McCallum Care Limited

Caremark (Wandsworth)

Inspection report

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Date of inspection visit:
09 February 2016

Date of publication:
07 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 9 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. This was the first inspection of this service since it registered with the Care Quality Commission (CQC).

Caremark (Wandsworth) is part of a national franchise organisation, Caremark. It provides personal care for people in their own homes. Some of the people receiving support from the service include older people, some people with mental health, acquired brain injuries and some receiving end of life care. At the time of the inspection there were 17 people using the service.

There was a registered manager at the service. 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.

People and their relatives told us they were happy with the provider. They said that care workers were familiar with their needs, were kind, friendly and looked after them. Some gave us examples of when care workers went above and beyond their normal duties that demonstrated a caring attitude. They told us they felt safe in the presence of care workers.

Care workers underwent a thorough recruitment process which included checks on their work history, reference and criminal records checks. This helped to keep people safe. Care workers completed a thorough induction programme which lasted four days and completed the Care Certificate within three months of joining the service. They received regular supervision and ongoing training.

Care workers were knowledgeable about people's life history and were familiar with their preferences in relation to a number of things, including their diet and their personal care needs. They knew about the importance of asking for consent when supporting people which helped to ensure that their rights were protected.

The provider completed thorough assessments before starting to care for people from which care plans were written. People using the service and their next of kin were involved in all aspects of their care and were consulted during care plan reviews. Care records were easy to read and were reviewed regularly.

There was a strong emphasis on quality assurance, with unannounced spot checks, care record audits and telephone monitoring taking place at regular intervals. People were asked for their views about the standard of care they received and also about the service they received from the provider. People said they had very few complaints but when they did, the provider listened to their concerns and acted to resolve them.

Although there had been some changes with the office based staff, people told us they received excellent

care and they would not hesitate to recommend the provider to other people.

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.

People at the service told us they felt safe when being supported by care workers. Care workers had received safeguarding training and were aware of their responsibilities under safeguarding procedures.

Appropriate risk assessments were competed for people and their homes which helped to keep them safe.

Staff recruitment checks were thorough.

Care workers supported people to receive their medicines in a safe manner.

Is the service effective?

Good

The service was effective.

Staff received a comprehensive induction when they first joined and ongoing training that was relevant to the needs of people using the service.

Care workers were aware of their responsibilities under the Mental Capacity Act 2015 (MCA). The provider ensured consent was sought when assessing and providing support to people.

People's healthcare and dietary requirements were met and by the provider.

Is the service caring?

Good

The service was caring.

People and their relatives told us that are workers cared for them and treated them well. They gave us some examples of when the provider went beyond their normal duties when providing care.

People's level of independence and their level of communication was recorded. This helped staff to support people appropriately.

Is the service responsive?

Good

The service was responsive. Thorough needs assessments and care plan reviews took place.

People told us they had no complaints to make but told us they were confident the provider would listen to them if they were unhappy.

Is the service well-led?

Good

The service was well-led. Although there had been some changes to the staff team within the office recently, including a change of registered manager people and their relatives were overwhelmingly positive about the leadership of the service.

Quality assurance policies were in place and they were underpinned by a number of checks that were carried out by the provider. This helped to ensure people continued to receive a good service.

Caremark (Wandsworth)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience who carried out telephone interviews with people using the service and relatives after the inspection. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service. We asked the provider to complete a Provider Information Return (PIR) prior to our inspection. The PIR is a report that providers send to us giving information about the service, how they met people's needs and any improvements they are planning to make.

We spoke with six people using the service, four relatives and staff members including the owner, the registered manager, three care workers, the field care supervisor and the care co-ordinator. We looked at records including five care records, training records, three staff records, complaints and audits. We also contacted nine healthcare professionals after this inspection to gather their views, we heard back from three of them.

Good

Is the service safe?

Our findings

People using the service told us they felt safe when receiving care from the provider. They said, "I feel very safe when they're here", "They treat me well so I've no cause to worry about them" and "I see one person at a time and that's one of two people who come regularly. I'm very used to them now and feel very safe with them. I trust them fully." A relative told us, "Yes, my mother feels very safe with Caremark and I feel that she's safe as well."

Staff members had received safeguarding training and were aware of their responsibilities under safeguarding procedures. They told us they were confident in recognising potential signs of abuse. One staff member said, "We can sense from their behaviour, tell from their mood" and "I wouldn't hide; my nature is that I would report it." Care workers were aware of how they would handle issues of concern. One care worker said, "If appropriate I would speak with the service user, I would also tell [the registered manager] or [the director]."

Risks to people were documented during the initial assessment of their needs. The registered manager carried out both an internal and external environmental risk assessment. Internal risks included access to light switches, furniture, bathroom safety and kitchen equipment. External risks included access to the door and the pathway. Each assessed risk was given a risk rating, how the risk could be reduced and a revised rating based on control measures that had been put in place.

A separate moving and handling risk assessment which looked at the risks with any tasks that involved moving and use of equipment. A relative told us, "My [family member] is in a wheelchair. They need to use a hoist to get her in and out of bed. They involve my mother in this exercise to keep her engaged but, they do make sure that nothing she does can hurt her if she cannot complete the exercise." A medicines risk management document was in place which confirmed that both the medicines authorisation and profile was completed to ensure that people received their medicines safely.

People did not raise any concerns about the timeliness of care workers or missed visits. They said, "[My family member] has a rota of four carers who know her very well" and "I have been with them for three years and, in that time, they have never missed an appointment and never been more than a few minutes late. Usually they're on time." The care co-ordinator told us that part of their role was to act as a point of contact between people using the service and care workers and passed on messages if care workers were running late. They said, "You can't have one care worker for one service user, you need to plan for the possibility that someone will call in sick." Staff rotas were confirmed on a weekly basis by email and also posted to care workers. Due to the size of the service, no clocking in methods were used to monitor the time that care workers attended. The registered manager told us they were satisfied that there were no issues with time keeping because they used a number of methods to monitor this, including checking timesheets were signed by people using the service, monitoring concerns raised about timekeeping and carrying out unannounced spot checks.

Staff recruitment checks were thorough. The service followed robust recruitment practices which helped to

ensure people were supported by staff who were safe to work with them. Care workers completed an application, attended an interview, and provided two written references, evidence of identity and a Disclosure and Barring Service (DBS) check (criminal records check). A care worker told us, "I had to wait for the DBS to come through before I started."

Care workers supported people to receive their medicines in a safe manner. People did not raise any concerns about medicines administration, one person said, "They know what they are doing. They give me my medicines on time." Relatives told us, "[My family member] self-medicates but, as he does have the memory problem, the carers are careful to ensure that his tablets, which are in a dispenser, have been taken", "They make sure that my [family member] has taken his medication. I'm aware that the Caremark medication rules are very strict so I feel that my [family member] is safe with them" and "The carer checks to make sure that the tablets are gone, jogs her memory if they're still there, but doesn't otherwise interfere."

The registered manager said, "We are trained to administer medicines that are in blister packs or those that are as needed (PRN)." Care workers completed medicine administration record (MAR) charts and kept these in people's files. The field care supervisor audited the MAR charts in people's homes to ensure they were completed correctly and then brought them back to the office for archiving. All pain relieving medicines for end of life care were administered by district nurses.

A medicines authorisation and medicines profile was completed for each person who needed support with medicines. The medicines authorisation was signed by the person using the service and the field care supervisor and contained both the GP and pharmacy details and the required level of support, either prompting, assisting or administration. Care workers were clear on the difference between the three types of support and all levels of support were recorded. One care worker said, "I watch them take their medicines." The medicines profile contained a list of prescribed medicines and their uses. These were signed by people using the service.

Good

Is the service effective?

Our findings

People using the service told us, "The staff are very well trained and we have no problems with the level of care given."

Care workers told us that the training they received as part of their induction gave them a good understanding of what was expected of them as a care worker. They said, "My induction was four days, we covered policies and procedures, moving and handling, safeguarding and my role", "I shadowed someone" and "I feel well supported." We reviewed the induction programme which the care workers completed over four day induction and found that this was suitable for preparing care workers for their role.

New care workers completed the Care Certificate within the first three months of joining. The registered manager said the Care Certificate was offered to all existing staff as well because it covered a wide range of relevant topics useful to existing staff. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. There are 15 different standards that are covered as part of the Care Certificate, these include duty of care, equality and diversity, working in a person centred way, communication, privacy and dignity, fluids and nutrition, awareness of mental health, dementia and learning disabilities, safeguarding, basic life support, health and safety and infection control.

Care workers were spot checked and were observed in seven different aspects including direct support, nutrition, moving and handling, medicines and care worker observation which helped to ensure that classroom learning was implemented correctly when supporting people. One care worker said, "We do moving and handling and medication practice workplace observation." Care workers also completed workbooks which supplemented the training and reinforced their knowledge. There was a workbook for dementia and medicines. Workbooks were retained by staff for future reference. They told us they were satisfied with the amount of ongoing training they received, and received good support from the registered manager and director. Comments included, "I did a refresher course in moving and handling and medicines", "We had lots of training", "It's great, I love it" and "I enjoy what I do."

The registered manager showed us the training calendar for the upcoming year and also said she was putting together a training matrix to give an overview when training was due to expire. The registered manager had completed train the trainer courses in moving and handling, medicines, dementia, end of life care and first aid. This meant she was able to deliver the training to staff. Equipment was available in the office for care workers to practice on for example hoist, CPR and hospital sliding sheets.

Care workers were supervised every 6-8 weeks and were able to discuss a range of issues. Supervision looked at actions from previous meetings, care workers well-being, client issues, staff and team working, training and development. On some supervision records we saw that actions from previous meetings were not always documented.

The Mental Capacity Act 2015 (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 domiciliary care agencies are to be made to the Court of Protection.
People had signed their care plans indicating their agreement to their content. This agreement was countersigned by the registered manager. The registered manager told us they always encouraged a next of kin to be present during this assessment, especially if there concerns about people's capacity to come to a decision. She said, "The initial meeting is always with the decision makers." We saw evidence of a best interests meeting that was held in relation to a decision to be made around medicines where the person did not have the capacity to understand decisions related to their care.

Care workers said they also asked people for their consent before supporting them. One care worker said, "I always ask people what they would like for breakfast, if they are ready for a wash. I respect their decisions." Another said, "I try and vary their choices."

People and their relatives told us care workers supported them with their food. Comments included, "They take trouble when they're cooking for me and the food quality is always good", "They prepare my meals for me. The very first thing they say when they come earlier is "What do you want for your lunch today?", "They prepare this and also leave a sandwich in the fridge for me for later", "I can cook but, when they're here, they cook for me" and "They mainly attend to his lunch and will always leave a sandwich in the fridge for when he gets hungry." Care workers said, "We encourage them to eat healthily", "Even though she has a food diary, I still offer a choice in case she wants something different" and "We cannot force them but offer alternates."

Care workers were familiar with people's dietary needs and if they required a modified diet. One care worker told us the person they supported required thickener for their fluids due to swallowing problems, "If he has a drink then he needs thickener. I take some out whenever we go out in case he needs it." They said sometimes family members cooked meals and they just had to reheat them and made sure people ate them.

A relative told us, "They also check on [family member's] health for me so I don't need to worry." Care workers gave us examples of how they supported people in relation to their healthcare needs. They also gave examples of when they had to contact health professionals when they were concerned about people's well-being." One said, "I'm in regular contact with the doctor and also take him to the hospital for his appointments." Care records contained contact information of healthcare professionals involved in people's care and they also contained health correspondence such as outpatient appointments that people had been supported to attend.

Healthcare professionals told us the provider was proactive when communicating with them and family members and always involved people when planning their support. They also said care workers were engaged in reviews and always provided input. They said that care workers followed any relevant guidance in place to ensure people's needs were met.

Good

Is the service caring?

Our findings

People using the service praised staff for their caring attitude. Relatives were similarly happy and content with the care that their family members received. Comments included, "The Caremark people will always help when they can. They like to make sure that my father is well cared for so will step in when asked. They chat to him which he likes. I feel confident that they're kind people and treat him kindly at all times", "They chat to dad which is good as it keeps his mind active", "Yes, they are always very cheerful when they come, it perks me up", "You feel that they're caring, that they want to help you. They are one of the best that I've ever dealt with. I wouldn't change", "They have always been kind & considerate to me", "The carers and the whole company really, are very caring people", "They are reliable, kind & thoughtful."

Relatives also gave us specific examples where the provider had gone above their duty, demonstrating a caring manner. One relative said, "The supervisor at Caremark phones [my family member] when he knows she's alone to make sure that she's ok. That impresses me very much I have to say." Another example given related to an incident where a person using the service was feeling vulnerable the care worker stayed beyond their allocated time until a family member was able to come and look after them, saying "Once [the care worker] knew my [family member] was safe and with me there as well, she left. I was most impressed at her attitude and concern."
Care workers demonstrated a caring attitude and spoke about the people they supported with empathy. They were familiar with their personal history and their likes and dislikes and how they liked to spend the day. They said, "I love working with clients", "I try and make sure [person using the service] is smiling when I leave" and "I try and make people feel at ease."

Care workers told us they encouraged people to be as independent as possible and only supported them when required. They said, "I would encourage them but if they continue to refuse, I would respect their decision", "We have to be respectful of their choices, people can choose how they want to live their life", "You have to give people space" and "You try and make them more independent." This was evident in the care records that we saw. People's level of independence in relation to a number of areas was documented, including mobility and medicines and their level of communication was also recorded. This helped staff to gauge how much support people needed. A relative told us, "Nothing is too much trouble. The carers …. generally make [my family member] comfortable. They're also very aware when [my family member] wants to do something herself. They'll allow her to do it" and "They will engage [my family member] in activities in order to keep her active but do allow her every latitude to do what she can for herself."

The care coordinator said they ensured people's preferences were being met if they had specific wishes in respect of the support they required. This was backed up by people using the service, "They're also quite happy to be flexible when it's needed."

Good

Is the service responsive?

Our findings

The registered manager told us they had established good links with the community teams and felt that they worked well with them. Many of the people that were currently receiving care from the provider had been directly referred from the local Clinical Commissioning Group (CCG) and were funded by the NHS. Social workers referred people to the service and contact was made with the service to ensure people's support needs could be met. A brief description of people's needs followed by a more detailed care plan was sent to the registered manager for review. Following this, the registered manager or field care supervisor carried out a thorough needs assessment to ensure that the details on the referral form were accurate and reflected the support needs of people using the service. The registered manager told us, "I will always ask them if they are happy with their care plan or if they have any preferences."

Healthcare professionals praised the provider for the detailed needs assessments that were carried out, involving them and completing appropriate risk assessments and regular reviews which helped to ensure that information remained current and relevant.

Care plans were in place for each person using the service and these were reviewed every six months, or sooner if there were changes in people's circumstances which meant their needs had changed. People and their relatives told us they were involved in the whole process from when the care plans were initially drawn up and when they were reviewed. A care worker said, "I read the care plan for each person."

A person using the service told us, "I do know that there is a care plan in existence which I was involved with when it was initially drawn up. It's reviewed constantly with my continued involvement so I'm happy that the agency has my best interests at heart here." One relative said, "There is a very comprehensive care plan that was drawn up with myself and my [family member's] involvement. It is reviewed regularly and we do have a copy." Another said, "There is a care plan which was drawn up with our involvement and it is reviewed every three months by the service manager who contacts us to get it sorted."

We saw that the care plans were written in accordance with the care plans that were received from the CCG. They included a front sheet containing people's personal details including a breakdown of their visit times and the duration of the call. Contact information such as their next of kin, GP, pharmacist and other professionals, background information including their medical history, personal history and interests along with preferences for mealtimes were recorded. Expected outcomes were recorded, for example maintaining people's independence so they could remain at home. Tasks that care workers needed to support people with during their visits were recorded along with their level of independence.

Care plans were reviewed every six months or sooner if needs changed. In one of the care plans we saw a community dietetic assessment report summary following a weight review. They had recommended some changes to the person's diet which were kept in the back of the care plans. We spoke with the registered manager about documenting these changes within the care plan itself to enable care workers to access the information more readily. They agreed to do this in future. We also saw one medicines profile was that was out of date and did not correlate to the medicines documented in the MAR chart for this person. We raised

this with the registered manager who agreed to update the medicines profile.

Care workers completed a communication workbook which was audited in people's homes and then brought back to the office. People and their relatives told us the provider was flexible and responsive to their changing needs. They said, "The agency staff as a whole are quite happy to be flexible when the need arises", "They can be flexible when I'm unable to be there. As long as I give them notice, they're quite prepared to stay longer or even change the shifts entirely. It can make life a lot easier for us" and "They are normally flexible in as much as they're prepared to extend the visit or change it if necessary to fit in with me. They will help where they can."

People told us, "I've never had cause to complain but feel that they would respond if I did" and "I've had a couple of very minor issues in the three years that I've been with them but these were instantly sorted. I've never needed to complain."

Relatives said, "We've only been with them a short time so there's been no cause to complain. I do feel that they would respond very quickly if we did have to complain", "I've been with them for three years now and, in that time, have never had a problem. They are much, much better than my previous company. I wouldn't move away from them" and "I've had one concern which I brought to their notice which was immediately sorted out. I was very happy with their response."

We saw records of complaints that had been received from people and their relatives. The provider took appropriate action in response to concerns raised. For example, complaints were acknowledged, investigated fully and the complainant was provided with the outcome of any investigation held. Complaints monitoring included any corrective action that needed to be implemented and to reduce future occurrence. This included increased care worker supervision, telephone monitoring and unannounced spot checks. This demonstrated that the provider was keen to learn from complaints to drive improvement.

People were provided with details of the local government ombudsman (LGO) in the outcome letter, in case they wanted to take their complaint further and were not satisfied. The LGO is the Social Care Ombudsman. They investigate complaints about adult care services.

Good

Is the service well-led?

Our findings

People using the service told us they were satisfied with the management of the service. Comments included, "The agency is providing a standard of care that I'm happy with. We wouldn't change", "They provide a good service. They're one of the best I've dealt with", "I've been to about three different agencies & this is definitely the best one that I've ever dealt with. I feel comfortable with them", "Caremark are far more efficient (than previous provider)", "I've found that the office is outstandingly efficient compared to the previous agency", "They were recommended and I can see why", "I have to say that I wouldn't hesitate in recommending them to others", "They provide a standard of care to my [family member] that I'm very happy with", "The management are prepared to listen to you and to respond quickly which they do" and "The office is outstandingly efficient and nothing is too much trouble for them. They are quite happy to go the extra mile."

Although some relatives told us their seemed to be a high turnover of staff in the office, this did not seem to adversely affect the day to day running of the service and impact on the quality of care given to people. One relative said, "They do appear to have had quite a high turnover of care co-ordinators. We are contacted by phone when it happens so that we're kept in the loop, but it still seems to be very high." All the office based staff, the registered manager, field care supervisor and the care co-ordinator were relatively new to the service with the registered manager having been at the service for the longest period out of the three, since October 2015.

Care workers told us they enjoyed working for the provider and felt well supported. They told us there was an open door policy and they were able to pop into the office anytime for a cup of tea and a chat if they felt like it. The provider ran a care worker of the month scheme to encourage healthy competition between staff.

The provider had a quality assurance policy which made reference to the types of quality assurance they would carry out. This Included care reviews twice a year, surveys, telephone monitoring, spot checks twice a year, supervision, appraisals and team meetings. We saw that the provider was following this policy and monitored the service given to people in a number of ways. Care plans were reviewed every six months. The registered manager told us, "A care worker gets spot checked every three months, they have two supervisions per year" and "A client focused quality assurance takes place four times per year, we go through the care plan, see if it needs updating."

Quality assurance check sheets were in place for the care records. Care records in people's homes were audited to see if there was a copy of the service user guide, statement of purpose, complaints policy, agreement to care records, risk management plans, log sheets and to see if supporting documents, such as MARS, meal plans and other charts, were all in place. These audits were signed by both the person using the service and the registered manager. Telephone monitoring which checked that people's needs were being met and if they were satisfied with the care worker was done. We saw positive comments from people using the service in the records we saw.

The registered manager completed 'care manager monitoring reports' looking at the quality of the communication log sheets and MAR charts that care workers completed. We saw evidence that that the registered manager took action when issues such as illegible writing was picked up. The registered manager said, "I check the level of detail, the quality of notes" and "I check whether the MAR charts are signed, dated, completed correctly." A relative told us, "A supervisor carries out spot checks and also rings mum on occasion when she's alone to make sure that she's ok."

Staff files contained evidence of unannounced spot checks that were carried out by the field care supervisor. Spot checks which looked at care worker timekeeping, appearance, professional approach and, delivery of service. Staff were also provided with regular one to one supervision.

We reviewed the results of a care worker and a service user annual survey that was completed in 2015. Feedback from these surveys was positive. There were 25 care worker questionnaires sent out and 16 returned. 13 care workers rated communication as good or very good. Thirteen rated Caremark as good or very good employer. 16 said they would recommend it as a place to work for. There were 15 service user questionnaires sent out and seven were returned. Some of the comments included "Never had to make a complaint", "I am very pleased" and "We are happy." All seven said care workers turned up on time, stayed for the allocated time, were professional and helpful.