

Maestro Care Ltd

Caremark (Winchester & Eastleigh)

Inspection report

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26 July 2018

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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

We carried out this announced inspection on the 23 and 26 July 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that staff would be available to talk with us.

Caremark (Winchester & Eastleigh) provides personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for 67 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

The service had a registered manager. 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.

At our last inspection on 14 June 2016, we found one breach of regulation. The service was non-compliant with safe medicines procedures. The provider sent us an action plan detailing the steps they would take to become compliant with the regulations. During this inspection we found action had been taken and they were now compliant.

We received positive feedback from people about the service. People who used the service expressed great satisfaction and spoke highly of the care staff.

People felt safe with the service provided by Caremark (Winchester & Eastleigh). The risks to people were minimized through risk assessments, staff were aware of how to keep people safe and the information provided staff with clear guidelines to follow. There were plans in place for foreseeable emergencies.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. Staff received training in safeguarding adults.

Staff completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. Staff meetings were held regularly. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs

People received their medicines safely. There were appropriate arrangements in place for managing medicines. Staff were trained in the handling of medicines. Staff contacted healthcare professionals when required.

People felt they were treated with kindness and said their privacy and dignity was respected. People were

supported with their nutritional needs when needed. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in care plans. Care plans provided comprehensive information which helped ensure people received personalised care which met their needs.

People felt listened to and a complaints procedure was in place. Staff felt supported by the management and felt they could visit the office and be listened to. There were systems in place to monitor quality and safety of the service provided. The service had built up local links with the community.

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 now safe.

Staff were trained to support people with medicines. Staffing levels were sufficient to take account of people's needs and recruiting practices were safe.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Risks to people's welfare were identified and plans put in place to minimise those risks.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Caremark (Winchester & Eastleigh)

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 23 and 26 July 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert 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.

Before this inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people receiving care and support and eight family members by telephone. We spoke with the registered manager, managing director, care coordinator, field supervisor and nine care staff. We looked at care records for nine people, medicines records and recruitment records for five care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from one external healthcare professional.

Is the service safe?

Our findings

At our previous inspection in June 2016, we identified that the provider did not follow safe and effective medicines procedures. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by September 2016. At this inspection we found action had been taken and medicines management were now safe.

People and their relatives told us they felt safe with the service provided by the agency. One person said, "I am involved in decisions as I am frightfully independent, but they do understand and work with me. They are nearly always on time, but it depends on the traffic, the roads are so busy. If it is really late, I get a call. I find them extremely helpful and I couldn't find fault with anyone". Another person told us, "I have been with two other care companies and this is the best I have found and I want to stay with them". Other comments included, "I feel safe certainly".

People and their relatives felt the service deployed enough staff to meet people's needs. One person told us, "There seems to be enough staff. I have a variety and they come in regularly. The weekly sheet tells me who is coming and the regulars know the routine". Staffing levels were determined by the number of people receiving care and support and their needs. These could be adjusted according to the needs of people. Staff said they had sufficient time to support everyone they cared for and were able to provide additional support if someone needed it; for example, if the person was unwell. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. People told us that they had regular care staff and that staff arrived when they expected them. One person said, "One of the girls wouldn't leave until the ambulance arrived as I was unwell". A staff member told us, "I feel enough staff, never had any problems with my rota. I generally have the same clients every night so I can build a relationship".

The service used an electronic call monitoring system called the 'Pass System' which enabled the service to monitor that all care calls were taking place and at the correct times. Staff used their mobile phones to log in at the person's home, which allowed the registered manager to see instantly if a staff member was running late so appropriate action could be followed up.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Staff were insured to use their vehicle to drive when visiting people at home.

People benefitted from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.

People were protected by staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

People were happy with the support they received with their medicines and told us their independence was respected and they managed their own medicines where possible. One relative told us, "The medication was changed. They let everyone know. It moves up and down the communication".

There were medication administration systems in place and people received their medicines when required. Since our last inspection the service had changed to an electronic medicines system. Staff were issued with a mobile phone and used this to access people's care plans and medicine administration (MAR) charts electronically on a computerised system. This meant any changes to medicines were updated immediately so staff had all the latest information and this reduced the risk of errors. When staff assisted people to take their prescribed medicines they signed a MAR electronically to confirm the person had taken it. Staff were pleased with the new system and felt it provided extra safety measures when administering people's medicines. One staff member told us, "Medicines are better. We have medicines training annually and regular spot checks. No concerns about medicines. If I have a problem or unsure I can phone the office at any time and they will help us". Another staff member said, "Medication much better as can't leave without missing anything".

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines. Risk assessments were also recorded for medicines. For example, for one person records advised staff about the risk of infection and cross contamination and care staff were to wear gloves when applying creams and to be disposed of afterwards.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

Staff told us they supported people to take risks in their own home without minimising their independence. Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were available for moving and handling, medicines, diabetes, and food preparation. For example, a risk assessment for the environment provided staff with information of where to locate the stop cock and fuse box in the person's home in case of emergencies. Risk assessment were also in place for personal care and staff were issued with a temperature probe and checked the water was not too hot before providing support for people to wash or have a shower and then recorded this on to the pass system.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety. The registered manager told us, "The new pass system really looks into this as carers have to report any concerns which comes straight through to me to monitor and look into".

The service had a business continuity plan in case of emergencies. This contained a set of procedures to follow and the main contact numbers for emergency services. This covered eventualities where staff could not get to people's homes. For example, if there were any difficulties covering calls due to events such as the weather conditions or sickness.

Is the service effective?

Our findings

People and their relatives we spoke with told us that staff were well trained and supported them in the way they preferred. One person told us, "They [staff] are very good to me and they saved my life as I am in a bad way. They check on everything and really support me". A relative told us, "They [staff] appear to be experienced, some have been doing it for a long time especially the four or five regulars. They are all very good, I am more than happy. They have a very good sense of humour". Another relative said, "I don't know what training they received, but they all appear competent. I have to say that they keep me calm when things go haywire". Other comments included, "They seem very well trained. The previous company we had were not good. I think they are very good".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. One staff member told us, "I just completed level three diploma in health and social care. Company really supportive to me, it's helped in my role as I have more knowledge". Another staff member said, "Knowledge has increased with my training".

We spoke with one staff member who had signed up to be a dementia friend. A dementia friend learns a little bit more about what it is like to live with dementia and sharing information with others to help and support people living with dementia. They told us, "I want to share my knowledge. I now deliver dementia friends training in staff meetings as it means a lot to raise awareness and signed up quite a few members of staff to become a dementia friend as a result. Staff told me they learnt something new and how best to help people". Another staff member who had completed the training said, "I became a dementia friend through [staff members name] last year after they done their training. It was really interesting, good to know a little bit more about it and helps along the way".

New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. We spoke with one staff member who supported new staff and they said, "I do a lot of shadowing and I love teaching new carers. I get a buzz from teaching, depends on experience, if new to caring. First session is just watching, next session watching and helping and show the pass system then gradually increase. But would never leave them on their own without feeling comfortable". This was confirmed when people told us new staff members were accompanied by a regular staff member and shown how people liked things done.

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. Staff were provided with supervisions (one to one meetings) with their line manager. These provided an opportunity for the registered manager to provide staff with feedback on their

performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "Regular supervisions and I feel listened to".

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people and gave them time to respond.

People were supported to access healthcare services. A relative told us, "I know he loves them all. I can tell by the way he is with them. [Staff members name] came the other day, and said to me that he didn't look good and was a bit wobbly. She suggested that we get his water checked and it was found to have an infection. They know his so well, when he is unwell they can tell immediately". Staff told us they would always inform the office to keep them updated about any changes in people's health. Whilst a health professional told us staff were not always consistent with their support and time, they told us, "Their support has improved quality of life for my service user". However, they felt that some staff were better at encouraging them to accept care than others.

Care plans were in place, and for most people, these included detailed information on their specific health conditions and provided guidance for staff in how to provide their support. However, we found some people's care plans had not been completed to include this information. We spoke to the registered manager and by end of our inspection this was completed for all the people receiving a service.

People were supported at mealtimes to access food and drink of their choice. One person told us, "They give me lots of good advice about eating and drinking and looking after myself. I am so pleased with the care I get". Another person said, "They make food for me which is nice and encourage me to drink more. They are very willing and even water pot plants for me". A third person told us, "They are very meticulous with the food. If there is anything out of date in the fridge they get rid of it". A relative told us, "They are very good. The regulars are very good. They know Mum's needs. The carers make her a drink and encourage her to drink more water. They also encourage her to eat, some more than others. They say, "see if you can drink that whilst I am here".

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and compassion. One person told us, "They are extremely kind and keep in touch with their life. They help with crosswords, books and the garden". Another person said, "They don't seem to mind doing anything. They are very compassionate and really feel for you. They have all the right qualities". Other comments included, "They are very good, very considerate and extraordinarily kind". As well as, "They always treat me very kindly. Absolutely no complaint at all". A relative told us, "We are lucky with the people who come here. I couldn't fault them, couldn't ask for better". Another relative said, "Every time I am here, I may be upstairs, but can hear what is going on and it is all good". Other comments included, "Don't know where we would be without them", as well as, "When dad was really ill, they were really good and thought of me".

People said care staff consulted them about their care and how it was provided. One person told us, "I was involved in decisions about my care and they came to see me from the office the other day. If there is anything to be done, they do it". Another person said, "They do include me in discussing things about my care and what they need to do". A relative told us, "I was involved in deciding on the care for my mother". Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have.

People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One person told us, "They seem to answer my needs. I have recommended them. They brought me from not being able to do anything. It has made all the difference and I am nearly ready for the day when I won't need them anymore. They have been my lifeline, I couldn't have done what I did without them". One person told us, "They know me extremely well. They chat with me a lot and talk about the past and future with me. They ask me what I have been doing, when they come. They also ask if they can help with anything". Another person said, "They will do changes for me. They know I like to go to the local pub for a drink, so they make my call later. When the world cup was on they asked me if I would like a later time, as I like to watch it in the pub. They asked me and put it in place".

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. A staff member told us, "I love caring, best move I ever made. Just rewarding that you have helped someone and made their life better". Another staff member said, "Best job I've had and it's great to make a difference. I couldn't work for a company that didn't care". Other comments included, "Love my job". Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were.

People and their relatives told us they were treated with dignity and respect. One person told us, "They do treat me very well and are very polite. They are very kind to me, ask me if I need anything". A relative said, "They treat him with dignity and respect and make him laugh". Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was

contained in the person's care plan, including their personal likes and dislikes in relation to personal care. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "Dignity, always tell them what's happening, always describe why and the reasons. If say no, respect their wishes".

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view them. Any information which was kept on the computer or accessed by staff on their smartphones was also secure and password protected.

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person told us, "It was lovely because they asked about the photos in the past and they also help me with reading my book. They are always polite and have got to know me quite well". Another person said, "One of them brought in a word search and I am doing this with them. There is not one person who is unkind or disrespectful. I would phone if I had a concern". A relative told us, "They do a sterling job and keep up with his needs and care."

People we spoke to were aware of the new Pass system and thought it was going well. One person told us, "They have phones and at the end of the session they write down what they have done. When the next carer comes they have the information". A relative told us, "The communication is very good. They keep information on their phones. They know what Mum had to eat and drink".

Staff told us they could access the electronic care records system via the smart phones they were provided with by the provider. This meant staff could read people's care plans on-line and check the care records from the last call before they visited the person. This was accessed through an application on the smart phone and was password protected. One staff member told us, "Pass system, brilliant, feel it must be less margin for error. It is all on here and won't let you leave until all the task are completed". Another staff member said, "Care plans, brilliant summary about family and where they lived etc. So if not been before, gives you a general picture also gives you talking points to engage with clients".

Care plans were personalised and focused on their individual needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, mental health and wellbeing. Care plans reflected people's individual needs and were not task focussed.

The care plans were updated regularly to ensure a true reflection of the person's current needs. One person who told us, "They reviewed my care a month ago. The supervisor comes and does spot checks. They then asked me if there was anything I would like changed or if there were any problems. They listen to suggestions I make and sort things. A relative said, "They are forever asking if everything is ok or if there is anything else Mum might need". Records showed people were happy with the reviews. A staff member told us, "The new pass system has a lot of benefit you can look back at notes and make changes straight away". The registered manager said, "The pass system has made things better for care and less room for error, it all gets updated and reviewed regularly".

The service also sought feedback from people and family members through the use of a quality assurance survey questionnaire which was sent out yearly. We saw the results from the latest questionnaire, which had been completed in May 2018, the results were mostly positive. Comments included, 'cannot thank and speak highly enough of the staff who look after my mother so well and professionally'. Also, 'Caremark has some of the best carers who really enjoy what they are doing'. Following the survey an action was to add photos of office staff in the newsletter as some people did not know who office staff were and we saw this was completed.

People we spoke with told us they knew how to make a complaint. One person said, "I would be happy to complain. I would phone the office. I am sure they would sort things out, but I haven't had any problems. Staff seem to have all the information they need". Another person told us, "We have no complaints, we are very happy". A relative told us, "I am sure if I had a complaint it would be sorted". Staff knew how to deal with any complaints or concerns according to the service's policy. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

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. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, some people have weekly visits schedules sent to them in a larger format. The provider provided us with information before the inspection which stated that they supported one person who does not speak English. To overcome the language barrier staff met with the family and the person and agreed a communication protocol using signs and objects of reference that the person can understand. For another person they have a hearing impairment and the carers are able to communicate through lip reading. They are unable to respond to phone calls and they have agreed with the person to text messages with any changes, updates or messages.

Is the service well-led?

Our findings

People and their relatives thought the service was well-led. One person told us, "I can ring [staff member name] at short notice, for example if I have an out-patient's appointment through, that they will always change it. I would recommend them". Another person said, "I would recommend them as I have come from a different provider". Other comments included, "I can't fault them, couldn't ask for better". As well as, "Caremark are excellent". A relative told us, "I have a lovely relationship with the lovely ladies in the office. I will tell them and they attempt to sort it out. I never get the impression that I am not listened to". Another relative said, "I would always go to Caremark rather than anyone else and I know the difference". A third relative told us, "I just phone up and speak to the office if I have any worries. [Staff members' names] are very good. I ask if they can sort something out and they always do". Other comments included, "If I phone the office there is always someone there, even not in office hours you can call the emergency line. I always talk to the office. I had asked if the evening call could be before 9pm and they have accommodated this. There was one carer I was not happy with and I told the office that I didn't want her again and this has happened. [Staff member's name] quite often comes and is wonderful. She really engages with him".

The service promoted a positive culture and had an 'open door' policy. Staff said the registered manager and office staff were approachable and were always made welcome at the office. One staff member told us, "I've been here three years, really happy with the company. Team we've got right now, really strong and hugely supportive and will sort out for us straight away". Another staff member said, "Office staff really supportive, if need help or struggling can go to any one in the office and they will advise me". Other comments included, "Office very supportive. This is the best office team we have had since I've been here. This is the first time now I've ever felt happy and content in this company".

The staff also felt supported by the provider. One staff member told us, "Been with the company nine years I love it. Still love it as much I never not want to come into work. Lots of office changes, always seems to get better. Absolutely happy with office staff at present, good team spirit, all muck in together and all approachable". Another staff member said, "The managing director cares about the care we deliver and that its' done right. He's always here [in the office]". Other comments included, "Love it here and don't intend to go anywhere else". As well as, "Feel listened to if I ever have a problem, phone up for advice and support is straight away. Just an amazing company to work for".

The registered manager held regular meetings with the staff in the office these were held weekly to discuss any concerns and share best practice. Staff meetings were also held regularly for all staff. These informed staff of any updates on people's health and training opportunities. One staff member told us, "Staff meetings good, very informative. Nice to meet other carers". Staff were also updated by a weekly newsletter sent to them by email with updates and to celebrate success and share advice.

The registered manager and provider used a system of audits to monitor and assess the quality of the service provided and help drive improvements. These included medicines, care plans, staff files, complaints, safeguarding, incidents and accidents.

The service had made links with the local community and had raised money for local charity organisations. Seven members of staff completed in the 'Race for life' and raised money for cancer research. In May money was raised for a charity by holding a coffee morning in the office and a cupcake day was held in June to raise money for a charity. The service recently celebrated 'International Women's Day' on the 08 March 2018 and delivered flowers to all the ladies that received a service and to all the female staff.

The managing director is involved in a local wind band orchestra and during March 2018 had invited all the people who use the service to attend a local concert of the wind band orchestra. For people who wanted to attend, transport was arranged to take people out in the community. This event was a success and another event is planned for later in the year.

The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm. The service produced a quarterly newsletter which included stories about the service and people's achievements and updates to the service.