D.& G. Care Limited

Caremark (Oldham)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We undertook an announced inspection of Caremark (Oldham) on 10 and 11 August. The inspection was announced 48 hours prior to our visit to ensure that the registered manager or other responsible person would be available to assist with the inspection.

Caremark (Oldham) is a service that provides care to people within their own home or out in their local community. The main office is situated on the outskirts of Oldham and support is provided to people in and around Oldham. The services provided include personal care, assistance with medication, cooking meals, daily activities and shopping as well as a sitting service for carers. At the time of our inspection 168 people used the service.

The service had 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.

Carer's who had been recently recruited told us they had been through a robust recruitment process. We saw that

Summary of findings

Caremark's recruitment and selection policy had been followed in the recent employment of staff. We looked at the training records for all staff including recently recruited staff. Newly recruited carer's had received induction training when they started their employment. We saw records for carer's having completed or were working towards a nationally recognised qualification in care (**National Vocational Qualification).**

Care plans were in place to reflect the needs of the people. This included information about how people wanted to be supported, their likes and dislikes, when support was required, and how this was to be delivered. We saw evidence of people and their relatives being involved in the decision making process throughout the initial assessment and during reviews.

Information regarding people's dietary needs was included in their care plan, and detailed guidance for carer's was provided in order to ensure that they met these requirements. Any specific dietary requirements were clearly documented, and all allergies were written in bold so carer's were aware of any risk.

Carer's were able to respond to people's individual needs by following care plans. We spoke with three people who confirmed they received support to access the community for leisurely activities and two people confirmed that their carer's would accompany them to attend health appointments or request health professionals to visit the home if needed.

People who used the service were also able to raise any concerns if they wished with the management team. We saw evidence that people's comments and complaints were responded to appropriately.

The systems for managing medicines in the service needed to be improved to ensure that people always receive their medicines as prescribed. We saw evidence that some carer's had not signed to confirm that they had safely administered medicines, and gaps in medicine administration records had not been explained.

All staff had undertaken training in the Mental Capacity Act (MCA); this legislation provides legal safeguards for people who may be unable to make their own decisions. The registered manager explained that they worked alongside the local authority and would agree people's capacity to consent to the care and treatment prior to any service being commenced. This was evidenced and documented in the care plans.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People told us they felt safe .

Suitable arrangements were in place to help safeguard people from abuse.

Carer's were able to tell us what action they would take if abuse was suspected or witnessed.

The systems for managing medicines required improvement to ensure people always received their medicines as prescribed.

Requires improvement

Is the service effective?
The service was effective.

Carer's received the induction, training and supervision they needed to help ensure they provided effective care and support.

Carer's promoted the rights of people to make their own decisions. The registered manager was aware of the action to take should it be necessary to place any restrictions on people who used the service.

People who used the service received appropriate support to ensure their health and nutritional needs were met

Good

Is the service caring?
The service was caring.

People who used the service spoke positively about the attitude and approach of carer's. We observed staff to be kind, caring and thoughtful in their interactions with people.

People were supported to receive the care they wanted at the end of their life.

Good

Is the service responsive?
The service was responsive to people's needs. People had control over the support they received and were involved in regularly reviewing their support plans to ensure their needs were fully met.

People who used the service were confident they would be listened to if they were to express any concerns about the support they received.

Systems were in place to record and address any complaints received at the service.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a manager in place who was registered with the Care Quality Commission.

People who used the service and staff spoke positively about managers and the service. Carer's told us they felt valued and enjoyed working for the service.

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.

We told the provider two working days before our visit that we would be coming. This was to ensure the registered manager and carer's would be available to answer our questions during the inspection. On the 10 and 11 of August 2015 we visited the registered office and spoke with the registered manager, and five staff. We spoke on the telephone with nine service users and three relatives, on the 14 August, in order to gather their opinions about the service their family members received.

The inspection team consisted of one adult social care inspectors. We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch and local commissioners told us they had no concerns with Caremark.

During the inspection we looked at the care records for nine people who were using the service. We also looked at a range of records relating to how the service was managed; these included seven staff personnel files, training records for all staff employed and policies and procedures.

Requires improvement

Is the service safe?

Our findings

The service had a policy and procedure for the administration of medicines, carer's were not approved to administer medicines until they had received training in the safe administration of medicines. This training was followed by an on-site observation of practice. We looked at five medicine administration records, and saw that, one Medication Administration Record (MAR) sheet had no date entered to confirm which month the chart was for. Four of the records also contained gaps where a reason for non-administration had not been entered. This was not consistent with the service's policy and procedure on recording of medicines. It also meant that the provider could not be sure that people were protected against risks associated with unsafe administration of medicines.

This was a breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People who used the service and their family members told us that they felt that the service is safe. Comments included, "I feel safe when they're around, they have access to my home via the key pad," and, "Yes, I feel , the staff are trained well, I have no issues and happy with the service, no problems."

The registered manager told us that the agency provided a service to 168 people and employed 45 carer's, who were responsible for the delivery of personal care to these people in their own homes or supporting them to access activities in the community. The records we reviewed confirmed this. We saw that wherever possible the registered manager endeavoured to have the correct staffing levels and the same carer's to support people. This was to provide continuity for people and consistency in the care provided. We were told that this might sometimes change due to annual leave, sickness or when staff moved on to new jobs.

One person we spoke with told us, "If I had a phone call, to say new staff was coming then I would have a choice to say "no" or at least know I have a new face coming. I used to get introduced to new faces, not any more; I don't get a phone call anymore." And another relative said, "They are meeting my mum's needs now, only because I demand and ask the right questions". Whilst six other people who use the service told us they had enjoyed consistency in the care they received and were always informed if ever there was a change in their carer. Our findings during the inspection confirmed there was sufficient staff capacity to meet the needs of the people using the service.

The service had an up- to-date safeguarding policy and procedure. Staff that we spoke with were able to describe types of abuse, the signs and indicators that might indicate abuse and what they should do if they had a safeguarding concern. Training records showed that all staff had received training in safeguarding of vulnerable adults and children, and this was supported by a certificate of attendance. Staff told us they were confident any concerns would be taken seriously and appropriate action would be taken by the registered manager. We saw that Caremark had a whistleblowing policy and staff were aware of this.

We looked at six staff files, all included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and Disclosure and Barring check (DBS). A DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw evidence that staff members were not assigned any work until the appropriate clearance from the Discolsure and Barring Service had been received. Staff files also included recruitment details, supervision records and training certificates. Caremark's mandatory training covered subjects such as, moving anmd handling, infection control, safeguarding children and adults, health and safety, medication, and dementia care.

During the inspection we looked at five records for incidents and accidents that had occurred during 2015. We saw that incident and accident forms had been completed in full. These forms provided brief details of the incident and identified what further action should be taken. In one case the incident was reported to the appropriate authorities, and guidance was recorded for staff to follow in response to the incident or accident to reduce the risk of it happening again.

The provider identified and managed risks appropriately. We looked at eleven care plans in detail which contained risk assessments that identified hazards people and carer's might face. Where risks were identified, plans were in in place to provide clear guidance for carer's as to how they should support people to manage the risks and keep them safe. Risk assessments had subsequently been updated,

Requires improvement

Is the service safe?

and the risk management plans were detailed and contained step by step guidance for staff, including information regarding communication approaches and positive behaviour support plans with clear outcomes and goals outlined. It was evident from discussions we had with care workers that they knew the risks people might face and how to manage these risks. We spoke with five carer's who provided detailed explanations of how they provided personal care for people and the moving and handling practices they used when supporting people.

Risk assessments reviewed included information in respect of environmental risk, and safety of equipment. Carer's had received moving and handling training prior to working with people who required this support. We were told that this included an on-site observation by the field care supervisor, and that new workers were not "signed off" to work with a person who required support with mobility tasks until this had been carried out. We saw recorded evidence of both moving and handling training and on site-observations in staff training records.

The registered manager told us that where people's needs had changed and there were safety issues with the current level of support, there was an immediate review of risk. The records we looked at reflected this, and we saw evidence of correspondence with the local authority team regarding arrangements to resolve issues. A carer told us, "If I noticed any changes, I would call the field care supervisor straight away and she would then deal with any changes."

The provider has introduced a computerised system iConnect which monitors the times the Carer's arrives and leaves the home of the person they are supporting. If a carer does not arrive ten minutes after the due time, an immediate alert is raised with the service. The records that we saw showed that, on such occasions, the registered manager or another carer would make the care call to the person. The registered manager told us that some carer's had not always been good at informing the service or the person if they were running late for a call, but that this had improved significantly since the computerised system had been introduced.

Good

Is the service effective?

Our findings

People and their relatives expressed positive views about the service. All the people we spoke with said they were pleased with the support they or their relatives received. One person said, "My carers are excellent, and very trustworthy." Another person said, "I am happy with the service, the staff are well trained, good at their jobs, and do actually care, compared to the previous company. This care company is excellent."

The registered manager told us that carer's had received induction training in all the essential areas of their work, this included shadowing existing staff until new staff were fully competent in all tasks such as personal care and, moving objects in people's homes. Carer's had received classroom based induction training prior to working with any person who used the service; this followed a competency based framework that was linked to the new 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We spoke with one new carer who had recently been employed by the service they told us that the training had been helpful in giving them the basic information and skills needed. They said, "I shadowed for the first two weeks, wasn't thrown in the deep end, and now I've got my hands on training so feel really confident. I'm well supported at Caremark." Training records indicated that some carer's had received additional training, to support the specific needs of the people they supported, including food hygiene, infection control, dementia care, manual handling, first aid and health and wellbeing for customers and staff. We saw staff training was up to date and any refresher courses that were due were highlighted for the carer's to be enrolled on before the expiry date of their last course.

Staff supervisions took place every eight weeks. We saw evidence in six staff files that all staff were being supported regularly by the new care manager recently appointed. The care manager told us she had an 'open door policy', so that carer's could walk in at any time and discuss any issues. Staff also told us that the field care supervisors carried out unannounced 'spot checks' to ensure that correct standard of care was being provided in accordance to people's support needs and care plans and people's dignity was maintained throughout the delivery of support. This meant staff were supported and supervised to meet the needs of people who used the service in the community and regularly face to face too.

We saw recorded evidence of staff meetings covering code of conduct, mobiles, call times, respect and dignity and safeguarding. Staff meetings were being held every quarter or sooner if urgent information needed to be delivered. There was no evidence to show that carer's had received an appraisal but the registered manager said she was planning to do this.

People were able to make decisions about the care and support they received and were asked for their consent. It was clear from speaking with people and their relatives that they were actively involved in making decisions about their care and support needs. Records showed that people were involved in making decisions about their care and support and their consent was sought and documented. Carer's displayed a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support.

The Mental Capacity Act (MCA) 2005 sets out what must be done to make sure the human rights of people who lack mental capacity to make decisions are protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. People living in their own homes are not usually subject to the Mental Capacity Act or DoLS. However, Staff had a clear understanding of the Mental Capacity Act, and the registered manager explained how she would make appropriate referrals to the Local Authority.

People were helped to get access to healthcare services as required. Where people were found to have a medical or health problem the service advised them or their relatives who to seek help from, this was documented in the care

Good

Is the service effective?

plans. As an example in one person daily logs, staff had called the emergency out of hour's service and carer's then followed this up by contacting family members and documenting their actions clearly.

People told us that when it was part of their agreed care plan their carer's shopped and prepared food for them. We saw care plans that specified this and people told us that this was a very important part of the care provided for them. One person told us, "They come in the mornings and get my breakfast. Then they come at lunch time and again at supper time and get these meals for me." Another relative whose mum needed help to ensure she ate a balanced diet told us, "Staff make sure she's eating her meals, a few staff are really good as mum relates to them as they talk to her whilst preparing her meals and encourage her to eat." Carer's told us they used the daily logs to record this support and to provide a daily record for food monitoring for people who required this.

Good

Is the service caring?

Our findings

People and family members that we spoke with told us that they considered that the service was caring. One person said, "They all know what they are doing, they are kind and considerate, some carers are excellent." And another person told us "Very happy with the service, he's a lovely lad". A relative we spoke with told us "My son smiles when the carer comes, it's a good indication he's happy".

We were unable to observe care being carried out, but the carer's that we spoke with talked about the people whom they supported in a positive, caring and respectful way. One told us, "I know that if I am supporting people, especially when doing personal care, I always ask what their preferences are, how they want to be supported; this makes a big difference to them." Another said, "I encourage and support the people to promote their independence, and I am never over bearing."

Some carer's told us that it was important that people received care from staff whom they were familiar with, and that there was always another carer known to the person who used the service, who could provide care if a carer was on leave or off sick. The registered manager confirmed this approach, telling us that, the service ensured that other workers were also involved in a person's care to assure continuity of support if a team member was absent. They also told us that, wherever possible, carer's were matched to people who used the service; this might be on the basis, of age, gender preference, language or interests.

People that we spoke with confirmed that care was provided by a worker that was known to them. "We are usually told when someone is going on holiday; they try to give us someone we already know." However one person we spoke with said "on a few occasions there's been new faces, I used to be introduced to new staff, but that doesn't happen that often any more".

The registered manager told us that new carer's, or those new to the person who used the service, would shadow established carer's in order to understand the person's needs and establish a relationship with them. One carer told us that they valued this opportunity, "I shadowed for the first two weeks, wasn't thrown in the deep end." Another carer told us "I have a good relationship with all customers, sometimes they ring me and talk to me about anything and I listen, and that's all it takes."

We asked staff about approaches to dignity and privacy when working with people. Carer's told us that they received training about dignity in care at induction and this was confirmed by the training records. Carer's gave examples of how they ensured they provided dignity to people they supported and how they maintained privacy. One carer told us "We always ask people what they want help with and never assume and take over." Another carer told us "I always ask before I support people with personal care in a respectful manner."

Staff were familiar with Caremark's confidentiality policy and understood how to work within it's guidelines. People told us their carer's did not share information about them inappropriately with other people and therefore respecting their confidentiality. We saw all confidential personal information about people and carer's was securely stored.

Good

Is the service responsive?

Our findings

People were involved in discussions about their care. One person told us they and their relatives were central to the needs and risks assessment that were carried out by the field care supervisor when they first contacted the service. Another person said, "They are meeting my mum's needs now." Another person told us "they all know what they are doing". The registered manager confirmed that before a person received a service, they carried out an assessment of their abilities and needs. We were told this was used to develop individualised care plans for each person using the service.

We looked at nine care plans, all care plans reflected people's needs, abilities, preferences and goals and the level of support they should receive from carer's to stay safe and have their needs met. Care plans also included people's daily routines, their food preferences and how they could stay healthy, well and safe. It was clear from discussions we had with carer's that they were familiar with people's choices and preferences. One carer told us about the daily routine of the people they supported, and their preferences every morning and evening. They told us if they had time they always asked people if there was any other support they needed. One carer told us they sometimes escorted one of the people they supported to go to their healthcare appointments.

The service took account of people's changing needs by ensuring care plans were reviewed and amended where required. People and their relatives told us they were encouraged to be involved in reviewing their care plan. One person said, "I do have a copy of my care plan. It was reviewed with me at home; the girls often do more though." Another person said, "The review happened here in my home." We saw care plans had been regularly updated to reflect any changes in people's needs which helped to ensure they remained accurate and current. We saw that staff made records of events on the day they visited and communicated any changes in care to the families and the office too. Care records were reviewed when any changes to the person's support needs occurred.

The service responded to complaints appropriately. People told us they were given a copy of the complaints procedure when the service started. People also felt comfortable raising any issues or concerns they might have with the registered manager or other staff. One person told us, "I have no complaints about the service the only negative thing is they leave the landing light on all night." This was raised with the registered manager who immediately took action. Another relative wrote, "The service I get from Caremark for my son is wonderful, I have no problems with your staff." We were provided with a copy of the complaints procedure and we saw that it clearly outlined how people could make a complaint and the process for dealing with this. We noted all complaints received by the provider were logged by the registered manager and the actions taken to resolve them had been well documented and in one case the local authority had been informed.

Good

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). At the time of the inspection the registered manager had recently appointed a new care manager to support the day to day running of Caremark.

We asked people who used the service and their relatives if they found the service was well managed. Comments we received from people included: "We had some issues but these have been ironed out now" another person said "It used to be better run, they have gone through a few managers, when I ask them to do things they do them". A relative told us "There's good management structure, very happy with the service, staff are trained well, they've done specific training to support my son, I wouldn't let him go out of the door if he wasn't safe"

The care files we reviewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by the registered manager to check on people's views of the service were being carried out and that reviews were undertaken sooner if requested. People that we spoke with told us that the registered manager had been in contact to establish their views about the service. A family member that we spoke with said, "They are all nice".

We saw evidence that other quality assurance processes were in place. For example, regular spot checks of home visits. Spot checks entail a senior member of staff visiting the house of a person receiving care unannounced to check on the care and support being delivered by carer's. The registered manager told us that when these checks were undertaken, these were planned with the person but unknown to staff. One carer confirmed this, she told us, "the field care supervisor was there when I arrived and I wasn't expecting this."

We saw evidence that service satisfaction questionnaires had been sent out to people who used the service or family members where appropriate. We saw ten returned questionnaires that indicated high levels of satisfaction with the service. One person wrote "We truly appreciate the care you gave" Another relative wrote "Thank you to all staff involved in my mums care during her final days, your ability to organise 24 hour care at such short notice, made such a huge difference to us all. All your carers provided wonderful care for mum and treated her with such compassion and respect at all times."

The registered manager told us that monitoring of staff recording of visits had commenced and there was some evidence of this. Monitoring of call times was in place following the recent introduction of the computerised iConnect call system. All carer's had their rotas emailed to their phones; carers without phones had access to paper copies of their rota.

People who used the service and their family members were aware of who the registered manager was and spoke positively about them. Carer's said they felt the service had a stable management structure in place. Carer's were also positive about the registered manager, and felt that they were well supported. One carer told us "I'm not bragging but I think it's a very good company to work for, they are very supportive with the service users and staff" and another carer said "I'm well supported with the new manager, calls are better; you can talk to her about anything".

The registered provider demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service. We saw in the main reception area Caremark's vision and values clearly displayed. Staff were aware of these values and the registered manager included the values in team meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The lack of robust systems to ensure the safe administration of medicines was a breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not provided in a safe way for service users because medicines were not managed safely and effectively.