Ross Jones Limited

Caremark (Sefton)

Inspection report

Weld Parade
Southport
Merseyside
PR8 2DT

Tel: 01704563333

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out an inspection of Caremark Sefton on 9 March 2016. The inspection was unannounced.

Caremark Sefton provides domiciliary care services to 32 people living in their own homes.

At the time of the inspection a registered manager was not 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.

We asked people about the safety of services. Each of the people that we spoke with told us that they felt the service they received was safe.

The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection.

The care files that we saw showed clear evidence risk had been assessed and reviewed regularly.

Incidents and accidents were subject to a formal review process which included; the production of a report, a meeting with any staff involved and an analysis that was shared with the manager.

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were required to complete an induction programme which was aligned to the Care Certificate.

People were supported to maintain good health through regular contact and review with a range of healthcare professionals.

We were unable to observe the delivery of care, but people spoke positively about the way in which care was delivered. The staff that we spoke with knew the people that they cared for and their needs in detail. The care records that we saw used language which was respectful when describing people and the care provided.

People were given choice about the gender of their care staff and the times when staff provided care.

People using the service and their relatives were encouraged to provide feedback to the organisation through informal and formal mechanisms.

The staff that we spoke with enjoyed working for the organisation and felt supported. Staff were encouraged

to give feedback on their experiences and make suggestions for development.

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 were trained to recognise abuse and neglect and how to report concerns.

Each of the people that we spoke with told us that they felt the service they received was safe.

The provider completed spot checks on care staff regularly which included the administration of medicines. We saw evidence that these observations had taken place on staff records.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs.

Staff were supported by the organisation through regular supervision and appraisal.

People were supported to maintain good health through regular contact and review with a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Care plans were detailed and focused on the person not just their care needs.

Staff knew the people that they cared for well and spoke positively about them.

People had choice and control over the way in which their care was delivered.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the assessment and planning of care.

People were supported to access the local community and to pursue hobbies and interests where this was appropriate.

Concerns and complaints were addressed formally and the provider used the information to make changes to the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager was not in post. The previous registered manager had left the service at short notice and had not applied to cancel their registration with the Commission.

Staff were encouraged to give feedback on their experiences and make suggestions for development.

The organisation had a robust approach to the monitoring of quality.

Caremark (Sefton)

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 inspection took place on 9 March 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

The provider had 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 any improvements they plan to make. The PIR contained information from questionnaires which had been distributed to 25 people using the service, 25 relatives and 25 staff. Eight people using services returned the questionnaire, two relatives and four staff. Their comments were used to inform the inspection process and in the production of this report.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the service, their relatives, staff and managers. We also spent time looking at records, including five care records, five staff files, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with three people using the services by telephone. We spoke with the manager, the care coordinator, the training manager and two other staff.

Good

Is the service safe?

Our findings

We asked people about the safety of services. Each of the people that we spoke with told us that they felt the service they received was safe. One person told us, "[I feel safe because] I have regular staff." Another person said, "Yes, I feel safe. I've been very, very satisfied." The manager told us, "[Safety] starts with their care plan and staff training." In response to our questionnaire 100% of people using the service and their relatives said that they felt safe from harm from their care workers.

The provider had delivered a training programme for staff and managers regarding adult safeguarding. The staff that we spoke with confirmed they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect was taking place. A member of staff told us, "We report any concerns to our supervisor or manager." The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection. The provider also told us that they completed spot checks on care staff regularly. We saw evidence that these observations had taken place on staff records.

The care files that we saw showed clear evidence risk had been assessed and reviewed regularly. Risk assessment was undertaken at the initial assessment phase and reviewed regularly once the service had started. In the care records that we saw the most recent scheduled reviews were recorded between December 2015 and January 2016. The risk assessment processes were sufficiently detailed and robust. A member of staff told us, "Risk is managed, but we encourage positive risk taking with the involvement of other professionals."

Incidents and accidents were subject to a formal review process which included the production of a report with short-term and long-term actions. We saw that these reports were sufficiently detailed and recorded where actions had been completed.

The provider had a robust approach to whistleblowing which was detailed in the relevant policy. Staff were able to explain internal mechanisms for reporting concerns and were aware of the external resources available to them if required. Each of the staff that we spoke with expressed confidence in internal reporting mechanisms.

The service had sufficient staff to cover its responsibilities and was actively recruiting to provide additional cover for sickness and emergencies. The care coordinator told us, "We have enough staff."

Staff were recruited following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. Each of the DBS checks that we saw had been completed within the last eighteen months.

The provider had a disciplinary policy and procedure in place. Staff were familiar with the policy. One

member of staff gave an example of how the policy had been applied in practice.

Staff were trained in the administration of medicines but because the services were community-based, they were not always responsible for storage and administration. Some people who used the service were able to self-administer their medication, others required support. Medication Administration Record (MAR) sheets were completed by staff where appropriate. These records were held in people's homes and were not available to us during the inspection. MAR sheets were checked as part of the provider's safety and quality auditing processes during spot-checks.

Good

Is the service effective?

Our findings

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were required to complete an induction programme which was aligned to the Care Certificate. The Care Certificate requires staff to complete appropriate training and be observed by a senior colleague before being signed-off as competent. Staff were supported by the organisation through supervision and appraisal. One member of staff told us, "I get supervision every six to eight weeks and an annual appraisal." The care coordinator told us, "We always offer extra training and staff are paid to attend." We looked at records relating to training and saw that nearly all training had been refreshed within the last twelve months. In response to our questionnaire 100% of people using the service and their relatives said that staff had the right skills and knowledge and they would recommend the service to another person.

Staff were trained in a range of subjects which were relevant to the needs of the people using the service. Subjects included; Safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. Staff also had access to additional training to aid their personal and professional development such as; the level five in health and social care and a range of specialist health and social care topics. Training was delivered through a mix of e-learning and face to face sessions. A training record was maintained for each member of staff which indicated when refresher courses were required. This record indicated that all staff were in the process of, or had completed a formal induction. One person using the service said, "Staff have the skills and knowledge to meet my needs."

The organisation promoted effective communication with staff and people using services through the completion of; telephone calls, daily records, supervision, appraisal and team meetings. Supervisions were scheduled every six to eight weeks. We saw evidence that staff supervision had taken place in accordance with this schedule. One member of staff said, "I work with the same group of staff. We have regular meetings and talk to each other."

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA). The 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. Staff demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act. All of the people currently being provided with services had capacity or had a nominated relative to speak on their behalf.

People were supported to eat and drink in accordance with their individual care plans. In some cases these plans had been developed with the input of a dietician or other healthcare specialist. Records of food and fluid intake were recorded in daily notes.

We saw that people were supported to maintain good health through regular contact and review with a range of healthcare professionals. These included general practitioners and dentists. One member of staff told us, "We support people to attend GP and hospital appointments." We saw evidence of this in care

records.

Good

Is the service caring?

Our findings

We asked if people using the service would prefer to be visited as part of the inspection process. Each of the people that we spoke with said that they would prefer to speak on the telephone. As a result we were unable to observe the delivery of care, but people spoke positively about the way in which care was delivered. One person said, "They [staff] are very caring. I would recommend them." A relative told us, "[Caring] they certainly are. They know my [relative] very well." Another relative said, "The care my [relative] receives from Caremark has been first class."

The staff that we spoke with knew the people that they cared for and their needs in detail. Staff told us that they had sufficient time to focus on the person and not the task. One person using the service told us, "They talk to me and ask if I want anything from the shops." We saw that care plans were sufficiently detailed and focused on the person not just their care needs. Care practice was assessed during visits by senior staff within the organisation with reference to these plans.

The records that we saw showed that people were actively involved in making decisions about their care. Their views were recorded and considered as part of the review process by staff and healthcare professionals. People were given choice in the delivery of care and their independence was maintained and promoted appropriately. We saw that where people did not have the capacity to represent themselves a nominated relative acted on their behalf.

We asked staff about the promotion of privacy and dignity when delivering care. One member of staff said that privacy and dignity were maintained by following the care plan, talking to people, covering them when providing personal care and through the continuity of staff. The care staff we spoke with were respectful of the people that they cared for and recognised the need to maintain dignity when providing personal care. None of the people using the service that we spoke with expressed any concern regarding their privacy and dignity when being supported by the organisation. One person told us, "They [staff] are very respectful. They say good morning and knock before they come in." The care records that we saw used language which was respectful when describing people and the care provided. In response to our questionnaire 100% of people using the service and their relatives said that they were treated with respect and dignity.

People's confidentiality was maintained by the careful management of written information. Important information was held in the person's home. This was only held for as long as it was necessary for the purposes of review before being transferred to the main office for secure storage.

Good

Is the service responsive?

Our findings

We saw that people were actively involved in the assessment process and the planning of care. One person who used the service told us, "I'm involved in reviews [of care]. The manager calls me and comes to my home." In response to our questionnaire 100% of people using the service and their relatives said that they were involved in the decision-making process regarding care.

People were supported to follow their interests by care staff. For example, we saw a recent letter to a person using the service which outlined some of their interests and hobbies and suggested suitable short trips that they might like to undertake. The care coordinator said, "We have detailed person-centred plans and try to match [staff] personalities and assess people's reactions."

People were given choice about the gender of their care staff and the times when staff provided care. We saw examples in care records of when discussions with people and their families had led to changes in the times when care was delivered.

We looked at the record of compliments, concerns and complaints. Only three complaints had been received in the previous twelve months, Each of these had been accurately recorded and included the actions undertaken to resolve the issue. Copies of correspondence were kept as part of the record. We spoke with people using the service about complaints. Each of them was clear about how to complain and confident that the supervisors and managers would respond appropriately. In response to our questionnaire 67% of people using the service and 50% their relatives said that staff responded well to complaints or concerns.

People using the service and their relatives were encouraged to provide feedback to the organisation through informal and formal mechanisms. We were told that an annual survey was distributed and regular telephone reviews were conducted. The most recent annual survey had been distributed in November 2015. Comments were generally positive although reference was made to staff failing to attend and being delayed.

During the course of the inspection we heard staff talking with people using the service and their representatives on the telephone. They regularly checked if people had any issues that they wished to report. We also saw supervisors and other staff discussing where issues might arise and agreeing plans to minimise any disruption to the service.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was not in place. The previous registered manager had left the service at short notice and had not applied to cancel their registration with the Commission. We spoke with the care manager about this and were told that the previous registered manager had not responded to attempts to contact them by the organisation. The current care manager was in the process of registering with the Commission.

The staff that we spoke with enjoyed working for the organisation and felt supported. One member of staff told us, "I'm very impressed with the company's approach to safeguarding and being listened to." Another person said, "Support and communication are good. It's a good company." The staff were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles.

Staff were encouraged to give feedback on their experiences and make suggestions for development. They were given an annual staff survey and invited to regular team meetings. A secure website was used to share information and documents and to access training resources.

The care manager and care coordinator were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The manager was honest about issues and pressures facing the service. They described how they were to be addressed at a senior level to ensure high-quality, consistent care in the future.

The care manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. They told us, "There is a clear structure. I'm highly visible and [proprietor] is always available." The care coordinator said, "We talk with [care manager] daily. [Care manager] is very supportive." A member of staff said, "I love my new manager. They are very thorough and approachable."

The care manager had sufficient resources available to them to monitor quality and drive improvement. These resources included support to manage training and a range of electronic systems which captured and shared important information. We saw reports based on this information which were detailed and established clear actions, timescales and responsibilities.

The organisation had a robust approach to the monitoring of quality. Systems included; spot checks, care file audits, telephone calls to people using the service and monthly audits. A set of key performance indicators (KPI) were used to monitor; complaints, concerns, staffing ratios, vacancies, safeguarding referrals, missed calls and absence levels. These were reported on weekly at a meeting. We saw evidence that action had been taken in response to these KPI's. In addition to local systems and processes the provider was audited and monitored by the parent company on a regular basis.