OM Care Ltd

Caremark (Wokingham)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an announced inspection which took place on 03 January 2019.

Caremark (Wokingham) is a domiciliary care agency providing support and care for people living in their own homes in the Wokingham and Bracknell area. Caremark (Wokingham) is a franchisee of Caremark a national organisation supporting a large number of local care companies. Caremark (Wokingham) support people with diverse needs including dementia, learning disabilities, sensory impairment and physical disabilities. They are currently providing a service to approximately 70 people. However, this number fluctuates depending on the needs of the community.

At the last inspection, on 05 July 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People, staff and visitors were kept as safe as possible. They were protected from harm because staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood what action they needed to take if they identified any concerns. General risks and risks to individuals were identified and action was taken to reduce them, as far as possible. People were supported to take their medicines safely (if they needed support in this area) and medicines given were recorded accurately. People were supported by care staff whose values and attitudes had been tested and who had been safely recruited.

Staff were able to meet people's needs safely and effectively. There were enough staff who were given enough time to meet their identified needs. The service did not accept care packages if they could not meet people's identified needs.

People were assisted by care staff who had been trained and supported to make sure they could meet people's individual needs. Care staff were effective in meeting people's needs as described in plans of care. The service was worked closely with health and other professionals to ensure they could meet any specific, complex needs.

People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The staff team remained committed to providing people with kind and compassionate care. Care staff were able to build good working relationships with people and met their needs. The management team and care staff were aware of people's equality and diversity needs which were noted on plans of care. People were encouraged to be as independent as they were able to be.

People continued to benefit from a flexible and responsive service that could meet individual's current and changing needs and preferences. People's needs were reviewed regularly to ensure the care provided was up-to-date. Care plans included information to ensure people's individual communication needs were understood.

The registered manager was described as very supportive, caring and flexible. The registered manager, provider and the staff team were committed to embracing diversity and did not tolerate any form of discrimination. The service assessed, reviewed and improved the quality of care provided. The service worked closely with the local authority to respond to the changing needs and expectations of the local community.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Caremark (Wokingham)

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 03 January 2019 and was announced. The service was given two working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

We received three written comments and spoke with two people after the day of inspection. We spoke directly with five staff members and received written comments from a further four. On the day of the inspection we spent time with the registered manager and the organisation's nominated individual. We requested information from two local authorities including their safeguarding teams. We received positive responses from both.

Good

Is the service safe?

Our findings

People continued to be kept safe, as far as possible, from any form of abuse. Staff fully understood their responsibilities for keeping people safe and were provided with safeguarding training to ensure they knew how to protect people. Staff were aware of the whistleblowing policy but were confident that the management team would take immediate action to protect people. People said they felt safe and were being well treated.

Local authority safeguarding teams commented, "We have had no cause for concern, and we have had no safeguarding raised with Caremark." The other safeguarding team had received one safeguarding concern which was dealt with appropriately.

Robust health and safety policies and procedures remained in place and were regularly up-dated. Staff received training in health and safety and environmental and individual risk assessments were in place. Generic risk assessments covered all areas of safe working practice such as, lone working and environmental risk assessments were completed for each person's home. Individuals had clear, detailed risk assessments and risk management plans. Risks identified included moving and positioning, accessing the community and skin integrity. Staff were provided protective equipment and were trained to meet infection control requirements.

People benefitted because the service continued to ensure that lessons were learnt from any accidents and incidents which occurred. Actions taken to reduce the risk of recurrence were recorded. The recording system had been improved in the preceding 12 months to ensure it was clear what actions needed to be taken and what actions had been taken. The service's emergency plan called a 'Business Continuity Plan' remained in place and was up-dated annually. The last up-date was May 2018.

People continued to be supported to take their medicines safely, if identified in their assessed needs. A comprehensive medication policy described how staff were to support people to take their medicines. Trained care staff whose competency was assessed regularly administered medicines. Medicine administration records reflected that the medicines and dosages prescribed were correctly administered.

People were provided with care by staff who had been checked to ensure, as far as possible, they were suitable and safe to work with people. The service's equal opportunities policy noted actions to take to ensure staff were specifically recruited from different backgrounds, cultures, skill sets and experiences to meet the needs of the people they offered a service to.

People's needs were met safely by appropriate staffing. The service did not accept packages of care unless there were enough staff to provide the correct amount of time and skill to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves.

Good

Is the service effective?

Our findings

The service continued to offer people effective support. The service identified individuals' specific needs during an assessment process which included people, their families and other relevant people (with their permission and as was appropriate). People were fully involved in determining what care they wanted and needed and the way in which they preferred it to be delivered.

The service remained effective in meeting people's health and well-being needs as specified on individual plans of care. Care plans included areas such as medical conditions, positioning and personal care. A detailed summary of daily routines and tasks to be completed formed a part of the care plans. The service worked with other professionals in the community such as district nurses and GPs, as necessary.

The service used a computerised system to ensure schedule support visits at the correct time and for the agreed length of time. The provider and franchise organisation were considering an extended computer system which would provide alerts if calls were late or missed and which would be adapted for other uses, to enhance people's care. Two calls were missed in 2018, these were recorded and actions taken to minimise the risk of recurrence.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. Records for food and fluid intake were kept, as necessary, and staff received training in this area of care.

People were supported by care staff who continued to be trained to enable them to meet people's diverse individual needs. Staff members told us they had very good training opportunities. They said they were trained in areas to meet individuals' specific needs, such as specialised feeding techniques. Of the 37 direct care staff ten had achieved a recognised professional qualification. Staff had completed the training identified by the provider as core training.

People were assisted by care staff who were supported by the management team of the service to deliver effective care. The service provided staff with a robust induction and they were required to complete the care standards certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers). Care staff completed a one to one (supervision) meeting with senior staff every three months. Additionally, random spot checks on staff's daily work and competency assessments formed part of the supervision processes. The service completed appraisals every year.

The registered manager understood 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. 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. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not,

currently, support anyone whose liberty needed to be restricted. People's rights continued to be upheld by a staff team who understood the issues of consent and decision making. Plans of care noted if others were legally entitled to make decisions on behalf of people.

Good

Is the service caring?

Our findings

People were offered individual support and care by a staff team who remained caring and committed. The provider operated within and promoted a caring environment where people and staff felt cared for. Staff told us, "The company is caring towards us and service users." Another said, "They are flexible to support me with my family and caring and flexible towards our clients." A written compliment received from a family member described staff as, "Very kind and compassionate."

People were provided with care by the same staff members, as consistently as possible. This enabled people to get to know the staff and staff to develop relationships with people, which supported good care. People confirmed they usually had the same carer(s). One person said, "We like the [same] carer. Some years ago (a different provider)…we met 28 out of their 32 staff and really did get fed up with having to train them all …". People told us their privacy and dignity was always preserved by care staff.

The service continued to recognise people's diversity and staff diversity was sought, during the recruitment process, to meet people's needs. People's diverse needs, religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. Staff diversity such as language skills, background and interests were 'matched' to individuals to better meet their needs. The service's equality and diversity policy included people and care staff and the service and individual staff adhered to the principles, as noted. Staff completed equality and diversity training as part of their induction. This included how staff could positively challenge any form of discrimination.

How people's independence should be encouraged was clearly documented in care plans. Risk assessments assisted care staff to help people retain and develop as much independence, as was appropriate, as safely as possible.

People's methods of communication were noted on care plans, as required. The communication plans assisted staff to communicate with people in the most effective way. For example, if people did not verbally communicate there was clear information about how they made themselves understood. There was also clear guidance about how staff communicated with them. The service provided staff who used the person's first language, wherever possible. People were encouraged to give their views of the service in various ways. These included the management team completing observations and 'spot checks' on care staff where people were asked their views of the staff. Telephone quality reviews were completed with people and care reviews were held regularly.

People's personal information was kept securely and confidentially in the care office. The provider had a confidentiality policy which care staff signed prior to commencing work, understood and adhered to.

Good

Is the service responsive?

Our findings

The service continued to offer people responsive and flexible care. Plans of care noted people's current needs and clearly described what actions care staff were to take in the event of them identifying any changing needs. People's preferences and choices were prominent in their individual plans of care. Staff and people told us the service was flexible and able to meet people's needs at short notice. For example, in one person's records it noted that a relative had been 'struggling' to support them. An additional call had been initiated immediately.

The assessment, care planning and review process was inclusive of people and those who they chose to be involved. Care plans noted people's involvement, were person-centred, detailed and provided enough information to enable staff to meet their needs. Daily notes reflected person centred care. Plans of care were up-dated regularly and reviews were held a minimum of six monthly and whenever people's needs changed or there were any concerns about an individual's well-being. People told us they were involved in the care planning process.

People benefitted from staff maintaining good communication throughout the service. Changing needs were communicated via texts and the telephone or staff visited the office, if necessary. People and staff told us communication between the office, care staff and people who use the service was very good. The provider had recognised that IT may enhance the current communication systems and was investigating which would be the most efficient and effective system.

People's communication needs continued to be met and the service was able to produce information in different formats if necessary. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service continued to follow their detailed complaints policy and procedure when they received complaints. Complaints were recorded in detail, investigated and outcomes were provided. These were used for learning and making improvements, as appropriate. The service had received three complaints related to people's care and thirteen compliments in 2018. Compliments included comments such as, "You have all been so kind" and, "I am very grateful for your dedication and commitment, especially when you stepped in and waited for the paramedics…"

Good

Is the service well-led?

Our findings

People continued to benefit from a well-led service. The registered manager had been in post since 2014. Staff made comments such as, "I feel valued and have great confidence in my manager." Another said, "They [management] are very supportive and always available." The staff team remained committed to their work and embedded the values and expectations of the service. They told us, "The company has a positive, inclusive culture. There are no issues with the integration of staff of different cultures (as there are in the last company I worked for). We are all one strong team."

People and staff continued to be encouraged to express their views and opinions of the service and care provided. Every staff member contacted told us they felt valued and involved in the development of the service. The service held staff meetings every three months, as a minimum, which all staff were encouraged to attend. Staff told us they felt very comfortable to raise any issues or concerns they had and to put forward ideas for improving practice. One staff member gave an example of a suggestion staff put forward which was listened to and adopted. Staff members were told of any compliments received about them and were awarded small tokens of recognition from the provider for their good work.

People benefitted from a service which was well governed. A number of quality assurance systems were in place and were used to review all areas of the service. An annual survey was sent out to the people who used the service. The local authority asked people, independently, about the care they were given and people were regularly telephoned to check they were satisfied with the quality of care they were receiving. The service was a franchisee of the national company Caremark and was checked regularly to ensure they met the standards required by the franchise company. Check-lists on people's care were completed as part of the review process. Audits such as medication, client safety and daily healthy charts were included. Actions were taken as a result of the various auditing and quality assurance processes. These included improving communication via texts and investigating IT systems.

The service continued to engage and work with relevant community professionals to ensure people's needs were met. For example, they had participated in a project with the local authority to provide 40 people with direct payments rather than commissioned services. They had assisted people to transition successfully and approximately 50 of 70 people receiving a service currently, paid by direct payment. This had resulted in the provider being able to offer, and people being able to request, a more flexible and person-centred service. For example, if people wanted to be supported in the community or have more care one week than another the service could assess whether the request could be fulfilled.

People's individual needs were recorded on up-to-date care plans which informed staff how to provide care according to people's specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audits and staffing records were, accurate and up-to-date. All records were well-kept, of good quality and easily accessible.

The registered manager kept up-to-date with all legislation and good care guidance. For example, he fully understood when statutory notifications had to be sent to the Care Quality Commission, the Accessible

Information Standard and the duty of candour. They were supported by their franchise company which ensured they were provided with all the information they required.