

M & T Healthcare Limited

Caremark (Chelmsford & Uttlesford)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 2 Aug 2016 and was announced.

Caremark (Chelmsford & Uttlesford) provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 62 people.

There was not a registered manager in post. The service had recently recruited a new manager who would be going through the registration process. 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and were confident in using them. People had risk assessments in place to guide staff to support people safely within their homes, and enable people to be as independent as possible.

We saw that there was a sufficient amount of staff employed within the service which meant that staffing levels were adequate to meet people's current needs. People confirmed to us that they saw the same staff consistently and their calls were not missed.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff all confirmed that they had a thorough induction into the service and that on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

People told us they were happy in the way that they were supported with medicines. We saw records that showed us medicines were administered safely and on time. Medication record audits regularly took place to keep track on the quality and pick up on any mistakes.

Staff told us they were well supported by the management team and senior team, and had regular one to one supervisions, both formally and informally through meetings with management, spot checks and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this. Staff were

able to support people with making and preparing food when required, and staff promoted healthy choices to the people they were working with.

People were offered support to access health appointments when they need the support. People's health was monitored by staff when required and recorded.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People felt that they were able to develop positive relationships with staff members that they saw consistently.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

The people we spoke with knew how to use it and were confident that they would be responded to in a prompt manner.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the management team and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Caremark (Chelmsford & Uttlesford)

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.

This inspection took place on 2 Aug 2016 and was announced. The service was given 24 hours' notice of the inspection. We did this because we needed to be sure that the someone would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with nine people who used the service, one relative of a person that uses the service, four support workers, the managing director, the manager who would be applying to become registered manager, and an administration staff member. We reviewed six people's care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us the care they received made them feel safe. One person said, "I feel very safe with them. I feel safe to remain living at home knowing that they will come and see me." A relative of a person said, "I feel like my husband is in safe hands when they care for him." All the people we spoke with made similar positive comments.

We spoke with the staff about safeguarding and found that they all had good knowledge in the signs of abuse, and how to report it. One staff member told us, "I would make sure that the person is safe, let them talk, record everything and then speak to management or the Care Quality Commission (CQC)." Staff also had a good understanding of whistleblowing procedures and were confident in using them if required. The managing director was aware of the requirement to notify the Care Quality Commission (CQC) about incidents as required and we saw evidence that they had notified us when needed.

We looked at people's files and found that risk assessments had been created to support the staff in managing risk when working with people. The people we spoke with were aware of the need for risk assessing and were happy with what was in place to support them. We saw that risk assessments were detailed and covered such areas as personal care, the environment moving and handling, nutrition and hydration. The assessments gave a clear guide to the staff in how to support people safely and in a positive manner. They recognised the need for people to be able to do things for themselves where possible and promoted positive risk taking. We saw that all the risk assessments were regularly reviewed and updated by a senior member of the team.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. The staff confirmed that they were not able to start work until these security checks were completed. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks.

There were enough staff employed within the service to make sure care was provided on time and as required. One person we spoke with said, "I feel comfortable because I know the girls will show up. I have never been missed." Another person told us, "I get a phone call if the staff are running late." The managing director told us that agency staff were not used, as there were enough staff within the service to cover any shifts as required. We saw staff rotas which demonstrated that staffing levels were planned and sufficient to meet people's needs. People were asked to sign staff rotas on every visit to confirm when the staff member had arrived and left.

People received support to administer medication safely. The people we spoke with told us that they were happy with the support they received with their medication. One person said, "The staff are very good with my medication." We saw Medication Administration Records (MAR records that showed people were supported with medication. These records showed the type, route, frequency and dosage of medication. We

saw that all staff had undergone medication training and competency checks to monitor the quality and safety of the service. The service had a medication policy that all staff were aware of. The MAR sheets were regularly checked over by management to make sure they were being filled in correctly.

Is the service effective?

Our findings

The staff were able to support people effectively using their knowledge and skills. One relative of a person said, "They do a great job looking after [person's name]." Everyone we spoke with told us that they felt the staff were well trained and had the right set of skills to support them.

Staff members had a comprehensive induction before starting work within the service. One staff member told us, "I did a lot of in-house training which covered the basics such as safeguarding, manual handling, dementia and the mental capacity act. I then spent time with other more experienced staff observing how they work with people. It was good because I got to see how they work with the specific clients that I would go on to work with myself." All the staff we spoke with confirmed that they went through the same induction process. We saw training certificates within staff files as well as competency checks to see that they had understood the training they had received. We saw that all new staff were signed up to the Care certificate qualification. The on-going training of staff was monitored, kept up to date, and recorded within a training matrix that was maintained by management.

Staff members received supervision and support from senior staff. One staff member told us, "I have had both formal and informal supervisions. Sometimes it's a sit down discussion, sometimes it's a spot check out on a call, and other times its informal chats." All the staff we spoke with confirmed that they were supervised effectively and felt that their supervisions were useful and helped them develop within their role. We saw that supervisions and spot checks were recorded and any actions and goals were recorded for staff to work towards.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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. The staff we spoke with all had an understanding of Mental Capacity Act (MCA). We saw that staff had completed MCA training and that the management knew when capacity assessments and best interest decisions were required.

Consent was gained from people before staff carried out any care. One person told us, "Yes consent is always gained." Another person said, "They always ask first, I can't imagine they would ever do anything without checking first." We saw that people had signed consent forms within their files. We saw written prompts within people's care plans that reminded staff to check that people were consenting to various tasks.

People were supported and encouraged to maintain a healthy and balanced diet. People told us that they were mostly able to prepare food themselves, but sometimes staff helped out. One person told us, "The staff help me chop the vegetables at dinner time as I find that tricky, but I do the rest myself." Staff confirmed that they would help some people prepare food, and would always promote healthy choices to people. We saw that information about people's likes, dislikes and requirements around food was displayed within their

files.

People could have support to access healthcare services. All of the people we spoke with told us that family members usually supported them to health appointments, but they knew that staff could help them if they needed to. The staff we spoke with confirmed that most people had family members to support them attend appointments, but they also helped people at times. One staff member said, "I do see one person who I have supported to and from the hospital when they needed to have a scan as their family was not able to do this." We saw that people had information within their files that detailed their medical needs and a record of support they had been given.

Is the service caring?

Our findings

People told us they had good relationships with staff and felt well cared for. One person told us, "I'm very happy with the staff. I only need to say I need something and they will do it. They are very caring." Another person told us, "We get on really well, I like cats and [staff members name] likes cats too, so we have things in common to chat about." The staff we spoke with all told us they had developed positive caring relationships with people and it was important to them that people felt cared for.

People's preferences, likes and dislikes were recognised and respected. A staff member told us, "I haven't been working here for long, and I have found that the care plans reflect both people's needs and wants in life. This is really helpful in getting to know the people that I support. Nothing beats just having a good conversation, but information in a care plan is a great starting point." The care plans we looked at contained personalised information about people that conveyed their preferences and had information about a person's personal history, values and beliefs. The opening section of each care plan had a picture of the person and information that explained their likes and dislikes and how they prefer to be supported. We saw sections within care plans called 'How best to support me' and 'How people know me describe me' which gave staff important and person centred information about the person and enabled positive relationships to be developed.

People were involved in their own care planning. One person told us, "I sat down with the manager when I first started using the service, and they listened to what I needed. I can change things whenever I need to." Another person told us, "I am involved. I have had reviews and checks on everything." All the people we spoke with made similar positive comments. We looked at people's records and saw evidence to show they were involved in decision making processes, and that their care was reviewed regularly by the service.

Staff members respected the privacy and dignity of the people they were supporting. One person said, "I feel very comfortable when they visit me as I know they respect my privacy." All the people we spoke with confirmed that they felt their privacy and dignity was respected by staff. One staff member told us, "I look after my clients in the same way that I would want my parents looked after. It very important to me that people feel respected and that things are done properly." All the staff we spoke with understood the importance of respecting the privacy and dignity of the people they were working with.

People were supported to be as independent as they could be. All the staff we spoke with said that they encourage people to do things for themselves wherever possible. We saw that information within their care plans clearly outlined the care tasks that staff should undertake, whilst also promoting the things that a person could still do for themselves.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People had an assessment of their needs before receiving care from the service. The managing director told us, "We receive information from the local authority, and then we make contact with the person. We go and visit them, have a discussion about their needs and carry out our pre-assessment. If everyone is happy, we begin to provide their care. First of all we would introduce the carers to the person. We then monitor everything closely, carry out phone checks with the person to make sure all is going well, and then formally review things after a few months." All the people we spoke with told us that they met with the management when they first started using the service, and that an initial assessment had taken place. Everyone we spoke with told us they were happy that the staff understood their needs.

People received care that was personalised to their specific needs. All the people we spoke with said the staff knew them well and knew how to support them. People told us that they regularly saw the same staff members which made them feel comfortable that their needs would be met by people that knew them well. One person told us, "I see the same girls regularly, on the odd occasion when people are off sick or on holiday, I might see someone else, but usually it's the same faces."

We saw that people's care plans were centred around them and their preferences were recorded. All the people we spoke with were happy that their care plans were an accurate reflection of their needs and personalities. We saw that people had their care plans and risk assessments regularly reviewed and updated by staff and management, and that changes were introduced as and when required.

People were encouraged and supported to develop and maintain relationships with people that matter to them. One person said, "Both myself and my husband receive care. The staff are respectful to both of us and our relationship." The staff we spoke with understood the importance of building relationships with a person's family, as well as respecting a person's right to privacy. One staff member said, "Good relationships with family members can make all the difference."

People were given the time they needed to receive care in a person-centred way. One person said, "I don't ever feel rushed. They stay the length of time that they need to and get everything done." All the people we spoke with made similar comments. The staff we spoke with all felt that they had enough time during each visit to complete the tasks required and not rush people.

A complaints procedure was in place and people knew how to use it. Everyone we spoke with told us that they would not hesitate to make a complaint if they needed to. One person said, "I have made a complaint in the past, but it was resolved quickly and I don't have any further problems." We looked at the complaints folder and found a complaints policy which outlined the expectations of the service in dealing with complaints. We saw that all complaints had been recorded and a timeline of actions had been created in response to each complaint. The responses to each complaint that we saw were detailed and resolved each issue to the satisfaction of the person making the complaint.

Is the service well-led?

Our findings

The service did not have a registered manager, but had employed someone who would be taking up that role and going through the process of registration. People we spoke with told us that they found the management team open, friendly and approachable, and were aware that the previous registered manager had left, and a new person was being employed into that role. One person said, "I can contact the management by phone very easily, I think they listen to what I have to say and act upon it." A staff member told us, "The whole management and office team are very approachable and easy to talk to." Another staff member said, "I know I can come in to the office and speak with anyone. I feel like I am treated very fairly by the management. Our voice as a staff team is definitely heard, we are trialling a new schedule plan where we will be working in small teams and covering specific areas and clients. It means greater flexibility for us as staff as well as for the clients." We observed that the managing director was very knowledgeable about the people being supported and the staff team. We observed positive interaction between staff visiting the office and the whole management and office team who were able to provide a welcoming and supportive atmosphere.

All the staff that we spoke with said they felt valued and supported in their roles. Information was regularly communicated to staff via emails discussing such topics as care planning, general procedures and updates on the service. We saw copies of emails to show that this information was sent out and that staff were regularly communicated with.

We saw that the service had a staff structure that included the managing director, a newly employed manager who would be going through the registration process, a care co-ordinator, administration and finance officer, senior carers and carers. All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service which were clearly set out.

Incidents and accidents were reported accurately by staff. One staff member said, "After an incident or accident, we have forms that we carry around with us to fill in. We always inform management via a phone call as well." We saw forms that showed detailed information and actions created which the manager had reviewed. The managing director was aware of the responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC). We saw records that these notifications had been made where necessary.

Staff members were encouraged to gain skill and knowledge through training opportunities and feedback from observations on their practice. All the staff we spoke with felt that the training offered by the service was useful and helped them develop. We saw that staff were regularly observed giving care by more senior staff. This enabled the service to feedback to the staff on any areas for improvement, as well as celebrating good practice. We saw that detailed spot check and observation forms were completed.

We saw that quality control systems had been implemented. The people we spoke with told us that they had received questionnaires on the service that asked them their opinion on the care provided, and asked to comment if desired. The registered manager informed us that the service had quality assurance systems in

place that were used to monitor and improve the quality of the care provided. We saw that audits had regularly taken place in areas such as complaints, care plans, risk assessments, medication recording, daily notes and more, and that systems and paperwork were monitored on a regular basis.