OM2 Care Ltd

Caremark (Croydon)

Inspection report

250 Brighton Road
South Croydon
Surrey
CR2 6AH

Tel: 02035985127
Website: www.caremark.co.uk/locations/croydon

Date of inspection visit:
12 October 2018
15 October 2018

Date of publication:
27 November 2018

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 (Croydon) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of our inspection 35 people were using the service.

Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection took place on 12 and 15 October 2018. At our last comprehensive inspection in December 2017 we gave the service an overall rating of 'requires improvement' in the key questions of safe and well led. This was because people told us staff were often late and the provider did not let people know or provide alternative care. This had previously been an issue during our inspection in October 2015. We found the provider was not always effectively monitoring, assessing and improving the service and as a result there was a breach of regulation under the key question of well led. After our inspection in December 2017 the provider wrote to us to tell us how they would make improvements to meet the regulations.

At this inspection we found the provider had used the learning from the previous inspections to make improvements at the service. Systems were in place to reduce staff lateness and to let people know if staff were running late. Where possible care staff worked in the same areas to help reduce travel time and the agency had employed more care staff that could drive. This helped when people using the service were not near public transport links.

People's and their family members trusted staff and felt safe when staff supported them. There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding procedures and understood how to safeguard the people they supported.

Staff helped make sure people were safe and knew the risks people faced each day. They took steps to reduce those risks while still encouraging people's independence.

There was a 24-hour call system in operation. This ensured support and advice was always available for people and staff.

People were cared for by staff who received appropriate training and support to do their job well. Staff recruitment made sure only suitable staff were employed to work at the service. Staff felt supported by managers through regular supervision and team meetings.

People and their family members were involved in making decisions about their care, treatment and support and the care records reflected this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their family members liked their regular staff and thought they were caring. Staff respected people's privacy and dignity. When required, staff supported people with their activities and interests, both in their own home and in the community.

People were asked about their food and drink choices and staff assisted them with their meals when required.

People and their family members said they would complain if they needed to and knew who to complain to.

People were contacted regularly to make sure they were happy with the service and spot checks helped review the quality of the care provided.

We have made a recommendation about the management of some medicines.

Further information is in the detailed findings below.

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 has improved to Good

New procedures had been put in to place to help staff arrive at people's homes at the expected time or to notify people if staff were running late.

People felt safe and confident with the staff who supported them. Staff understood their responsibilities to protect people from abuse and knew how to report any concerns.

Risk management plans were in place to help minimise risks and keep people safe.

The provider followed safe recruitment practice when employing new staff.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service has improved to Good

The provider had made improvements following our findings in our previous two inspections and acted to improve the way the staff rota was managed to avoid staff being delayed and to notify people when staff were late.

Staff felt supported by the managers

There was an experienced registered manager in post and leadership was present at all levels.

Caremark (Croydon)

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.

The inspection took place on 12 and 15 October 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

One inspector undertook the inspection. Before our inspection we reviewed the information, we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the registered manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we spoke with the provider, the registered manager, three members of office staff and three care staff. We looked at six people's care records, four staff files as well as a range of other records about people's care, staff and how the service was managed.

After our inspection we spoke with three people who used the service and seven family members of people who used the service. The registered manager also sent us additional information such as training records, service user and staff handbooks.

Good

Is the service safe?

Our findings

At our last inspection we found there were enough staff deployed to care for people. However, there were constant issues with lateness which could put people at risk. At this inspection we found the provider had made improvements. Care staff were now requested to contact the office if they were running late so people could be notified. They could do this via the on-call mobile, the office main phone or text. The provider had employed additional care supervisors to ensure people had the care they needed when they needed it. We spoke with both supervisors who told us they were trained carers and able to cover calls when required or in an emergency. We also spoke with a newly recruited care coordinator. They explained how they tried to keep care staff in the same geographic area so travel time was reduced and there was less chance of delays. The provider explained they had recently conducted a telephone survey and found that people were happy with the changes made. People and their family members told us they had seen recent improvements in timekeeping. Comments included, "If there is a problem, they [the office] will normally phone up", "They [staff] arrive on time mostly, if they are over 45 minutes late I normally get a text" and "They [staff] generally turn up on time, sometimes they are late but it doesn't happen very often."

People and their family members told us they trusted staff and felt safe with them. One person told us, "I absolutely trust them [staff]." One family member told us, "If something was really wrong [person's name] would tell me." Staff we spoke with understood how to keep people safe and how to report concerns if they felt a person was at risk of abuse or harm. All staff had received training in safeguarding adults at risk and annual refresher training was provided to keep their knowledge current. The registered manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.

Staff knew about the risks people faced and supported people to be as independent as they were able to be while remaining safe. Staff gave us detailed examples of how they managed risk and knew people well. For example, one staff member told us they supported one person who rarely left their bed, so they always looked for any skin changes that may indicate the early development of a pressure sore. Another staff member told us one person was at risk of falls and they explained the action they took to reduce this risk while still allowing the person to remain as independent as possible. Risk assessments and risk management plans were in place and these were regularly reviewed as people's needs changed. These covered risks to the person, to the staff member and any environmental risks.

Staff had access to and followed a policy and procedures on infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people. Records confirmed staff had been trained in infection control and food hygiene.

Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed. This meant they could contact the service out of hours if there was an emergency or if they needed support.

The service continued to follow appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of each staff member.

This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People were supported safely in relation to medicines. The registered manager explained they did not administer medicines to any of the people using the service at the time of our inspection, but staff did prompt some people to take the medicines themselves. They also confirmed when staff helped people to apply prescribed creams, these were marked on body maps and the information was retained on people files in their homes. When we spoke to people and their family members some told us staff helped them with their medicines. We spoke to the registered manger as we were concerned the administration of people's medicines were not always recorded. We also sent them information on the NICE (National Institute for the Health and Care Excellence) guidance released in March 2017 on 'Managing medicines for adults in community settings'. This explains care workers should record each time they provide medicine support and defines medicines support as prompting or reminding people to take their medicines, helping people remove medicines from packaging and administering some or all of a person's medicines. The registered manager told us the administration of medicine was not part of people's care package however assured us they would look at the guidance and the review the way medicines were recorded at the service.

We recommended that the service consider the current guidance on managing medicines for adults in community settings and update their practice accordingly.

Good

Is the service effective?

Our findings

People's needs were assessed when they first started to use the service. The registered manager explained some people received a short-term care package to support them when they returned from hospital or needed extra support after a period of poor health. This care package lasted up to six weeks and gave people the opportunity and confidence to relearn and regain some of the skills they may have lost. The local authority provided the initial information concerning the person including any background history, medical conditions and the support required by the service. The registered manager explained this enabled care staff to go out to people as soon as possible for immediate care. Shortly afterward the service would complete their own assessment of care and risk and adjust this according to people's recovery.

Most people using the service were on longer term care packages and the manager explained these assessments were completed prior to using the service. People were asked about the support they needed and any information concerning their physical, mental health and social needs. The registered manager explained once a package had started people were contacted in the first week to make sure they were happy with the service they received and then received monthly or three-monthly reviews depending on people's individual needs.

People were supported to keep healthy and receive appropriate support with their healthcare needs. Staff would phone the office if people were unwell or a change in health was noted. The office would then contact family members or if necessary healthcare professionals for advice. Where people had specific needs, the service had consulted with relevant professionals to ensure staff had advice about current best practice. The agency supported people with referrals to healthcare professionals such as occupational therapists to make sure people had the most suitable equipment to meet their physical needs.

Where required people were supported to eat and drink appropriately. Most family members we spoke with told us they provided the meals for their relatives. One family member told us they left a choice of their family member's favourite sandwich fillings so they could choose what they would like for lunch. In hot weather we saw reminders to staff from the registered manager to leave drinks for people before they leave a call. One staff member told us how they encouraged one person to eat. They told us, "We take everything out of the fridge so [the person] can choose. We made pasta with tomatoes and peppers, [the person] really enjoyed it."

All new staff attended an induction with the provider and the registered manager when they first started working at the service. Their skills and competence were assessed using the principals and standards in the Care Certificate. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. After the initial induction staff completed annual refresher courses. The provider held a central training matrix to monitor staff training needs and identify when refresher courses were required. Staff we spoke with told us they thought they had enough training to help them do their jobs well.

Staff received regular supervisions and appraisals to help support them with their development. Staff told us

they felt supported and would speak to the registered manager if they had any problems.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). There is a separate process for services that provide care to people in their homes which involves an application to the Court of Protection.

The registered manager and the staff we spoke with were aware of their responsibilities under the MCA. People were encouraged to make decisions about their everyday care but when people lacked capacity to make decisions regarding their care they knew they should carry out best interest meetings, involving others in the decisions such as family members and professionals. At the time of our inspection, no applications had needed to be made to the Court of Protection to deprive a person of their liberty.

Good

Is the service caring?

Our findings

People and their families were all happy with the standard of care and support provided by their regular care staff. Comments included, "We think they are brilliant… the carers are kind, considerate and funny", "regular ones [staff] are fantastic, [name of person] has bonded well with them" and "They [staff] are all very pleasant." Everyone we spoke with told us the continuity of having the same care staff was important to them. Most people we spoke with told us they normally received the same carers and were happy. One relative told us, "It does make a real difference when you get the same carers." Another relative told us, "The carers we have on a regular basis are very good, they take their time and don't rush." However, they went on to tell us the difficulties they had when new staff turned up that did not know their family members needs and the pressure this placed on all of them.

During the inspection we spoke to the registered manager and the provider about the continuity of staff. They were aware that some people did not always have regular carers but were looking to improve, and kept records of their progress. They explained using the new care coordinator to look at staff allocation should help improve staff continuity in the future.

Staff knew people well. All the staff we spoke with had empathy for the people they supported and were very knowledgeable about how to deliver the care and support people needed. Staff gave us examples of how people liked things to be done or the conversations they had with people. One staff member told us about the weekly outings they had with one person and how they enjoyed that time. They told us, "We get on really well, they put on their favourite radio station in the car and sing away…it's nice for them to get out for a bit."

Staff told us they had enough time to do the tasks they needed to do and felt they had enough time to talk with people and have a conversation. Staff told us they enjoyed working with the people they cared for. Comments included, "I love this job, it's fantastic it makes me happy" and "The best thing is seeing the clients, building a good relationship with them and it's a nice feeling when you go home that you have helped someone."

People were involved in decisions about their care and family members were consulted, when appropriate, regarding care and support of their family member. Care records provided detailed information to help staff understand the best way to support each person. Records included the best methods of communication, people's backgrounds and history and how people would like to be cared for. For example, care records explained one person's emotions and the best way of engaging with them. Another person's records detailed their history, there likes and dislikes and areas of interests such as a love of animals or television programs they enjoyed.

People told us staff respected their privacy and dignity and the family members we spoke with agreed. One family member told us, "When I have been there the staff are always respectful and they always call out before they come in."

The provider reinforced the values of privacy and dignity by providing training and support for staff which

covered privacy and dignity and working in a person-centred way. The staff handbook also gave guidance to staff and covered the service's expectations of them, this included respecting people's dignity, independence, choice and putting people at the centre of their care.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. The registered manager explained a small staff team were specially trained to supply care at short notice for those people who had just returned from hospital and needed additional support to help them become more independent. We saw examples were people's care packages had reduced as their independence returned and how care plans were adapted to meet people's changing needs.

Care plans reflected people's physical, mental, emotional and social needs and how staff could best support them. People's spiritual and cultural needs were identified and staff supported and respected these. One relative explained the agency has "matched the carers well" and their family members cultural needs were respected by a staff member from the same background. Details of the days and times staff should visit people and the care required during these visits were clearly recorded.

Although there was up to date information about people's needs and choices, we found not all people's records were as personalised as they could be. Although staff knew important information about people this was not always in their records. We spoke with the registered manager about recording this information in care records to help new and existing staff provide person centred care. The registered manager and supervisor showed us the new assessments they had completed for people. These were much more person centred and contained some detailed information including people's goals and outcomes. The registered manager assured us they would be updating older care records with any additional, person centred information that could help staff provide care and support to people.

People's records were updated regularly, initially after three months from starting with the service and then at regular intervals according to individual needs. When people's needs changed, care records were updated accordingly. For example, one person no longer required a hoist as their mobility had improved and their care records were updated to reflect the revised support needed by the person. Staff told us they would phone the office if they had any concerns about people and the office would contact the families and any other healthcare professional if required. Family members confirmed they felt staff responded to people's needs well and kept them well informed of their family members health. For example, one relative told us how care staff would monitor their family members skin integrity and let them know of any concerns.

Some people using the service were supported to follow their hobbies and interests. We heard how one staff member supported one person with social activity in the community. We heard how they enjoyed going to garden centres, out for coffee or the occasional football match. We spoke to the person's relative who confirmed their family member really enjoyed their outings.

People and their family members told us they knew who to make a complaint to if they were unhappy. Four of the family members we spoke with told us they had made complaints in the past and three family members were happy with the response from the manager and felt there had been improvements. One relative told us they had ongoing concerns about the continuity of staff and had raised this with the

registered manager and hoped this was in the process of being addressed. The registered manager told us when people were concerned or unhappy they tried to deal with the issues immediately. The service had a procedure which clearly outlined the process for dealing with complaints and this was included in the service user home file this was given to everyone when they first started to use the service.

Staff were able to support people in their end of life care. The registered manager explained staff received some end of life training as part of their induction and when required people's care plans included information about people's wishes for end of life care. When people were receiving end of life care, staff worked with the local hospice and other healthcare professionals such as district nurses to update care packages and provide the support people needed.

Good

Is the service well-led?

Our findings

During our last inspection in December 2017 we found the service was not well led. The provider was not always effective in monitoring, assessing and improving the service. We identified the provider did not always tell people when staff would be late and what time staff would arrive, or which staff would be coming. The same issues were identified during our inspection in October 2015. This meant the provider had not put robust improvements in place in light of our previous inspection findings. The resulted in a breach of our regulations. After the inspection the provider sent us their action plan giving us details of the improvements they were making.

During this inspection we found improvements had been made. People and their family members told us they thought things had recently improved. One person told us staff timekeeping was, "getting much better. [Staff] are occasionally late but they do call…the [staff] with cars are always on time." A family member told us, "[Staff] generally turn up on time, sometimes they are late but it doesn't happen very often." Another family member confirmed, "[Staff] arrive on time mostly." The registered manager explained the changes they had made to improve communication and staff lateness. They had made changes to the areas staff worked in, so those staff using public transport worked in the same geographical area to reduce travel time. They had started to send rotas to people by first class post, so people would know in advance which staff member was going to support them. One relative told us communication still needed to improve because they were not always told if there was a change in staff. When we spoke with the registered manager and the provider about continuity of care and what was important to people they explained they were working hard to provide the same staff team to the same people and felt confident that this aspect of the service would continue to improve. They had recently employed a care co-ordinator to support them to make sure the right care worker was in the right place at the right time. We spoke with the care coordinator who told us they tried to allocate the same care staff to people as much as possible and when cover for shifts were needed they tried to use staff the person already knew.

The service had a registered manager in place. 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.'

The registered manager was supported by two supervisors who had been employed to help with assessments, reviews and quality checks and a care co-ordinator. People and their family members told us they knew who to contact in the office if there was a problem. Four people told us about the regular changes in the management of the service and said they were not aware of the newly appointed supervisors. However, one family member gave positive feedback after recently reporting a problem to the office they found the new supervisor to be "on the ball" and "came out straight away" to help rectify the problem.

When staff first started to work for the service they were given a copy of an employee handbook, this detailed their role and responsibilities and what was expected of them. Staff we spoke with told us they felt supported by the registered manager and the provider. One staff member told us, "I cannot fault them…

they have been amazing, they have given me enough hours and are flexible." Another staff member told us, "[The managers] are extremely supportive, I can phone the mobile [on call] at any time."

People were asked about their views and experiences of the service. People and their family members told us they sometimes received a visit from office staff but more often were telephoned to check if they were happy with the care and support they received. Records confirmed spot checks were carried out to review the quality of the service provided. This included observing the time of staff arrival and length of stay, making sure infection control procedures were followed and reviewing the care records kept at the person's home to ensure they were appropriately completed.

Regular questionnaires were sent asking people to comment on the quality of the service, what they thought about staff and their views on the way the service was managed. We spoke with the supervisor who was analysing the results. They confirmed the results were mostly positive but the area they still needed to improve on was communication. They told us, "The challenges are there but we are constantly trying to improve." The registered manager explained the action they had taken to make improvements when suggestions had been made, although these had not been formally recorded.

Staff meetings were held every six months for updates and to ask staff their views. Staff were encouraged to come into the office when they were able to for drinks, snacks and a catch up. The registered manager explained they found this encouraged good teamwork and communication and gave staff the chance to tell them about any issues or problems. All the staff we spoke with told us they would come into the office on a regular basis and felt welcome.

Leadership was visible across the service. The provider spoke about the changes they had made to improve the care people received. Both the provider and the registered manager were qualified to train staff in certain areas, so training was available to staff when required. We heard how the service supported local charities and encouraged staff to do the same. For example, a Macmillan coffee morning was held at the office and staff brought in cakes to raise money for charity. We heard how people using the service and members of the public were invited to join them for the day.

The provider explained about the challenges facing the service and the actions they had taken to improve service delivery. For example, we heard about a new partnership with a local employment agency to help people gain confidence applying for jobs and to learn the skills required for successful interviews. The provider hoped that their involvement would encourage people to think about a career in the care industry and ultimately result in a successful interview for employment with Caremark (Croydon).

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. The registered manager was aware of their roles and responsibilities.