D.& G. Care Limited

# Caremark (Oldham)

## 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

Caremark (Oldham) is a private domiciliary care service. The service provides personal care and support in the community to children, younger adults and older people who have a variety of health and social care needs and who live in their own homes. The service currently supports around 80 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 had been in post since June 2015.

At the last inspection of June 2015 the service were rated as good with a breach of Regulation 12 (1) (2) (g) the safe administration of medicines because the MAR records were not maintained accurately. The service sent us an action plan to show how they were going to make the required improvements. We saw at this inspection that by further staff training and regular medicines audits the service had made the improvements and the regulation was met.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. There were sufficient staff to meet people's needs.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Staff were trained in the administration of medicines and managers checked the records to help spot any errors and keep people safe. Managers also checked that staff were administering medicines correctly to ensure they were competent to do so.

Staff were trained in infection control topics and issued with personal protective equipment to help prevent the spread of infection.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics such as a diploma.

People were supported to take a healthy diet if required and staff were trained in how to handle food safely.

The service were of aware of how to protect a person's rights by following the principles of the Mental

Capacity Act.

We observed a good rapport between people who used the service and staff. People were supported by a regular staff team who knew them well.

Personal records were held securely to help protect people's privacy.

There was a complaints procedure for people to raise any concerns they may have.

People were assisted to attend meaningful activities if this was a part of their support package

Plans of care gave staff clear details of what care people needed. People helped develop their plans of care to ensure the care they received was what they wanted.

There were systems in place to monitor the quality of service provision and where needed the manager took action to improve the service.

The office was suitable for providing a domiciliary care service and was staffed during office hours. There was an on call service for people to contact out of normal working hours.

## 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 had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse. The service used the local authority safeguarding procedures to follow a local initiative.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

### Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service were supported to take a nutritious diet.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

### Is the service caring?

Good

The service was caring.

Records were maintained securely and staff were trained in confidentiality topics.

People who used the service told us staff were trustworthy, reliable and friendly.

We observed there were good interactions between staff and people who used the service.

## Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns.

If it was part of their care package people were able to join in activities suitable to their age, gender, culture, religious beliefs and ethnicity.

Plans of care were developed with people who used the service or where necessary family members, were individualised and kept up to date.

## Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care agency.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and managers were approachable.

# Caremark (Oldham)

**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 was an announced inspection and was conducted by one adult social care inspector on the 25 April 2018. The inspection was announced in line with our guidance to ensure there was someone in the office.

We requested and received a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked the local authority and Healthwatch Oldham for any information they held about the service. There were no concerns and the local authority had only received positive comments about the service.

We spoke with two people who used the service, two relatives, the registered manager, care coordinator and a staff member.

We looked at three care records and medicines administration records for seven people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe and trusted the staff who came into their home. They told us, "I am happy with the staff. I am a suspicious person so I do not leave things out for temptation but nothing has ever gone. I feel very safe with the staff I have" and "I trust the staff I know. The staff always wear their ID so I know it is them." Two relatives we spoke with said, "We think our relative is safe with the care staff."

We saw from the training records and staff files that staff had received safeguarding training. Staff had policies and procedures available to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. Staff we spoke with said, "If a care and support worker contacted me with any issues I would act upon any poor practice. I would contact the registered manager or the social work team" and "I am aware of the whistle blowing policy. I would report any malpractice. There had not been any safeguarding incidents since the last inspection. Staff were aware of how to protect vulnerable people.

We also asked if staff were reliable. People who used the service said, "When the snow was on the ground they walked it. The snow was very deep and they always came and are always on time. They are very reliable" and "They come early or on time. I have a pendant if I need anyone in an emergency." Relatives said, "They are very reliable. The staff come on time as a rule. They let us know if they are going to be late. They even came in the bad weather." We saw in the plans of care that there was a timetable which people had agreed to and staff followed to support people at the times they wanted. We were also told that staff were flexible and if they could would change visit times to suit people who used the service. We saw this had been arranged several times in the plans of care.

We looked at four staff files and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

Staff told us there were enough staff to carry out their support visits and people who used the service confirmed they generally had the same staff team to look after them. This meant staff knew them well and that there were enough staff to meet their needs.

We saw in the three plans of care that we looked at that there were risk assessments for personal care needs such as nutrition, any behaviours that challenge or mobility and a risk of falling. We also saw there was an assessment for the safety of the property to ensure staff were safe. Risk assessments were to keep people

safe and not restrict their lifestyles.

The service had a business continuity plan which set out how the service would function for any emergency such as a fire, loss of utilities or inclement weather. The plan highlighted the numbers for key staff and other organisations to help get services up and running as soon as possible.

All accidents and incidents were recorded by staff and audited by management to see if any triggers could be spotted and reduce the incidents.

People who live in their own homes are generally responsible for infection prevention and control. However, staff were trained in infection control topics and used protective clothing (PPE) when required. Staff were supplied with gloves and aprons and we saw staff were supplied with this equipment when they came into the office. Staff had access to a copy of the National Institute of Health and Clinical Excellence (NICE) guidelines for infection prevention and control which is considered to be best practice. Staff we spoke with told us they would report any infection control issues to the office if they felt there was a risk and infection prevention and control were also assessed during the environmental risk assessment.

There were policies and procedures to guide staff in the safe administration of medicines. The service also had a copy of the NICE guidelines available to staff which is considered best practice information. People being looked after in their own homes can often self-administer their medicines or just require prompting. We saw from the training records that all staff had completed training for medicines administration and had their competencies checked regularly to ensure they were administering medicines safely. Staff we spoke with confirmed they had their competencies checked by managers and one staff member told us she had just completed her medicines training.

At the last inspection of June 2015 we saw that the medicines records had not been completed correctly showing gaps which may have meant the medicines were not given. At this inspection we saw from looking at the medicines administration records (MAR) that staff recorded each time a medicine was administered. The seven records we looked at showed there were no gaps or omissions. We saw that people who used the service signed their consent for staff to administer their medicines. The administration of medicines was safe.

The service was run from an office which contained sufficient equipment to provide a good service. This included computers with email access and telephones to keep in contact with staff. The fire system was checked regularly and office staff had a procedure to follow in the event of a fire.

We asked the manager what lessons they thought they had learned since the last inspection. The manager said auditing the medicines systems and better reporting by care staff around care and support with an example that staff reported red pressure areas to get district nurse assistance.

Good

# Is the service effective?

## Our findings

People who live in their own homes chose their own meals but may require staff to prepare meals for them. Staff had been trained in safe food hygiene and nutrition. This helped staff understand what they needed to do if food is stored incorrectly or if people do not prepare their food safely. We saw in the plans of care that where staff did prepare food they recorded people's known preferences and what the person could do for themselves. For example one person wanted staff to bring them bread, butter and jam but would make it the way they liked it. This showed staff were able to help encourage people to remain independent where possible.

We asked staff what they would do if they thought someone was taking a diet that was nutritionally poor. They said they would contact the office or a person's family member or GP. The registered manager said they would contact social services but that it remained a person's choice what they ate and could only give advice.

If it was part of their care package people were taken to shop for their own supplies. Many people had family to cook or shop for them.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. Staff had been trained in the MCA and DoLS.

People in their own homes are not usually subject to DoLS and the staff we spoke with said they would report any possible deprivation of liberty as a safeguarding concern which meant they would take action to protect a person's rights. Each person had a mental capacity assessment in their plans of care which would inform staff if a person had mental capacity or not. The registered manager said they had not been involved in any best interest meetings but was aware that social services held them for some people who needed protection.

We saw from the plans of care that people consented to their care and treatment by signing their agreement to their support package, which was developed with them or a family member.

We looked at four staff files and the training records of all staff. We saw that staff new to the care industry completed the care certificate which is considered to be best practice. All staff also completed the agencies induction and initial training. Staff were mentored when they commenced work and then shadowed until management thought they were competent and the staff member was confident to work with people who used the service. A family member told us, "They know what they are doing. Even if a new one comes they bring another experienced member of staff with them."

A person who used the service said, "The staff seem to be well trained. They know what they are doing all right." We looked at the training records and saw staff completed training in moving and handling, health and safety, basic life support, safeguarding adults and children, food hygiene, infection control, medicines administration, fire safety and the MCA/DoLS.

Staff told us, "I have completed the level two and three diploma in health and social care and just completed medicines training. I have done all the mandatory training" and "I complete all training the others have done. I remain up to date with all my training." Further training staff completed included end of life care, health and well-being, care of people with dementia and epilepsy. Staff received the training they needed to do their jobs. On the day of the inspection several staff came in to catch up on their training.

Some care and support workers have completed specialist dementia accredited training, This has enabled Caremark to plan and deliver person-centred care and achieve positive outcomes for people who use the service.

Two staff members told us, "We get supervision and spot checks. I have just had had a medicines competency check. We get chance to discuss our own views and raise any issues. They address them as quickly as possible" and "I have had regular supervision and it is as much for me as managers." Staff received regular supervision which enabled them to discuss their own needs as well as receive feedback about their performance.

Each person had their own GP and access to professionals such as learning disability nurses, hospital consultants and dieticians. Staff supported people to attend appointments and were aware of any particular needs a person may have to support them.

The office was located on the outskirts of Oldham. There was a general office and a room for private meetings and training. There were facilities for staff's comfort and a small kitchen for drinks and meals. There was a car park and access to a bus route for visitors.

Good

# Is the service caring?

## Our findings

People who used the service told us, "The staff are delightful. I am happy with the staff. I think they are kind and caring. They are all cheerful" and "I am very happy with the service I get. They are brilliant. The staff are very kind and caring – all of them. When my family were away they called in their own time outside of their normal hours at night to make sure I was all right. They go above and beyond what they have to do." Two relatives said, "We are very pleased with the service. The staff are all caring." People thought staff were kind and caring.

Staff said, "I love all my roles and I can turn my hand to anything. I like making sure the service users are happy and get the care they need. I would 100% be happy for a relative to use the service" and "I like the job satisfaction, making a difference in people's lives." Staff enjoyed the job they did.

We went with a member of staff to visit three people with their permission. One person had two family members present. The staff member who escorted us knew people well and had a good rapport with them. The staff member made sure people's properties were secure when we left. Although this was not a support visit the staff member asked people if they would like or need anything whilst we were there.

We looked at three plans of care in the office and two in people's homes during the inspection. Plans of care were personalised and had been developed with people who used the service so their choices were known. People's likes and dislikes were included in the plans. This helped treat people as individuals and ensured their wishes were followed. We also saw that plans of care recorded if people had any special needs in regards to their age, gender, religion or ethnicity.

Each person was given a service user guide which told them what facilities and services they care service provided.

We noted all care files and other documents were stored securely to help keep all information confidential and were only available to staff who had need to access them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe.

Where required staff recorded and supported people with any needs around communication. One person who used the service used an electronic device to aid communication which staff were aware of and could assist the person. There was a section in each care plan about any communication issues.

We saw that the service regularly asked for feedback from people who used the service. Results we saw were positive with comments such as staff are really lovely and it is well managed. People said they felt safe, were happy with current care and support and staff were punctual and wore their uniforms and identity badges.

There was also a compliments book. Comments included, "Thank you for all you did whilst I was away"; "I write to convey my relative's thanks and gratitude for the splendid ladies who battled through this last spell of weather to provided care and support for my mother" and "As a family we are particularly impressed with

what your company and carers are doing for our relative."

Good

# Is the service responsive?

## Our findings

People who used the service told us, "I am very happy with the service" and "I have no complaints." Relatives said, "We have no complaints at all about the service at all. We wish we could get more hours to just sit with our relative."

We saw that there was an accessible copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC) and Oldham Metropolitan Borough Council. There had not been any concerns raised by service users or family members but we saw that there was a system for investigating and responding to any concerns raised.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. The assessment covered all aspects of a person's health and social care needs and the information was used to help form the plans of care. The local social services department also provided an assessment for their clients. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement. The assessment also took account of a person's diverse needs such as age, gender and religion.

People who used the service said, "They do the tasks they are supposed to" and "They follow the care plan. The staff provide me with all the care that I need."

From the assessments and further information gathered through experience a plan of care was developed. We saw that the plans gave staff the information they needed to look after people as individuals. The plans were reviewed regularly to keep people's needs updated for staff. Each section had what the need was, what the goal was and a lot of detail around how staff could support them to reach the desired outcome. The plans clearly set out what staff had to do at each visit. For example, what was required in the morning, lunch time, tea time and evening. Plans of care clearly showed what level of support a person needed.

There was a system for recording when staff arrived at a service and when they left after completing their tasks. This enabled management to be more responsive if any event delayed staff and ensured people got the care they needed.

Staff were trained in end of life care so would be able to provide care and support to people and their families in a sympathetic way at the end of their lives.

Where it was part of their care package people were assisted to attend activities which were mainly community based such as shopping, going to places of interest or attend hobbies such as swimming.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 had been in post since June 2015.

We asked people who used the service if they thought managers were available and approachable. They told us, "The staff are very caring even the managers. I am very pleased with them" and "I am very happy with the service and would recommend them to anyone. The managers are very good." Relatives said, "I can get hold of the office whenever I want to. There is someone on call at all times."

Staff told us, "The manager is very supportive and very fair. You can always get hold of someone in the office or the on call manager. They will call you straight back if they miss the call" and "The manager is very supportive and always available."

The agency office was open during usual office hours and there was always a member of staff on call to deal with emergencies or advise staff.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included infection control, confidentiality, medicines administration, whistle blowing, mental capacity, health and safety, medicines administration, fire safety, behaviours that challenge, communication, mental health and safeguarding. The policies were reviewed to keep information up to date.

The registered manager audited systems to maintain or improve the service. This included staff times and duration of visits, spot checks to ensure care was good, medicines administration, plans of care, training and supervision.

The registered manager also recorded any incidents and investigated them if required. None of the incidents involved staff and we saw that where necessary outside agencies were contacted.

There were two field care supervisors on a week on week off rota. There was a handover between the staff to ensure there was continuity of care and any staffing issues which helped the service run smoothly.

Staff were also able to attend other regular meetings which updated staff on any changes or training available.

Staff were issued with a handbook when they commenced work. This gave staff a great deal of information about what was expected of care workers and included key policies and procedures, the codes of good practice and end of life care.

The service had won the Best Regional Business award in February 2018 for the commitment they showed to for care and support to their clients. One of the directors is Chair of the Steering Group for Oldham Dementia Action Alliance. This showed the service were working well with external partners such as health professionals; council officials and social care staff; community groups; charities; other businesses, working with schools/colleges; faiths and transport. This commitment helped make a difference to people who used dementia services and in the wider community for people with a dementia to live well in a dementia friendly town. The service also sponsored a local rugby team.

The last annual survey in 2017 had been very positive and showed people thought they received a good service, felt safe and thought staff were caring.