Caremark (Leeds)

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Inspection report

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Date of inspection visit:
15 May 2018
18 May 2018
01 June 2018

Date of publication:
18 July 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

This was an unannounced inspection carried out on 15 and 18 May and 1 June 2018.

We last inspected Caremark (Leeds) in January 2017 when the service was rated 'Requires Improvement' overall. The key questions Effective and Well led were rated Requires Improvement. We identified one breach of regulation. We found that the provider's policy was not always followed to ensure mandatory training was arranged in a timely way. This had also been a breach of regulation at the previous inspection. We issued a warning notice for Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to the provider telling them they must improve.

Following our January 2017 inspection, the provider sent us an action plan detailing the changes and improvements they intended to make to improve the quality of service provided to people who used the service. We took this into account when planning this inspection to ensure these actions had been completed. At this inspection, we found the provider had made all the required improvements and addressed all our concerns that had been highlighted last time we visited.

Caremark (Leeds) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It can provide a service to people who may be living with dementia, younger disabled adults and children.

At the time of the inspection, 111 people were using the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Everyone using the service were being provided with 'personal care'.

There was a registered manager in post. 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 received effective training to meet people's needs. A comprehensive induction and training programme was completed by all staff. The provider had systems in place to ensure staff received support. This included supervision, observations of practice and annual appraisals. A detailed assessment was carried out to assess people's needs and preferences prior to them receiving a service. People were supported with their healthcare and nutritional needs as appropriate.

People using the service told us they felt safe. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work with people. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to maintain their independence and receive care safely. Staff

understood best practice for reducing the risk of infection.

Staff knew people's needs well and people told us they liked staff and had developed good relationships with them. People and their relatives were involved as much as possible in the care planning process and their views were acted upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon. Robust quality assurance systems were in place to monitor the service and make any improvements where required. This included seeking and responding to feedback from people and their relatives in relation to the standard of care and support they or their relative received.

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.

Risk assessments were detailed and regularly reviewed.

Staff were given information on risks to people and how to provide safe care.

The provider followed appropriate recruitment procedures and had sufficient staff to meet people's individual needs.

People received medicines on time by staff that were appropriately trained.

Is the service effective?

Good

The service was effective.

The provider ensured staff completed a comprehensive induction which included mandatory training. This was refreshed annually.

People had access to relevant health care professionals and received appropriate assessments and interventions to maintain good health.

Staff demonstrated thorough knowledge and understanding of the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People and relatives gave us positive feedback about the staff and told us they were caring.

The service promoted people's independence.

Staff spoke compassionately and respectfully about the people they provided care for.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed and person centred.

Staff had a good understanding of people's care needs.

The provider had a complaints procedure in place. People and their relatives told us they knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

People provided positive feedback about the approachability of management and felt their views were listened to.

The provider had robust quality monitoring processes to promote the safety and quality of the service.

Staff felt well supported and the culture within the service was open and transparent.

Caremark (Leeds)

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 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.

Inspection site visit activity started on 15 May 2018 and ended on 1 June 2018. We visited the office location on 15 and 18 May 2018 to meet with the registered provider, the registered manager and office staff and to review care records and policies and procedures. One inspector was present at the office on the first day of inspection, a second inspector was present on the second day. An assistant inspector supported the inspectors by speaking with three people who used the service and 11 relatives by telephone. One inspector also contacted staff who worked at the service by telephone.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. We also contacted the local authorities that commission services from the provider to gain their views about the service. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at 11 records which related to people's individual care needs. We viewed five staff recruitment files, training records for all staff, and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. They told us their personal property and belongings were respected by staff. Relatives were also positive about the staff who visited their family member. Comments included, "We have got to know the carers well and I feel I can trust them implicitly."

Risks associated with people's health, care and mobility were identified, assessed and mitigated, and regularly reviewed. Risk assessments included areas such as moving and handling, medicines, falls and accessing the community. People's care records contained guidance for staff on any specific health condition such as epilepsy, diabetes and dementia and how to mitigate any identified risks. For example, a person who was at risk of falls, their risk assessment stated care staff were to ensure the person was feeling confident before moving and wearing safe footwear. The risk assessment also included details of equipment the person used to aid their mobility. This showed staff were provided with adequate guidance on how to provide safe care.

The provider had procedures in place to protect people from abuse. A member of staff told us they would report any safeguarding concerns to the registered manager or to the local authority if they needed to. They also told us they would use the provider's whistle-blowing procedure to report poor practice. Training records confirmed that all staff had received training on safeguarding adults from abuse.

There were safe systems for the management of medicines. Risk assessments had been carried out to assess the level of support people needed with their medicines. For example, some people needed full support, and others, just prompting. Staff completed medicines administration records (MAR) to show medicines had been given and when. Each month, the MAR charts were returned to the office for auditing. When people needed support with the application of prescribed creams, guidance was available for staff to ensure this was done as per the prescribers directions. Staff had completed training in the safe administration of medicines and records showed this was up to date. Medicines administration was observed during spot checks on staff to ensure practice was safe.

There were enough staff to support the needs of people in their homes safely. Rotas were planned a week in advance. Staff were informed of the calls they would be covering either by email or they could collect their rota from the office. In the event of sickness or annual leave, calls were covered by the other staff or the supervisors. People and their relatives told us they almost always had the same staff visit them. This ensured staff knew the people they supported well and provided continuity of care. The service had recently introduced a new app for staff to use which they could access via their phone. This contained all information relating to the person's care needs and enabled the staff member to record all care given. It also ensured they entered their time of arrival and departure from the person's home. The registered manager told us this would enable them to capture live data for each person including what tasks had been completed for the person. People's information was accessed only by designated staff.

There was a strong emphasis on safety in people's homes. Although equipment used was the person's own property, staff carried out a visual check and would report any areas of concern to the office. The details of

all equipment used by people was included in care records along with servicing information and contact details should repairs be required. This protected people and the staff using the equipment. There were robust systems for the recording of accidents and incidents. All accidents and incidents were recorded with evidence to show measures had been put in place to prevent a reoccurrence.

Staff recruitment checks were undertaken before staff began work for the service. This included an application form with employment history, two references and the completion of a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

The provider had an infection control policy and procedure in place. All staff had completed training on infection control and food hygiene. All of the staff we spoke with told us that personal protective clothing such as gloves and aprons were readily available to them when needed.

Good

Is the service effective?

Our findings

At the last inspection we rated this key question as 'requires improvement'. We found the service was in breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's policy was not always followed to ensure mandatory training was arranged in a timely way. At this inspection, we found improvements had been made.

All staff spoken with said they had completed an induction when they started work which included the provider's mandatory training. Records we reviewed confirmed this. This training included fire safety, health and safety, infection control, food hygiene, first aid, the safe administration of medicines, manual handling, equality and diversity, safeguarding adults and the Mental Capacity Act 2005 (MCA). All mandatory training was refreshed annually. The service had a tracker in place for this and a dedicated member of staff who monitored compliance with training. People told us staff met their needs and relatives said staff were well trained and experienced.

Staff told us they received regular, three monthly supervision and an annual appraisal. Supervision is a support meeting between individual staff and their line manager to review their role and responsibilities and well-being. Spot checks were done on a quarterly basis to check staff were competent in their roles.

All office staff were knowledgeable and experienced in completing needs assessments to ensure people referred to the service were assessed promptly. Records we reviewed confirmed staff completing the assessment would meet with the person, their relatives and where necessary with other healthcare professionals. This enabled the service to clearly identify people's needs and the support they required. This information was then used to develop care plans for the person.

Staff told us they monitored people's health and wellbeing and when there were concerns, people were referred to appropriate healthcare professionals. Records of health care appointments and visits were kept in people's care records explaining the reason for the appointment and details of any treatment required and advice received.

People told us staff supported them to make sure they had enough to eat and drink. One person told us staff made sure they had plenty to drink and always left a drink to hand when they left. Food and fluids were recorded when required for health monitoring. Staff told us how they made sure people had choice with what they were eating, and encouraged people to make healthy choices. The care plans we reviewed contained clear guidance for staff to follow. For example, we saw one person's preferences were to have fish and chips on a Friday and a cooked breakfast on two mornings within a week. Daily records we reviewed showed staff had provided care in line with these preferences.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff had good knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained people's support and care to them, gaining consent before carrying out any aspects of this. One staff member told us, "I always ask permission and assume capacity in the first instance. It's about people having choices and being able to make their own decisions about things."

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring. They told us staff gave them time and always listened to them. One person told us, "They always ask me what I want and need."

A relative descried the care as, "Very good." The same relative told us the communication between staff and their relative was lovely to see. They said, "They get him talking more than we can." Another relative stated, "We can have a laugh with each other. But they always remind me to look after myself too which means a lot."

People's dignity and privacy were respected. One person told us, "Staff are respectful. They knock and wait for me to give the go ahead." Another person said, "Staff always treat me with respect." A relative told us staff were very discrete and maintained their relatives dignity when assisting them to move between rooms during personal care.

People told us that they were supported to make choices about their care and be as independent as possible. One person told us, "Staff help me more than do things for me. I know they are there if I need them." A relative told us, "Staff encourage my relative to go outside and do as much as they can for themselves." Another relative told us, "Staff are aware of what my relative can and can't do. They help them and encourage them."

Staff spoke with compassion when telling us about the work they did and how they meet people's needs. Staff confirmed they visited the same people on a regular basis and therefore got to know people well. Staff told us they believed the care people received to be good. Staff we spoke with told us they would recommend the service to anyone requiring care at home.

The service recognised the different needs of people who used the service and their staff group. They matched staff and people together where similarities were identified such as language and religion. The service provided local visits for staff who did not drive and needed to walk to their visits.

The registered manager was aware of the need to ensure people who used the service had accessible information made available to them. We were told care plans were provided in written format and were available to people. These could be made available in large print, or a different language, as could the service user's guide.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and they were involved in decisions about their care. One person said, "Staff have always involved me in everything. They ask me what I need and how I like things to be done." Another person told us that when their care needs had changed, the service had reviewed their care package to see if additional or less support was needed. People said they felt fully involved in how care was provided to them.

Care plans were personalised to the individual and held detailed information about each person's specific needs and how they liked to be supported. For example, one person liked to be offered two choices of what to wear each day. Another person liked staff to offer to support them to style their hair and apply makeup. Care plans were regularly reviewed and updated so staff could respond to people's current care needs. Staff told us the office team communicated any changes in people's care needs to them in a timely manner.

Daily care records were completed by staff during and at the end of each visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observations relevant to the person. The records also included details of any advice provided by professionals involved in the person's care. Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality assurance processes.

People were encouraged to maintain their independence. They were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their daily living skills.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to have information available to them in an easy read or pictorial format if this was their preference, or if this was not available, staff communicated to people so they could understand. The registered manager told us, "If required, we can have our documentation created into a spoken word document by the Royal National Institute of Blind People to support people that have visual sensory impairment."

The service had a complaints procedure. People and relatives said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. The service held records of any complaints made which showed how these had been responded to by the service. We saw investigations had been completed and where appropriate, the service had liaised with health and social care professionals.

Good

Is the service well-led?

Our findings

The service had a registered manager who took an active role in the running of the service. This included overseeing operational issues and speaking with people and staff. People and their relatives were positive about the management and culture of the service. One person told us, "The manager is open and honest and has contacted me to see how I am finding things." A relative told us they had found the manager to be very pleasant and someone who 'got things done'. Staff were also very positive about the manager. One staff member told us, "I can go to her, she is very approachable and really listens. She has made a lot of changes for the better." Another staff member told us, "I speak to the office staff mostly but the manager is very professional and someone I would trust to deal with any concerns I might have."

Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I love my job" and "This is the best job I've ever had. We are a good team and I think we all give 100% to people." Staff told us that when there were any staff shortages to cover, the management team covered care shifts. They said this meant they had a good understanding of other staff's roles and also of the people the service supported.

The registered provider and manager placed a strong emphasis on continually striving to improve the service offered to people. The registered manager and management team recognised, promoted and regularly implemented systems in order to provide a high quality service. For example, providing a dedicated trainer and training room to support staff to develop their knowledge and skills. This demonstrated they used resources to drive improvement forward.

Staff told us they were encouraged to make suggestions about how improvements could be made to improve the quality of care and support offered to people. They did this through informal conversations with the management team, regular staff meetings and supervisions.

The registered manager said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs, for example, towards improved mobility and diet. This ensured people's needs were met in line with best practice.

The service used a variety of methods to monitor people's satisfaction with the quality of the service. This included visits to people's homes to review their care package, spot checks and one to one meetings with staff to discuss any issues or areas for improvement. An annual satisfaction survey was used to monitor standards of care provided and identify any areas in which the service could improve. We saw the findings of these surveys which showed people were mostly satisfied with the care provided by staff.

Robust systems were in place to review the quality of the service. This consisted of a range of audits completed each month by the management team. This meant they were able to identify where improvements were needed. For example, a wide selection of people's care plans were reviewed on a regular basis to ensure they were accurate and up to date. Accidents and incidents were audited to ensure that prompt and appropriate action had been taken and training records were audited to ensure that staff

received refresher training when required.

The records relating to peoples' care and the management of the service were well organised. The registered manager was able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC.