

Folkescare Limited

Caremark (Redcar & Cleveland)

Inspection report

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03 March 2020

05 March 2020

06 March 2020

09 March 2020

28 April 2020

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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



Summary of findings

Overall summary

About the service

Caremark (Redcar & Cleveland) is a domiciliary care agency providing personal care to 293 people at the time of the inspection.

There were a higher number of people receiving support but not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines records were not always accurate and some medicines administered via a patch were not applied in line with manufacturers guidance. The provider acted quickly to rectify this following our feedback and new systems were put in place immediately.

Although people told us they felt safe, risk assessments were not always in place. Records did not always provide staff with the information necessary to minimise risk. We have made a recommendation about this.

Systems were in place to safeguard people from abuse. People were cared for by the same staff whenever possible. People received their care calls as planned. There were no missed calls and staff arrived on time. Safe recruitment practices were followed.

Staff were suitably trained and supported to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were happy with the care they received and told us staff were friendly and caring. Staff were kind and respectful towards people and their families, and people's privacy and dignity were upheld. People's independence was encouraged, and they were involved in decision making.

People received personalised care which reflected their needs and preferences. There was a complaints policy in place that was followed correctly when required. Staff knew how to support people if they had any complaints. People were appropriately supported at the end of their life by staff who had received training in this aspect of care.

The management team communicated well with people who used the service, relatives and staff. Feedback was asked for and acted upon. A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any issues or concerns were identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was outstanding (published 26 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Caremark (Redcar & Cleveland)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 March 2020 and ended on 28 April 2020. We visited the office location on 3 March 2020. Telephone calls were made to people and their relatives on 5, 6 and 9 March. The inspection process had to be completed remotely due to the restrictions put in place due to COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 36 people who used the service and 3 relatives about their experience of the care provided. We spoke with five members of staff including the director, deputy manager, care coordinators, and training coordinator. We received feedback from 35 members of staff by email.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager on their return to work after annual leave and a period of quarantine due to the COVID-19 outbreak. We requested some additional evidence that enabled us to complete the inspection process.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

- Medicines records were not always accurate. Therefore, it was not always possible to tell whether medicines had been administered correctly.
- Medicines administered by a patch were not always applied to the skin as per manufacturers guidance. Following our feedback new systems were to be introduced to improve this.
- Medicines audits needed more detailed so that the checks staff were undertaking were fully recorded.

The provider responded immediately during and after the inspection and put systems in place to improve medicines records.

- People and their relatives were happy with the support they received with medicines. One person told us, "[Staff] know what tablets I need, they know what to give me and are always on time."

Assessing risk, safety monitoring and management

- Systems were not always robust enough to ensure risks were safely managed. We found no evidence that people had been harmed, however, records did not always include enough information to help staff minimise risks. Some risk assessments were not detailed enough and others were not in place at all.
- The provider assessed environmental risks within people's homes to ensure the safety of staff and people using the service.
- There were plans in place in case of emergency situations.

We recommend the provider reviews risk assessments in line with current best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help protect people from the risk of abuse. Staff had received safeguarding training and were knowledgeable about what action they would take if abuse were suspected. One member of staff told us, "If I thought someone I cared for was being abused, I would gather all the information and pass straight on to my manager."
- The registered manager understood their responsibilities with regards to safeguarding people. Procedures were in place to ensure referrals were made to the local authority safeguarding team if necessary.

Staffing and recruitment

- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly

followed.

- There were systems in place to ensure that there were enough suitably trained staff to effectively meet people's care needs and to keep them safe.
- People told us that care visits were carried out by staff who arrived at the time and stayed the right amount of time. Nobody we spoke with reported having had a missed call.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection and staff had access to a plentiful supply of personal protective equipment.
- Staff used gloves and aprons appropriately. One person told us, "There are always gloves there for them to use and they always use them. At the moment because of Corona virus they are even washing their hands more often."

Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and analysed to look for any patterns or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they began supporting them. These initial assessments were used to produce individual care plans.
- The registered manager used the pre assessment to ensure staff could safely and effectively meet people's needs in line with latest guidance and best practice.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. New staff were provided with an induction programme to ensure they could carry out their role safely and competently. One member of staff told us, "I feel as though we get enough training when we are taken on and this is refreshed regularly. Also shadowing another care worker before you start is an excellent way to get a feel for the job and to experience some of the clients individual needs."
- People who used the service had opportunities to be involved in staff training. One person told us, "I have offered to help with training to give them a patient's perspective on care. We are organising that."
- Staff were well supported. There was a team of field care supervisors whose job it was to be on call to support care staff and regular supervision meeting were also held. One member of staff told us, "I wasn't very confident in the beginning with medication but my supervisors supported me until I felt capable and I knew I could phone them whenever I needed to."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a healthy diet where required. Dependent on the person's needs, staff helped with shopping, eating, drinking or preparing meals. One person told us, "[Staff] encourage me to eat more."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as required. One person told us, "The carers would send for [a doctor] if I needed one."
- The provider liaised with health care professionals such as the speech and language therapy team (SALT) and ensured relevant information was included in care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care. The provider ensured mental capacity assessments were completed when required.
- People consented to their care. One person told us "Staff do ask for my consent. They would say 'I'll go up and make your bed now, is that alright?'"
- Staff asked for consent before providing care to people. One staff member told us, "I just ask them for consent and sometimes, especially those with dementia, I often find it best to be softly spoken and sometimes have to repeat the question as they may have not fully understood."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. One person told us, "Oh [staff] are very good, in fact they are excellent!"
- Staff spoke fondly about the people they supported and how much they loved their job. One member of staff told us, "I like to help people and hopefully make their day a better one, I will always make time to talk to my clients. I believe you need to build a relationship with them to care for them. I want them to feel safe with me coming into their home."
- The provider ensured all staff received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences.
- People were involved in writing care plans. One person told us, "When it was first set up they came out and asked me what I needed. They put it in a report and asked if there was anything I wasn't satisfied with. If I felt I needed anything different I would contact them."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person told us, "The carers are very nice, very patient and very respectful." A relative said, "Staff have a great deal of respect for his privacy. I am very happy with that. I would say it is excellent."
- Staff encouraged people to maintain their independence whenever possible. One person told us, "They encourage my independence. They know my balance is bad but they do leave me to do things they know I can do." A staff member said, "I let people do what they are capable of doing, we are there to assist not take over."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was focused on their individual needs and what was important to them. People and their relatives were involved in planning care. One person told us, "I explained the main things that I needed. Practical things were discussed. Things that I would not be able to do. I am due for a review shortly."
- The provider gave people the opportunity to be involved in the selection of care staff. The deputy manager told us, "[Person] comes here when they are training staff and chooses the staff they want to support them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured people's communication needs were assessed and any measures put in place to support them. Care plans contained relevant information about people's communication needs and information could be provided in different formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider held a weekly session called 'Safe Tuesday' which was a weekly social event for Caremark customers and their families to attend. This gave people an opportunity to access the local community and meet new friends.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People were supported to raise any concerns and action was taken in response to these.

End of life care and support

- Staff had received training on end of life care and supported people according to their wishes.
- Advance decisions, such as a decision not to be resuscitated, were recorded on care plans where appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team demonstrated a commitment to provide care that met people's needs. One person told us, "I think it is an excellent service, it is done in a timely an efficient manner." Another person said, "They are excellent, if it wasn't for them I wouldn't be where I am today."
- Staff were dedicated to providing personalised care and support and were committed to ensuring people received high quality care. The service was flexible to people's needs and changes could be made to planned calls at short notice.
- Staff told us they enjoyed working for the service and felt valued. There was an annual awards ceremony held to recognise staff achievements. One member of staff told us, "The manager will make herself available at any time day or night and nothing is too much trouble, she operates an open door policy with a family ethos."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had already identified some of the issues we found during the inspection. An action plan had been put in place and was being worked through. However, other issues had not been picked up by the audit process and following our initial feedback the registered manager immediately began work to address these.
- Further work was needed to ensure records were comprehensive and up to date. Although there had been no impact to people, in some cases a more complete record of care needs was required in order to minimise any future risk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider recognised the importance of good community links. They had sponsored a local football team and people were supported to engage with the local community. The provider has a mobility vehicle that enabled people who otherwise wouldn't be able to go out to access the community or attend GP or hospital appointments.
- The provider had processes in place to communicate with people. This included regular newsletters and annual surveys.
- The registered manager was approachable and supporting. Staff told us their feedback was acted upon. One member of staff told us, "The process we used to report incidents was on paper. I suggested changing

this to email. This has proved very effective and we now get a quicker response and guidance from this."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team engaged well with the inspection process. They were open and responsive to our inspection feedback and additional information we requested was provided.
- The provider and registered manager were committed to continuous improvement. At the time of the inspection they were working with a local authority on a pilot scheme for a new model of service delivery that would mean even greater flexibility for people's care.
- The registered manager understood their duty of candour responsibilities and the legal requirements to tell us about specific events.