communication could be improved.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys and the results of these surveys had been audited to identify any areas for improvement.

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.

People said they felt safe when receiving care and support.

Systems were in place to help to protect people from harm. A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

People were supported to take their medicines in a safe way.

Is the service effective?

Requires Improvement

The service was effective in most areas.

Some people said the timing or scheduling of visits did not always meet their needs. The registered manager was taking action to ensure the scheduling and delivery of care calls suited people who used the service.

Staff received relevant training, supervision and appraisal for their development and support.

Care workers and management understood the requirements of and worked within the guidelines of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Staff knew to always maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care and support needs and preferences in order to provide a personalised service.

People had been provided with information about how to raise any concerns or complaints. Where people reported concerns, these had been responded to.

Is the service well-led?

Good

The service was well led.

Staff said they were supported by management at the service.

There were quality assurance and audit processes in place to make sure the service was running well. The management and monitoring of the service had identified and acted upon some issues where improvement was required.

The service had a full range of policies and procedures available to staff.

Caremark (Barnsley)

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 checked whether the registered provider was 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 asked provider to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed PIR as requested.

Prior to our inspection we spoke with the local authority to obtain their views of the service. Information received was reviewed and used to assist with our inspection.

This inspection took place on 24 and 25 October 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because we needed to be sure the registered manager would be available. This inspection was undertaken by two adult social care inspectors.

As part of this inspection we spoke in person or over the telephone with people supported by Caremark (Barnsley), to obtain their views of the support provided. We telephoned 25 people and were able to speak with 15 people supported by Caremark (Barnsley), or their relatives. In addition, we visited four people in their own homes to speak with them and to check the Caremark (Barnsley) records held at their home. During home visits we also spoke with one relative of a person supported.

We visited the office and spoke with the registered manager, a director, a care coordinator, two field care supervisors and a project officer. In addition, four care workers visited the office base so we could speak with them about their roles and responsibilities.

We spent time looking at records, which included eight people's care records, six staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People told us they felt safe with care staff from Caremark (Barnsley). Comments included, "Oh yes I feel very safe with them [care workers]. They are brilliant girls," "I do feel safe, they [care workers] are alright by me. I've got to know them," "I do feel safe, they [care workers] help me around the house to make sure I don't fall," "I do feel safe I get on really well with the girls. They make me feel okay. I have no complaints" and "They [care workers] have never done anything to worry me, they are good people."

Some people who used the service were supported by staff to take their medicines. We asked people about the support they got with their medicines. One person told us care workers gave them their tablets and commented, "They help me every day. They give me the right ones and I don't have to worry."

We found appropriate policies were in place for the safe administration of medicines so staff had access to important information. We found the support plans checked contained clear detail regarding medicines and who was responsible for administration. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. The care records seen also contained details of the person's medicines so staff were fully informed. Staff spoken with confirmed they had undertaken training on medicines administration. They told us they were observed administering medicines by a senior person to make sure they were following safe procedures. We looked at the staff training matrix which showed all care workers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

We checked six people's Medication Administration Records (MAR) during the office visit, and one person's MAR during a visit to their home. Most records had been fully completed to show medicine had been administered. However, one MAR detailed a pain relief medicine was to be given PRN (as and when required). The record showed some staff were not always recording when the medicine had not been required. The registered manager immediately organised for a 'Read Me' message to be sent electronically to all care workers mobile phones to remind them to always log when PRN medicines were not needed. In addition, the registered manager said she would update the MAR used with the code 'NR' (not required) so records would be accurate. Another MAR checked held a gap of three consecutive days. The registered manager explained the person's family had secondary dispensed into a box which meant care workers were unable to administer in line with safe procedures. The medicines had been given by family members but this had not been recorded on the MAR. The person's corresponding log book entry detailed the medicines had been given by family. We saw MAR charts had subsequently been completed once the medicines could be administered from the cassette provided by the pharmacist.

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would

always report any concerns to the business support manager and registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

We found the provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of six care workers. They all contained an application form detailing employment history, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

At the time of this inspection 135 care workers were employed. Office staff included an office manager and care coordinators. At the time of this inspection 14 new care workers were being provided with induction training and two new care coordinators were learning their role.

We looked at eight people's support plans and saw each plan contained risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual. Prior to a person being provided with a service risk assessments were completed which identified potential or known risks to both the person who used the service and the staff. This included environmental risks and any risks due to the health and support needs of the person. For example we saw information in people's care plans about how care workers must support people when they were moving around their home and transferring in and out of chairs and their bed.

Systems were in place to make sure any accidents or incidents were reported to the relevant people. Staff told us they would report any accidents or incidents to their line manager or the person on call. Staff said they were confident their manager would take the necessary action to make sure people who used the service and the staff were kept safe until further support and assistance was in place.

Staff spoken with told us they had received training in the control of infection. People spoken with told us staff always used personal protective equipment (PPE) for example gloves, when providing personal care and when preparing meals. Staff said the use of PPE was checked by the manager's when they carried out their staff observations.

Requires Improvement

Is the service effective?

Our findings

In the main people spoken with said the staff were good at their job and well trained. Their comments included, "Yes I think they [care workers] are trained and know what they are doing. I have no problems with them," "They [care workers] always ask me what I want and if it's alright to do but they know what to do and get on with it," "Some of them [care workers] are exceptionally trained but others do rely on me telling them what to do," "Most of them [care workers] are good at what they do but some are learning and I understand that," "They [care workers] always ask me what I want, like whether I want washing doing or putting something in the dryer. They are well trained and all my needs are looked after" and "They [care workers] are very efficient."

Relatives spoken with commented, "I think they [care workers] are well trained. If [relative] has had a fall they know exactly what to do and they do ask their consent but they know what to do and have a routine" and "Yes they [care workers] are trained and the ones that are new are usually shadowed when they start."

Most people told us they had a small team of regular care workers who were reliable. Comments from people supported and their relatives included, "They [care workers] are smashing. We know them all and they have become friends. They always come on time and we've never had a missed visit," "The staff are different but I will have seen them before at some time," "Yes they [care workers] are on time but they are on a tight schedule. I do get different staff but mostly they are the same" and "Most of the time they [care workers] are brilliant with [my relative] and 99.9% of the time they are on time."

Other people reported they did not always have regular care workers and the timing of visits was not always reliable. Comments from people supported and their relatives included, "Timing is a problem and they don't ring to tell me they are late. The planning is not good. The girls [care workers] have long days, stupid travel times which can't be done. The office staff don't know the Dearne Valley, it's ridiculous," "I complained [my relative] was getting different people coming who she didn't know. One week she noted she had nine different ones [care workers]," "I know it's not easy but the timing could be better and they [care workers] have to rush sometimes because they have got to be elsewhere. They work long hours with little break and the walkers [care workers who walk to people's houses] find it more difficult than the ones with cars" and "It's not organised and they haven't enough staff. They have them [care workers] travelling back and forth instead of concentrating them in one area. They should do better rounds for the girls so it wouldn't make them rush." Some people reported communication with the office was good, other people told us they thought communication could be improved.

We discussed these concerns with the registered manager who had identified this issue and was aware this required improvement. The registered manager explained they were taking action to improve the scheduling of visits so people had a regular and consistent service. Three weeks prior to this inspection two new care coordinators had been employed. Each care coordinator would be responsible for an identified geographical area so they could organise schedules better. The geographical areas covered were being split into smaller groups to make scheduling more effective. A 'buddy' system was being introduced for care coordinators so there would be continuity when a care coordinator was on holiday or off sick. In addition,

the project officer was looking at the timing of travel to improve consistency. The project worker explained they were duplicating the travel between visits, both by car and on foot, to make sure care workers were allocated sufficient travel time between visits. The registered manager also explained that 14 new care workers had recently been employed to improve the consistency of the service.

All of the staff spoken with said they had a regular schedule and were provided with sufficient travel time between visits. We looked at six visit schedules which clearly identified travel times between visits from five to 20 minutes duration.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said the training provided by the registered provider was good. Training records showed there was a comprehensive training programme in place. Staff were expected to complete a classroom based four day induction course which covered all mandatory training such as moving and handling, first aid, medicines and safeguarding. In addition, training was provided in other subjects such as dementia awareness and PEG (Percutaneous Endoscopic Gastronomy) tube. PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with regular supervision for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers' at any time. Staff were knowledgeable about their responsibilities and role.

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, 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who needed help with making decisions an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection no one who used the service was deprived of their liberty or under a court of protection order.

Care plans seen held people's signatures to evidence they had been consulted and agreed to their plan. The plans seen showed people's dietary needs had been assessed and any support people required with their meals was documented. Food preparation was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

Good

Is the service caring?

Our findings

People supported spoke positively about their care workers and told us they were always treated with dignity and respect. Comments included, "They are kind alright. They are very good," "[Name of care worker] is friendly and we have got to know her very well. She is just like a friend," "They [care workers] are a great help to me and very consoling. They are very good people," "They [care workers] are very respectful and they cover me up when I am having a bath. I am very happy with them," "Yes they [care workers] are very good they try and let me do things for myself to try and keep a bit of independence," "When I get a shower I am at ease with them [care workers] because they don't make me feel embarrassed" and "Most of them are very nice actually. The odd one will rush but I am happy and they get on with their work."

Relatives of people supported also told us they found care workers caring. Their comments included, "They [care workers] treat [my relative] very well. They have brought them out of their shell. They are quite happy to chat with them and are full of praise for them," "When [my relative] goes to the toilet they [care workers] will leave the room and wait outside for them to call" and "They [care workers] are great with [my relative] and will listen to what they have to say. [My relative] gets on with them and they also get on with the job."

A few days after this inspection the registered manager forwarded some feedback provided by a healthcare professional. They had commented, "Three of your carers were in attendance during my visit [to a person's home]. The level of professionalism I witnessed was commendable and I feel should be highlighted. All carers took [name of person supported] wishes to consideration; although they have limited communication skills they were able to determine their wishes, which is a skill in itself. Consent was attained at every opportunity and this was exceptional in a somewhat demanding environment. It was a pleasure to see such professionalism."

We also saw some feedback provided by a health professional regarding end of life care. The health professional had thanked the service for their help in supporting people on a short term basis so people could be supported at home, in line with their wishes.

We visited four people in their homes and spoke with them and one of their relatives. During the visits a project worker was present for part of each visit. We observed a caring attitude and conversation was shared which showed they had a good rapport with the person we were visiting. People showed genuine warmth to the project worker.

People told us care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed staff had an awareness of the need for confidentiality to uphold people's rights.

We found the service had relevant policies in relation to confidentiality, data protection and privacy and dignity so important information was available to staff. Staff spoken with could describe how they respected people's privacy and maintained their dignity, for example, making sure curtains were closed when they were helping a person to wash and dress.

We spoke with care workers about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

Staff told us the topics of privacy and dignity were covered in training events and team meetings. Staff were able to describe how they treated a person with dignity and respect. Comments included, "It's about treating people how you want to be treated, and having good manners" and "Making sure we are helping someone how they want to be helped."

We looked at people's care records during our home visits, and four people's care records during the visit to Caremark (Barnsley) office. The care records showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing people agreed to their planned care and support. Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave some details of people's preferences, likes and dislikes so these could be respected by care workers. People told us their views were listened to and they were involved with developing their own care and that it met with their needs.

We saw no evidence to suggest anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People spoken with said they had been involved in planning their care so the support provided could meet their needs. People said someone from the Caremark (Barnsley) office had visited them to assess their needs and write a care plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so their opinions were considered.

People commented, "I think someone does come now and again to reassess the care plan," "I do have a choice of what to eat. My daughter buys the meals and the girls [care workers] ask me what I want, "The supervisor reviews the care plan every so often and I tell her if I need anything changing, " "A lot of people come to see me and they are always checking to see if I have everything I need," "They [Caremark (Barnsley) staff] come out and I ring them if I need anything changing," "I tell them [care workers] what I want and I pick the things I want to wear and what I want to eat for the day" and "They [care workers] are on the ball with the care plan. They are always asking me what do I want and do I need anything different."

Relatives spoken with also said they had been involved in care planning. Their comments included, "The Field Care Supervisors come out to review the care plan and we discuss if anything needs changing," "They check the care plan once a month" and "[My relative] has just come out of hospital so the care plan has been reviewed to meet their changing needs and they have sent us the papers to sign it off."

One person supported shared some concerns regarding a care worker. Whilst the person was clear they were safe and their needs were met, they were unhappy with some behaviours of the care worker. With the person's permission we spoke with the registered manager about these concerns. The registered manager took immediate actions to act on the information shared. The registered manager visited the person the same afternoon to agree a way forward and provide reassurance. Appropriate action was taken regarding the identified care worker. The registered manager also supported the person to access other support networks in line with their needs. This example showed a responsive approach to meeting people's needs.

People told us they had been provided with telephone numbers for Caremark (Barnsley) and could ring the office if they needed to. Some people said the office did not always respond to their calls. Other people said the office staff, "Sorted things out straight away."

We looked at eight people's care plans. They contained a range of detailed information that covered all aspects of the support people needed. They included information on the person's history, hobbies, likes and dislikes so these could be respected. The plans gave details of the actions required of staff to make sure people's needs were met.

We found risk assessments had been written so any potential risks, and the actions needed to reduce risk, had been identified. The plans and risk assessments had been regularly reviewed to make sure they were up to date. The care plans had been signed by the person receiving support or their relative and representative to evidence they had been involved and agreed to the plan.

We spoke with four care workers. Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us plans were reviewed and they were confident people's plans contained accurate and up to date information that reflected the person. Staff told us they read people's care plans and were always provided with information about people before they started supporting them. We saw staff kept records of each visit to show what support had been provided.

We found the care plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the 'Service User Guide' kept in the file held in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. We looked at the record of complaints. These showed the nature of the complaint, the action taken and outcome was recorded.

Good

Is the service well-led?

Our findings

The manager was registered with CQC.

People supported and their relatives or representatives had met the registered manager and knew their name. Whist some people thought the office was well organised, others thought communication could be improved. Comments included, "I have rung the office over things and they say they will sort it out but they never do. The carers are brilliant but the office don't really listen," "When I ring the office they are okay with me and I have had a survey which I have filled in," "The office are bang on and I get a response from them every time" and "The office could organise the rounds for the girls [care workers] in a better way to help timing and ring me if they are going to be late."

The registered manager had recruited a further two care coordinators to support better communication and effective schedule planning.

There was a clear staffing structure including an office manager, recruitment officer, care coordinators and field care supervisors. Staff spoken with were fully aware of the roles and responsibilities of managers' and the lines of accountability.

All of the staff spoken with said the agency was a good place to work and they would be happy for a relative or friend to be supported by the service.

The registered manager displayed a commitment to their role They told us they felt well supported and the directors of the company had an 'open door'. A regional support manager visited the service on a regular basis to support the registered manager and carry out audits as part of the quality assurance process.

We found the office well organised and all records seen were up to date.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so gaps could be identified and improvements made.

We saw checks and audits had been made by the registered manager, regional support manager and senior staff to ensure safe systems were in operation. For example, we saw checks and audits on care plans, medication administration records (MAR) and financial transaction records to ensure these had been fully completed in line with safe procedures. The registered manager explained that where any discrepancies or gaps were identified these would be discussed with the relevant member of staff.

We found visits to people's homes to observe care workers and speak to the person supported (spot checks) were undertaken by a senior member of staff. A system was in place to monitor the frequency of spot checks and we saw records of spot checks which showed these took place on a regular basis. A system to monitor the timing and frequency of visits to people's homes was in place so these could be monitored. Staff used their work mobile phones to log in and out of each call. This information was then transferred to a

'planned versus actuals' record so any discrepancies could be noted and a file note made of any reason for these discrepancies.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

All of the staff spoken with said the registered manager was approachable and very supportive. Staff said they could voice their opinion and would be listened to. Records of staff meetings showed these took place on a regular basis and were well attended. Newsletters were provided to staff and service users to share information. One newsletter seen contained a section on 'What have our customers been saying' to feedback from the survey.

We found a staff forum was in operation to share views and the registered manager informed us a 'customer forum' was being developed so people supported had further means to share their opinion.

We found the management of the service was proactive in seeking and acting on people's views. As part of the services quality assurance procedures, surveys had been sent to people supported to obtain their views of the support provided. The surveys had been analysed. The registered manager told us where any issues were identified, these would be addressed in an action plan.

We saw policies and procedures in place which covered all aspects of the service. We checked a sample of the policies held at the services office. The policies seen had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.