

Hallcare South Limited







Caremark Poole & East Dorset

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

The inspection was announced and took place on 7 and 8 July 2015. We told the registered manager one day before our visit that we would be coming. This was to make sure staff we needed to speak with were available.

Caremark Poole & East Dorset employs care workers to provide personal care for adults of all ages in their own homes. At the time of the inspection the service was

providing personal care to 46 people. In addition to this they provided two people with a sitting service. The service was not providing any personal care to people who needed two staff at the same time or any live-in care services as they previously had done.

We last inspected Caremark Poole & East Dorset on 5 August 2014. This was to follow up on a warning notice

Summary of findings

and compliance action issued at the previous inspection in May 2014. These were in relation to safeguarding people and assessing and monitoring the safety and quality of the service provision. Improvements were noted in the systems for safeguarding people but not all of the regulation was being met. We found the assessing and monitoring the safety and quality of the service provision met the regulations. At the May 2014 inspection we also identified shortfalls in the care and welfare of people. At this inspection we found improvements had been made and all of the previous shortfalls had been met.

There manager was registered in August 2014. 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.

There were systems in place to safely manage and administer medicines for people. Staff had been trained in the safe administration of medicines. However, one person's medicines had not been administered as prescribed and this was an arear for improvement.

People and relatives said the staff were kind and respectful. They took the time to make sure people had everything they needed before they left them.

People received care and support in a personalised way. Staff knew people well and understood their needs. There were care plans in place so that staff knew what care and support to provide people. We found that people received the health, personal and social care support they needed.

People told us they felt safe and relatives said their family members were safe with staff and they had confidence in staff. Any risks to people's safety were assessed and managed to minimise risks.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People told us they liked all of their care workers.

Staff received an induction and core training so they had the skills and knowledge to meet people's needs. There were enough staff employed and staff were safely recruited.

People and their relatives knew how to raise concerns or complaints. People and relatives were regularly consulted by the managers.

The culture within the service was personalised and open. There was a clear management structure and staff, relatives and people felt comfortable talking to the managers about any issues and were sure that any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided.

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?

Overall people received a safe service but some improvements were needed in relation to medicines management.

There were systems in place to minimise potential risks in the delivery of people's care.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Requires Improvement



Is the service effective?

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and sought people's consent before providing any care and support.

Staff had the right skills and knowledge, training and support to meet people's needs.

People had the food and drinks they needed when this support was provided by the service.

Good



Is the service caring?

The service was caring. The people and their relatives told us that staff were kind and caring.

People and or their relatives were involved in decisions about the support they received and their independence was respected and promoted.

Staff were aware of people's preferences and respected their privacy and dignity.

Good



Is the service responsive?

The service was responsive to people and their needs.

People's needs were assessed and care was planned and to meet their needs. Care workers knew people well and how to meet their needs.

People and their relatives knew how to complain or raise concerns at the home about the service.

Good



Is the service well-led?

The service was well-led. Observations and feedback from people, staff and relatives showed us the service had an improving, positive and open culture.

Feedback was regularly sought from people and relatives. Actions were taken in response to any feedback received.

Good



Summary of findings

There were systems in place to monitor the safety and quality of the service.
There was learning from accidents, incident and investigations into allegations of abuse.

Caremark Poole & East Dorset

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 registered manager was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. The inspection was carried out over two days by one inspector on 7 and 8 July 2015.

Before the inspection, the provider completed 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 improvements they plan to make. We also reviewed the incidents they had notified us about and the results of questionnaires we sent to people and relatives. We also contacted one commissioner to obtain their views.

We visited four people in their homes, spoke with three relatives and spoke with four staff. We also spoke with the provider, the registered manager, the care co-ordinator and the field care supervisor. We looked at four people's care and medicine records in the office and the records in their homes with their permission. We saw records about how the service was managed. This included four staffing recruitment and monitoring records, staff schedules, audits, meeting minutes, and quality assurance records.

Following the inspection, the provider sent us information about policies and procedures and the staff training records.

Is the service safe?

Our findings

People told us care worker supported them with their medicines in the ways they wanted them to. One person said, “They ask me every visit whether I need any paracetamol and they help me with my nebuliser”.

We looked at the medicines plans, administration and monitoring systems in place for people. The majority of medicine administration records in people’s homes and at the office had been signed to show that medicines had been given or creams had been applied. The registered manager told us and we saw in staff meeting minutes that the concerns about care workers not signing medicines administration records had been raised. However, for one person who had been recently discharged from hospital their medicines had not been administered as prescribed. We contacted the registered manager following our visit to this person and they confirmed that the care worker that morning had also raised concerns about this. The registered manager agreed to visit the person that afternoon to audit and check the medicines in place to make sure they were correct and that all medicines were recorded on the medicines administration records. The management and administration of this person’s medicines was an area for improvement.

At our last inspection in August 2014 we issued a compliance action because the provider did not always take appropriate steps to identify the possibility of abuse and prevent abuse from happening.

At this inspection improvements were made. People told us they felt safe and were confident with the care workers that visited them. All the questionnaires from people and relatives told us they felt safe from abuse and harm by their care workers. Relatives said they did not have any concerns about the safety of their family members whilst care workers were supporting them.

Care workers had received training in safeguarding adults during their induction and ongoing training. Staff knew the different types of abuse and were confident about how they could report any allegations. The registered manager told us they had learned lessons from the previous shortfalls in safeguarding practices at the service. They had attended further safeguarding training for managers from the local authority.

We found people had effective risk assessments and plans in place for; their home environment, pressure areas, nutrition, medicines and falls. Care workers told us there were systems in place for emergencies, for example they described what they did when someone was unwell when they arrived at a visit. There was an out of hours and on call system in place for people and staff to contact in the case of emergencies.

The registered manager told us and we saw from schedules there was a stable staff team. The registered manager said they were very careful to make sure they only took any people’s packages of care where they had the staff to provide the care. For example, the registered manager was not taking on any packages of care that needed two care workers to support people.

We found that recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This included up to date criminal record checks, fitness to work questionnaires, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in employment were explained. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Is the service effective?

Our findings

All the questionnaires from people showed us they received care from familiar, consistent care workers. This was supported by what people we visited told us and from the staff schedules we saw.

Most people and questionnaires told us that care workers arrived on time. People told us if their care workers were running very late the care worker or office phoned them to let them know. Care workers told us they had enough travelling time between visits. They said if there was not enough time the office adjusted the travel time.

People and questionnaires told us the care workers stayed for the full amount of time. One person said, "They always ask if there is anything else they can do". Relatives and questionnaires told us care workers completed all the care and support tasks they should do at each visit. Three people and relatives told us they read the care records that staff completed. They said these records were accurate reflections of the visits and the care and support provided.

All of the people we spoke with and questionnaires told us that care workers had the right skills and knowledge to support them.

Staff completed core training that included the provider's compulsory training. For example, infection control, safeguarding, moving and handling, medicines management and emergency aid. All care workers completed an induction and new staff were completing the care certificate, which is a nationally recognised induction qualification. Care workers we spoke with had a good understanding of their roles.

Staff told us they were well supported by the managers and they had opportunities to develop professionally. Records showed the manager and field care supervisor completed observations of staff. The registered manager was regularly part of the team providing care and support to people so they had regular contact with people, relatives and staff. This included medicine competency check, appraisals, spot checks and one to one supervision sessions. Spot checks are an observation of staff performance carried out at random.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to community services. The registered manager had recently attended training and was aware of a Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. We did not find any evidence of any restrictions imposed upon people.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and staff we spoke with had an understanding about this and making decisions that were in people's best interests. The registered manager had contacted one person's funding authority to request a copy for the best interest decision made in relation to the safe keeping of the person's medicines.

People and relatives told us staff sought their consent before undertaking any support or personal care tasks. Records showed people's consent to their care had been sought by staff and people had signed their care plans. Where people lacked capacity to make specific decisions about their care their relatives had been consulted about what was in their best interests. The principles of the MCA had been applied by staff.

People told us they were supported to have enough to eat and drink and at the times they wanted it. They said, where preparing food and drinks was part of the care and support package, the care workers always made sure they had food and drinks left in their reach. Where providing food and drink was part of a care and support package people's nutritional needs were assessed, monitored and planned for. For example, for one person who was diabetic, the daily records reflected what food and drinks had been prepared and what the person ate and drank. In addition we saw the when the person had not been eating so well, food and fluid records had been completed so staff could assess whether the person was eating and drinking enough each day.

People's health needs were assessed and planned for to make sure they received the care they needed. For example, one person had previously had a pressure sore. The person told us staff checked their skin when they supported them to wash and their care plan also included this information.

Is the service caring?

Our findings

People said they were introduced to new care workers before they started. One person who had started receiving a service the week before the inspection said they were quite anxious about changing to a new care agency. They said, “It’s a very worrying time when you change agencies but they have been brilliant I’m so glad we chose them”.

All of the people we spoke with said they were happy with the care and support and that all of the care workers were kind and caring. This was reflected in all the questionnaires we received from people and relatives. One person said, “Staff have been excellent and all been very kind and caring. They’ve all been fine and go beyond the call of duty”. Another person said, “It’s very good care and I’m happy with everything.

People told us and care plans showed us their choices in relation to gender of care workers for personal and intimate care was respected.

People we spoke with and their relatives confirmed that they were involved in making decisions about their care. We saw they had been involved in developing their care plans. One relative told us, “I read the book and it’s an accurate record of the visits”.

People and questionnaires told us that care workers encouraged them to maintain their independence. For example, one person said, “The carers help me with my tablets. They point at which is the right day on the blister pack and I pop put the tablets into a pot so I can take them myself”. This support with this person’s medicines was detailed in their medicines care plan.

People and questionnaires told us care workers always treated them with respect and dignity. People said care workers always maintained their dignity when providing personal care. For example, care workers always kept them covered when washing them.

Is the service responsive?

Our findings

During our visits to people's homes, people and relatives told us the service was responsive to their needs. Some people told us that the service had been able to provide visits at short notice when their circumstances changed. Staff told us and we saw from care plans they responded to people's changing needs and wishes. For example, one person had become reluctant to eat their main meal at lunch time so they were providing the meal in the evening and the person was eating better. Another person and their relative told us staff had noticed the person's leg was swollen and had contacted the GP for them.

At our inspection in April 2014 we identified shortfalls in the care planned for people. At this inspection we found improvements had been made. Staff said that care plans were easy to follow and gave them all the information they needed to be able to provide the right care and support.

People told us and records showed that people's needs were assessed and that care

was planned to meet their needs. Staff knew the people they were caring for, what care and support they needed and this reflected what we saw in people's care plans. We looked at four people's assessments and care plans and saw that they had been reviewed on a regular basis or as their needs changed. The care plans were personalised and focused on meeting the individual's needs and their abilities. The registered manager told us they tried to meet people's preferences about times of visits and this was supported by what people and relatives told us.

One person had recently returned home from hospital. They confirmed when we met them that their needs had not changed significantly. However, the registered manager acknowledged they should have reviewed the person's needs when they returned home to ensure that staff had the correct information to be able to care for the person.

People and relatives told us they were involved in reviews of their care plans and we saw that up to date care plans in four people's homes.

All the people and questionnaires told us that they were involved in making decisions about their care. People told us that their relatives were involved in decision making only if they wanted them to be. One person said, "My daughter has checked out the care plan and signed it for me".

All the people, relatives and questionnaires told us they know how to complain and that the service responded well when they raised any concerns or complaints. They all had written information about how to make a complaint with contact telephone numbers. None of the people we met or spoke with had needed to make a complaint to the service. We looked at a summary of complaints the provider had received since our last inspection. The service had responded in a timely manner and had acted appropriately where people had complained or raised concerns. The registered manager told us they shared the outcomes and the learning from complaint investigations with staff. This was confirmed by staff that this information was shared at staff meetings.

Is the service well-led?

Our findings

Feedback from people, relatives and staff showed us the service had an improving, positive and open culture. They all said they could approach managers and they were listened to by the managers. People, relatives were confident that action was taken when needed and they were positive about every aspect of the service.

People, relatives and questionnaires told us they knew who to contact at the agency. They said they had regular contact with the registered manager and field care supervisor who sought their views on the service. In addition to this all telephone contacts with people, any incidents and accidents were recorded on the person's file. The registered manager regularly reviewed these contacts and incidents.

We saw the service had received 17 compliments from people, relative and professionals since the last inspection. The registered manager shared these with staff so they received the positive feedback from people.

Some people told us they had completed questionnaires and all told us staff from the office phoned or visited them

to check the quality of the service. The results of the questionnaire sent out in April 2015 had been analysed. The provider had been sent a letter to people to inform them what action was being taken in response to their feedback. We looked at the questionnaires and saw that overall they were positive about the service provided.

The provider had systems in place for monitoring the quality and safety for the service. These included spot checks, auditing of a sample of staff files, a sample of medicines records, people's daily logs and records, complaints, compliments and any accidents or incidents. We saw that where any gaps were identified the registered manager followed up with the staff involved and shared the learning at staff meetings. The provider told us in addition to the monitoring and auditing the registered manager completed, the head office completed a full audit. The last audit completed by the head office did not identify any areas for improvement.

All of the staff we spoke with knew how to whistleblow and raise concerns. They were confident that any issues they raised would be addressed.