

G G Trading Limited

Caremark (Redditch and Bromsgrove)

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Caremark (Redditch and Bromsgrove) is registered to provide personal care for people who live in their homes. At the time of our inspection 88 people were receiving care and support in their own homes.

The inspection took place on 13 October 2016 and was announced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's particular care needs and expectations were not consistently responded to at the times they preferred.

People received the care and support they needed from staff to feel and be as safe as possible within their own homes. Staff had received training in abuse and understood the signs of abuse and their responsibilities to keep people safe. The registered manager checked staff's suitability to deliver personal care during the recruitment process.

Risks to people's health and wellbeing were identified and care plans were written to guide staff in their daily work to support people in reducing risks to their safety and wellbeing. Newly appointed staff understood people's needs and abilities because they shadowed experienced staff and read the care plans when they started working for the provider.

The provider's medicine policy and procedures ensured staff were trained in supporting people with their medicines where this was required and the management team checked people received their medicines as prescribed.

All staff received an induction, training and on-going support in order to support people's individual needs effectively. Staff put their training into practice when assisting people with their particular needs. People, who needed assistance at meal times, were provided with this by staff who knew their individual dietary needs and recorded the support provided within daily notes. Staff referred people to other health and social care professionals when this was required for advice and support so people's health needs were effectively met.

People were encouraged to share their views and make their own decisions about the planning and provision of their care. Where people were not able to make all of their own decisions about their care the views of their representatives were heard and recorded.

Care plans and risk assessments were updated as people's needs changed. People had built up good

relationships with staff who regularly provided their care and support. Staff knew what was important to people and had learnt how they liked to be supported with their care. People were positive about how staff respected their privacy, dignity and independence.

People knew how to raise any concerns and or complaints and felt these would be listened to with action taken to resolve any issues. The registered manager had acknowledged and taken action when any complaints had been received to ensure people were satisfied with their care.

People and their relatives were encouraged to provide their views on the quality of the service. The provider and registered manager checked the quality of the care people received. Continual improvements were being made to develop and enhance people's experiences of the care and support they received in their own homes.

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.

The provider assessed any potential risks to people and staff and put preventive measures in place where these were required.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People had enough staff support to enable them to live safely within their own homes.

People were supported by staff with any assistance they needed to take their medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

People were supported to make their own decisions and to consent to their care.

Staff worked well with local healthcare services and supported people to access any specialist support they needed.

Staff assisted people to prepare food and drink of their choice when this was required.

Is the service caring?

Good ●

The service was caring.

Staff at all levels in the service had warm relationships with people and supported them in a friendly, helpful way.

People were supported to be involved in planning and reviewing their care.

Staff encouraged people to maintain their independence.

Is the service responsive?

The service was responsive.

People's care needs and expectations were not consistently met in a personalised way in order to meet people's agreed and preferred call times.

Staff knew people as individuals and provided support in ways which reflected their particular preferences and any changes in their needs.

People knew how to raise concerns or complaints and the provider responded to these in an effective way in order to try to resolve these.

Requires Improvement 

Is the service well-led?

The service was well led.

People were happy with the quality of care they received.

Staff felt they had good support from the registered manager and managing director.

The management team showed they were committed to making continual improvements to the monitoring and development of the service to further enhance people's care experiences.

Good 

Caremark (Redditch and Bromsgrove)

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 13 October 2016 and was announced. The provider was given 48 hours' notice because the organisation provides homecare services and we needed to be sure someone would be available at the administration office. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information we held about the provider and this service which included the statutory notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also requested information about the service from the local authority. The local authority has responsibility for funding people who used the service and monitoring its quality.

We spoke in person with two people who used the service on the day of this inspection visit, a further ten people and five relatives by telephone. This was to seek their views about how well the service was meeting their needs. We sampled five records about people's care and three people's medicines.

We spoke with the managing director, the registered manager, a care co-ordinator, a field care supervisor and three care staff members on the day of our inspection visit. We also spoke with a further three care staff members by telephone. We looked three staff recruitment files and staff training records.

We looked at the checks the provider and management team had made to satisfy themselves the service was meeting people's needs. These included checks on the care people received and surveys people and staff had completed about the quality of the service. We saw the provider used these checks to help them to further develop the quality of the service people received in their own homes.

Is the service safe?

Our findings

People we spoke with told us they felt safe because they received care and support to meet their particular needs within their own homes from kind and caring staff. One person said the staff, 'Make me feel safe' and 'Somebody always comes.' Another person told us, "I am absolutely safe" when care is provided.

We also saw positive conversations between two people who used the service, the registered manager and staff at the office. We asked people who they would contact if they had any concerns about their safety. They told us they would talk to the registered manager, and felt this would not be a problem. One person told us, "No worries about feeling safe, I can speak with the staff they are all nice and any worries I have, I just speak to [registered manager's name]." Relatives we spoke with were similarly positive about their family member's safety whilst in the presence of and receiving care from staff. A relative said, "I feel safe when leaving [person's name]" with the staff.

All staff had received training around abuse and were able to tell us about how they would deal with any suspected abuse. We spoke with staff about abuse; they knew what they would do and who they would contact if they suspected abuse. One staff member told us, "If (the person was) in immediate danger I'd call the police. I would follow protocols' and I'd inform the supervisor." Another staff member said, "I would start with the office and If the person was at risk I would ring the police."

The registered manager had a good understanding of their responsibilities to identify and report potential abuse under local abuse procedures. We saw where staff had raised concerns the registered manager had worked with other organisations, so people's safety needs would be met.

People we spoke with told us how staff met any risks to their safety and wellbeing. One person described how staff supported them with equipment, such as a hoist which assisted them to move safely. Another person said, "Staff always help me when I need them to but they are also good at knowing what I am able to do myself with just a little support from them."

Staff had identified possible risks to each person's safety and had taken action in conjunction with other health and social care professionals to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses which reduced pressure on key areas of people's body's. A staff member said they always made sure people were safe whilst they were supported to do things they liked to do. We saw these positive approaches to managing risks had been identified by people who we spoke with and in the care records we looked at. For example, one person told us staff supported them to go to the shops and another person said they liked to make a sandwich with assistance from staff as required.

Environmental risks within people's homes had been assessed so risks to staff and people who used the service were reduced. We saw these risk assessments considered the safety aspects within a person's home, such as, whether there were any trip hazards so avoidable accidents were reduced. The registered manager also had arrangements in place for reporting and reviewing accidents and incidents. This was to make sure

action was taken to protect people's welfare and safety and reduce the likelihood of them from happening again. For example, when a person had fallen different ways of helping to reduce the risks to the person which included consideration of specific equipment.

People told us they could rely on staff providing their care and support as they had not any of their care call times missed which would have compromised their safety. One person said, "Somebody always attends. Never missed a call." People and their relatives told us how much they appreciated regular staff who provided their care and support. One relative said their family member, "Needs to build trust" and were positive in their views about their family member being provided with care from a regular staff team. The registered manager was aware of how people's feelings of safety could be enhanced by ensuring they managed staffing levels. They showed us they had assessed staffing levels against the number of people who were using the service and their individual needs. For example, the registered manager told us their aim was to recruit an additional ten staff.

Staff told us that they had to have appropriate checks completed before they started working for the provider. This included reference and car insurance checks and also checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager told us staff were not able to provide care and support to people in their own homes until all the necessary checks had been completed. We saw this was the case in the recruitment files we looked at.

People told us they were supported by staff to take their medicines. The amount of support depended on each person's individual needs. Some people needed medicines to be administered by staff and other people just needed prompting. A person told us staff, "Check I have taken my medicines" and was appreciated of this support. Staff told us they had received medicines training and there were clear procedures in place for supporting people with their medicines.

Is the service effective?

Our findings

Every person we spoke with said they thought staff had the skills and knowledge to meet their needs effectively. One person told us, "I think they [staff] know what they are doing." Another person said, "Staff are definitely trained as they as know what they are doing when supporting me." A relative told us they believed their family member was in safe hands due to staff's knowledge when using a piece of equipment to assist their family with their physical needs.

All new staff received an induction prior to working independently in providing people with care and support in their homes. This included specific training to enable staff to undertake their roles and working alongside more experienced colleagues. Staff we spoke with told us this had prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence. One staff member described how the training they received covered practical elements of their caring role to assist them in meeting people's particular needs. For example, the staff member shaved a balloon as a method of learning how to assist people with their shaving needs. Another staff member told us, "The support I have received from [registered manager's name] and office staff has given me confidence to do my job well.

Reflecting on their own recent experience of being supported by a new staff member, a person who used the service said, "They had to have training before they were let loose! I have every confidence in them." This person went on to explain how the training staff received "Must be good" as staff knew how to assist them with the different equipment they required in order to meet their particular needs. The registered manager was aware of the new national care certificate which sets out common induction standards for social care staff and this was built into the induction programme for new staff.

Staff we spoke with were positive about the support they received from the registered manager and office staff who they felt were approachable and they could talk to them at any time. Staff told us they were encouraged to reflect on their practice and to consider their own professional development. Examples provided by staff included one to one meetings and the regular checks which were undertaken on their practices. A staff member said, "I value the spot checks as we are given the positives and what we could improve on. Clients, (people who used the service) are also asked if they are happy with their care which is good as this helps you to know if you are doing a good job or could do better."

We asked people who used the service and relatives if they felt staff understood people's individual needs. We heard examples of how staff knew how to assist people with their specific needs, such as, supporting people with their personal care and health care needs. A person described how staff had provided care and supported them so they were able to live their lives as they chose to. The person said, "Without their support and understanding of what I need I would not be able to do things I enjoy." We also read how staff had used their knowledge in order to make suggestions about different adjustments which could be made to meet the person's individual needs in an effective way so they were able to continue to live in their own home.

The registered manager and staff who supported people with their decisions understood their responsibilities in relation to 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. The provider and staff were following the MCA.

People who used the service and relatives spoken with confirmed to us staff obtained their consent before they supported them. A person told us, "They (staff) never do anything without checking with me first as to whether I am agreeable to what they help me with." A relative said, "They (staff) involve [person's name] in the care they are providing, which is how it should be."

Staff gave us examples of how they had consulted with people who used the service, explained information to them and sought their informed consent. One staff member explained, "I always check with people what their everyday choices are, such as what meals they want me to do for them. Another staff member said, "When assisting people with their care needs I always talk with them and check they are okay for me to help them with different things. It is about offering choices and respecting people."

When people needed help to ensure they had enough to eat and drink as part of their home care support this was provided by staff. One person we spoke with told us staff would heat a meal in the microwave for them and always made sure they had a drink before they left. Another person explained through staff's assistance with their meals they were not only kept safe from the dangers of using their cooker but also at risk of not eating adequately. We saw people's care records gave staff information about the support needed to help people to eat and drink their meals where this was required. Staff had also recorded what people had eaten and drunk at each visit so they could respond quickly if any significant changes were noted. Staff spoken with told us if they were concerned a person was not eating or drinking enough they would report their concerns to the registered manager, field care supervisor or staff at the office.

We saw staff monitored people's health and wellbeing and liaised with professionals involved in their care when this was required. Staff told us how they worked with people and their relatives so they would be encouraged to seek medical help when people needed it. Staff gave us examples of how they had supported people in emergency situation. For example, contacting paramedics if people were very ill and/or people had fallen, or supporting people to make appointments to see their doctor when they required support with their health needs. A person told us, "They (staff) have rung the GP for me and checked my rash" to support them in receiving the health treatment they required. A relative we spoke with told us staff had, "Put themselves out to contact a GP" when their relative was unwell so they were able to obtain the medical care they required to meet their health needs.

Is the service caring?

Our findings

People told us staff were caring and kind. One person described the staff as, "Very good indeed. I have never had anyone not caring." Another person said the staff were, "Kind and caring." Relatives we spoke with were equally positive about the caring attitudes and practices of the staff who provided care and support to their family members.

Staff knew and respected people as individuals. One staff member told us, "I like getting to know people and listening to their stories. We might be the only person they see in a day." Another staff member said, "It's important to build up a rapport with people. I like to chat to them about their lives and learn what is important to them." A person who used the service told us, "The staff are very pleasant. For me it's really important to have someone to talk to and have a joke with but most of all they know me."

The registered manager confirmed in the information we requested from the provider known as the Provider's Information Return [PIR], 'The care plans are person centred and include preferences and personal histories of clients (people who used services), so carers (staff) know the people they are supporting.' This commitment of staff knowing people who they supported had been taken on board and put into practice as described to us by people who used the service. One person told us how through the care they were offered they were able to enjoy their lives as staff respected their views about their care and knew them well. Another person said they had developed good relationships with staff who provided care and support. We saw the person shared banter and laughter with staff at the office and mutual respect was shown during conversations.

Staff also understood the importance of giving people as much choice and control over their lives as possible. A staff member described how it mattered to a person to have their duvet turned in a particular way. A person told us, "If I don't want a shower on one day they will just do what I ask." A relative told us how staff had followed their family member's choices in when they wanted to be assisted in carrying out their exercises.

The registered manager told us she expected staff to help people retain as much independence as possible. Staff we spoke with showed they understood this ethos and reflected it in the way they provided people's care and support. A staff member told us, "Encouraging people to keep their independence is something I do all the time. Where someone is able to do some of their own washing I give them time and encouragement to do this." Another staff member said, "It's all about the little things like encouraging them to wash themselves if they can, or stand up on their own." People we spoke with were able to provide us with examples of how staff had respected their own levels of independence. For example, assisting people to make their own drinks where this was possible and take their own medicines.

People told us staff supported them in ways which maintained their privacy and dignity. One person said, "The staff help me in a very calm and efficient manner and treat me with dignity and respect." Another person told us, "When staff help me to wash they have a good way of keeping parts of me covered up which makes me feel private." A staff member told us, "It's really important to preserve people's dignity. When I am

providing personal care I always ensure the curtains are closed and use a towel to cover people up."

Staff also recognised the importance of not intruding into people's private space. When people had been first introduced to having care provided in their own homes they were asked how they would like staff to gain access to their homes. We saw a variety of arrangements had been made which respected people's wishes while ensuring people were safe and secure in their homes.

Staff had received training and guidance about how to correctly manage confidential information. Staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People had very mixed views about how the provider organised its staffing resources to make sure their needs were responded to in a personalised way. One person told us staff arrived on time and stayed the full amount of time in order to meet their needs. The person said, "If staff are running late they will ring (office staff) and let us know however this is rare" that staff are late. Another person said staff were, "Very good, they are always on time." However, other people were dissatisfied with the responsiveness of the care service they had received from the provider and told us how this had an impact upon their lives. One person told us how the lateness of their care calls would, "Ruin my day" as it made them late for things they had planned to do. Another person said, "The care is good but if only they (staff) were on time on a more regular basis as I want my calls at the set times I agreed" to meet my needs in the way I prefer. A further person gave us their views about the responsiveness of their care call times in meeting their particular needs by telling us the, "Only problem is with the company itself is in respect of time." A relative described to us their family member's experiences of receiving late care calls and how recently staff were two hours late. The relative told us how their family member found it, "Upsetting" when staff did not turn up at the right times to support them with their needs.

We saw consistent themes were noted in the comments people had made which the registered manager confirmed in the PIR as, 'Call times: Keeping the customers informed of any changes. Continuity of care improved and enough travel time given to the carers (staff).'

We spoke with staff about care call scheduling. One staff member told us how it was not always possible to be at one person's home at the time noted on their call schedule. This was because of the distance between some people's homes which impacted upon responding to their individual needs at the times they preferred their care. Another staff member said there were times when they had to wait for their colleague's arrival when people required assistance from two staff which delayed the person receiving their care. One example we were provided with was of a person going to bed earlier than they had planned to due to the scheduling of care call times. Another example was where the travelling time between two people's care calls was not sufficient to ensure staff arrived at one person's home on time to meet and respond to their care needs.

The registered manager acknowledged travelling times and care call scheduling needed improving. They outlined the actions they were taking to make sure all people received a consistently responsive care service to meet their expectations. These measures included the on-going efforts of recruiting new staff, gaining staff's own views and driving the routes to gain a clearer idea of travelling times for staff to assist in planning care call times.

Additionally, we spoke with the provider who showed us they were highly motivated to drive through the required improvements. They told us they had instructed staff to go, 'Back to basics.' This was so staff travelling times alongside care call times could be analysed for their responsiveness and effectiveness in meeting people's individual needs. However, there was little evidence to support consistent changes or improvements were all in place at the time of our inspection visit. Additionally, we had no evidence the changes or improvements had been sustained to reflect their effectiveness and the impact these had on

people who used the service.

People told us they were involved in planning and reviewing their care. One person explained they needed help from staff to do this owing to their physical disabilities. The person said they valued staff support in this area, as it meant they received the care they needed in the way they preferred. Another person told us they had been involved in deciding their goals and the best way to achieve these. The person said, "I would not be able to stay at home without the support staff give me." A relative told us their family member's care and support needs had been discussed before their support started. We also saw how staff had communicated between each other when people's needs changed and provided information to the registered manager. One example was when a person's care needs and equipment needed to be reviewed. We saw action had been taken in response to the changes in the person's needs to support them to continue to live at home with the care and equipment they required.

Staff were aware of people's individual needs and preferences which enabled them to provide support which was centred on each person. One staff member described to us the care they provided to people who they regularly visited. They knew the little details about people's needs, such as how people liked to receive support with their personal care which responded to people as individuals and met their needs. Another staff member told us, "We have information in care plans and daily notes in people's homes to refer to. We talk with people so we get to know what they need and what their likes and dislikes are." We saw this in practice during the conversations between two people who used the service and staff at the office. Both people knew staff well and staff showed they were able to anticipate people's needs while they were at the office.

Information on how to raise a concern or make a formal complaint was included in the introductory information people received when they first started to be provided with a service in their own homes. People told us they knew how to make a complaint and were confident this would be handled properly by the registered manager. One person said, "I have never had a complaint. I have never even thought of making one. If I ever do have a problem I know I can ring the office and I have no qualms about doing this." Another person told us, "I have never had any concern, but if I did, I would ring the office, I know who the manager is and I would talk it through with them." A relative said, "Everything is fine. I wouldn't be slow in coming forward if anything wrong." Another relative told us they did have some issues which they felt had been dealt with very well.

Staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance before offering support to people in contacting the registered manager to make a complaint. We saw the complaints which had been received had been managed well by the registered manager with appropriate actions taken to try to resolve the issues raised.

Is the service well-led?

Our findings

People spoke positively about the quality of the care they received and told us they considered the service to be well managed. One person told us, "Caremark are very good as far as I am concerned." Another person believed the service to be, "Very Good." A further person described the staff including the registered manager as a, "Friendly bunch" and the service they were offered was "Good." We received positive comments from relatives we spoke with about how the quality of the care services offered were managed in order to support their family members to live in their own home.

People who used the service told us they were asked for their views about their care. They said and records confirmed the management team including the field care supervisors called to see them to collect records from their homes and check to see if they were happy with their care. One person told us the registered manager had recently contacted them to check whether they were pleased with their care service. We saw action had been taken when parts of the service needed to be changed. For example, when people needed more assistance this was confirmed with the funding local authority to make sure people received the care service they needed to be able to live in their own homes as they chose.

People said that they knew who the registered manager was and found them helpful. During our inspection visit we saw the registered manager chatted with people who used the service. We saw they knew each person well and there was friendly banter between them. The registered manager also knew about points of detail such as which staff members covered certain areas. This level of knowledge helped them to effectively manage the service.

There was a defined management structure which staff were aware of which included the provider. The registered manager showed they had an accountable leadership style. They were quick to acknowledge and take responsibility for the improvements which were required. This was to make sure the care service people received was consistently provided at the times agreed with people in order to respond to and meet their expectations and needs. The registered manager was supported in their role by the provider who spoke with us by telephone. The provider told us they were committed to continuing to make improvements where these were required for the benefit of people who used the service. This included making sure people received their care and support at the times they preferred on a consistent basis, for example they were in the process of recruiting more staff and focusing upon call planning and scheduling.

Staff we spoke with told us they were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure people consistently received the care they needed. During the evenings, nights and weekends there was always a member of the management team on call if staff needed advice. Staff kept a record of what care had been provided to people in their own homes so the next staff member could be alerted to anything new. In addition, staff telephoned each other and the field care supervisors, care coordinators or registered manager if there was a more significant difficulty when they were providing people with care and support which needed to be addressed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to make sure staff were well led and had the knowledge and

systems they needed to care for people in a safe and effective way. A person described the staff including the registered manager as a, "Friendly bunch" and the service they were offered was "Good."

Staff spoken with told us they enjoyed their work and recognised how they could contribute to the quality of care people received by delivering personalised care in a safe and effective way. A staff member described to us how they had spoken about the allocation of the rotas to the care co-ordinators and the positive benefits for people and staff by having regular staff providing care and support. This was also an ambition held by the registered manager who was working hard to recruit additional staff to fully achieve this.

The registered manager was enthusiastic about considering the opportunities the new office premises had provided to further enhance the experiences of people who used the service and their staff team. For example, we saw there was a large ground floor office space where people who used the service and staff could access and were invited for events. A person who used the service was proud of their involvement in speaking with new staff and other events, such as staff training. Staff we spoke with also appreciated the registered manager's approach of providing them with opportunities to meet with their colleagues on a more informal basis. One staff member said, "[Registered manager's name] is approachable and helpful." Another member of staff said, "We are never frightened to say what we think and we are listened to." Staff knew about the provider's whistle blowing procedure and they told us they would not hesitate to use it if they had concerns about the running of the service which could not be addressed internally.

The registered manager knew their role and responsibilities in continually developing the service and commented on these in the PIR. One example read, 'We plan to introduce a quarterly newsletter for both carer and clients and for all key stakeholders. This will help improve communication between all parties.' This was in progress at the time of our inspection visit. Another example was the award the provider had received for being the, 'Regional franchise of the year for West Midlands.' A further example was the way the care certificate had been embraced by the registered manager for all new staff to undertake and the display in the office of the career path for care staff to aspire to and to inform new staff of how they could progress. These on-going developments helped to ensure people who used the service benefited from staff who knew how to provide care and were committed to meeting people's needs.