

Williams CM Ltd

Caremark (Walsall & Wolverhampton)

Inspection report

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Tel: 01922215000

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29 January 2019

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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

About the service:

Caremark (Walsall & Wolverhampton) is a Domiciliary care agency that provides personal care to people with a variety of needs over the time of the inspection. This included people aged over and under 65 who may be living with dementia, have a learning disability/autistic spectrum disorder, physical disability or sensory impairment. At the time of our inspection the service supported 83 people with personal care.

People's experience of using this service:

People and relatives told us they felt safe with care staff and staff were able to demonstrate a good awareness of each person's safety and how to minimise identified risks to their safety. People and care staff told us they were able to attend people's care calls in a timely way and stop for the duration of their planned care call.

People were supported by care staff that were caring, showed compassion and expressed genuine interest about the people they cared for. People received person centred care and support based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop a good relationship with the people they visited.

People were supported by care staff who had the skills and knowledge to meet their needs. Staff understood, felt confident and well supported in their role. People's health was supported as staff worked with other health care providers when needed to support people's healthcare needs.

People were supported to have maximum choice and control of their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans reflected people's needs and preferences and the staff were able to explain recent changes to people's care. Where there was changes that were highlighted by people to us, they agreed this was shared with the provider. We saw the service was responsive to this information.

People knew how to complain and that any concerns would be listened and responded to by the provider. The registered manager saw complaints as useful feedback from which to develop and improve the service.

People, relatives, staff and professionals gave us a positive picture as to the quality of care people received, and also said they were able to share their views with staff.

Quality monitoring systems included audits, spot checks on staff practice and regular checks on people's satisfaction with the service they received, by surveys, phone calls or visits from the service's management. The provider has systems in place to ensure they kept up to date with developments in the sector and

changes in the law.

People and relatives told us the registered manager and staff were approachable, organised, listened and responded to them and acted on feedback when they shared this with them.

Rating at last inspection: The rating for the service at our last inspection was 'requires improvement' with our last report published on 11 November 2017.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Caremark (Walsall & Wolverhampton)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The Inspection team consisted of one inspector and an 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 service.

Service and service type:

Caremark (Walsall & Wolverhampton) is a Domiciliary care agency that provides personal care to people living in their own homes. This included people aged over and under 65 who may be living with dementia, have a learning disability/autistic spectrum disorder, physical disability or sensory impairment.

Notice of inspection:

We gave the service three days' notice of the inspection site visit because we needed to check we had the correct contact information for people to be contacted by telephone. We also wanted the registered manager and a selection of staff to be available for the inspection.

What we did:

The inspection activity started on 29 January 2019 when we visited the location and ended on 31 January 2019. We visited the location to see the registered manager and staff; and to review care records and policies and procedures. We also made phone calls to people who used the service, a relative, and two health care professionals as part of the inspection activity.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted people and/or their relatives by telephone on 29 and 31 January 2019 and spoke with 13 people that used the service, two relatives and two health care professionals to gather their views on the service being delivered. We also spoke with the provider, the registered manager and eight staff which included care and senior staff. We used this information to form part of our judgement.

We looked at five people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were protected from potential abuse and avoidable harm as staff understood what different types of abuse could be and steps they should take to safeguard people.
- ☐ The provider had effective safeguarding systems in place that staff understood. We saw these had been followed when potential abuse had been identified by staff.
- ☐ People told us they felt safe with staff one person telling us, "I am always comfortable [with staff] and feel safe."

Assessing risk, safety monitoring and management

- ☐ Any risks to people were identified, with staff well informed of these risks and how to support people to reduce the risk of avoidable harm. People's risk assessments considered risks presented by the person's home environment.
- ☐ There was a positive approach to risk taking to enable people to maintain their independence. A member of the care staff told us, "If [the person] is able we let them shower themselves and just allow them to do what they can".

Staffing and recruitment

- ☐ People and staff told us there was sufficient skilled staff effectively deployed to meet people's needs. One person told us, "They [care staff] are on time unless there's been an accident or maybe the client before me has needed an ambulance, but they always let me know. I've got [care staff] mobile if I get worried".
- ☐ People told us staff stayed for the agreed length of the call or on occasion longer if needed.
- ☐ There were contingencies in place to ensure when people had additional needs these were reviewed and reported to commissioners or people who funded people's care.
- ☐ Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- ☐ People told us their medicines were managed safely. One person told us, "[Staff] Do my medicines in the morning, they sign in the book, they know they're supposed to do that".
- ☐ Staff were knowledgeable about people's requirements and preferences in respect of how they needed and wanted to take their medicines.

Preventing and controlling infection

- ☐ People told us they received care in a way that protected them from infection. One person told us care staff, "Always wear their uniforms and identity badges and they change their gloves every time they should".

- ☐ Staff were knowledgeable about how to promote good infection control and told us there was easy access to protective gloves and overalls.

Learning lessons when things go wrong

- ☐ The registered manager and provider told us how they learnt from incidents where outcomes could be better. We saw changes had been introduced since our previous inspection that showed the service was now safer.

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

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.

- ☐ An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences. The registered manager told us they would try to offer people their preferred call times, or as close as possible within any service constraints. One person told us their care, "It works out fine, I am very happy with the carers I have at the moment".
- ☐ Staff had sufficient information to provide care which reflected people's choices and needs. Staff were knowledgeable about what people wanted and what their needs were.

Staff support: induction, training, skills and experience.

- ☐ People received effective care from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. A relative told us, "For someone to take over [the person's] personal care from me, they must be and are really good"
- ☐ There was a system in place to monitor training to help ensure this was regularly updated so staff skills and knowledge were current. Training methods included online, face to face training and competency assessments. One member of staff told us, "I have plenty of supervision, feel I can talk to [registered manager]".
- ☐

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

- ☐ People said they were supported when they needed assistance with food and drink in a way that reflected their personal choices and assessed needs.
- ☐ One person told us, "If I want something, they'll get it, mostly it's sandwiches but if I want something hot, I've only to ask".
- ☐ Staff were aware of people who may be at risk of poor nutrition and knew how they monitored these risks to ensure people had sufficient nourishment.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ The provider worked with other healthcare professionals to ensure positive outcomes for people.
- ☐ A healthcare professional told us how they had trained staff to provide care to reflect a person's choices. The professional also said the agency was flexible and always kept them up to date.

Supporting people to live healthier lives, access healthcare services and support

- ☐ People had access to healthcare services and professionals according to their needs and agreement.
- ☐ One person told us that their care worker noticed a rash on their back and had called the doctor who was able to prescribe treatment immediately.

- ☐ Care staff knew what to do when people needed immediate assistance from healthcare professionals.

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

- ☐ People were asked for their consent before they received any care and staff acted in accordance with their wishes. For example, getting people's verbal consent before assisting them with personal care.
- ☐ Staff we spoke with had a good working knowledge of how they should gain people's consent and ensure their wishes were observed when providing personal care.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People, relatives and professionals were all positive about how staff provided personal care. One person told us "I am very happy about [the service], there are no faults with my carers and I would recommend them to anyone" and, "If they didn't come in I would be in a care home, nothing is ever too much for them and they always ask me is there anything you want to do".
- ☐ One member of care staff told us how they, and other staff had built a relationship with one person and they were passionate about how they wanted to support this person so their life improved, but reflected their wishes and individuality.
- ☐ The registered manager and staff were aware of the need to ensure people's diversity was respected and catered for. The registered manager told us how they would ensure this was considered when they assessed people for the service, and they recognised the service should meet a person's individual needs.

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

- ☐ The registered manager or senior staff met with people on a regular basis to review their needs and we found they responded quickly when a person told us their needs had changed recently.
- ☐ One person told us, "There's no problem with the care, we participated in our own care plans, but there's more things now that we need to discuss [with the agency]".
- ☐ A relative told us they had reviews, that involved their loved one to, "Check there were no problems".

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us care staff treated them with respect whilst promoting their dignity, privacy and independence.
- ☐ One person said, "They [care staff] are always polite most definitely and respectful, I have no complaints at all". Another person told us, "I am incontinent, so they deal with that respectfully, [Staff name] is very good and so are the rest of them, they're brilliant".
- ☐ One person told us, "I am as independent as I can be, they [staff] will always try and help me by lifting my legs and I ask for help whenever I need it".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ We found most people's care records showed what service people expected with clarity about what people's personalised requirements were.
- ☐ People said they received care that was personal and responsive to their needs. A relative told us that their loved one was involved in regular reviews of their care and their care plan was reflective of their individual needs.
- ☐ The provider had made recent changes through use of an application on mobile phones so that staff could access key information about people, securely. This had improved the speed with which staff could access information about people when needed. One care worker told us, "If I'm late, not more than 10 minutes, I have people's telephone numbers on the app so don't need to spend time ringing the office".
- ☐ We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People we spoke with told us they had copies of their records in their home and we saw there was records of reviews involving people.

Improving care quality in response to complaints or concerns

- ☐ People's concerns and complaints were listened and responded to.
- ☐ The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people, this in accessible formats when needed.
- ☐ People said they had a good relationship with staff and felt able to discuss concerns with them if needed. One person said, "Any complaints and they deal with it immediately".
- ☐ We saw the provider had tracking documents in place so that any progress with complaints was monitored. Responses to complaints were open and transparent and where a complaint was substantiated the provider did offer an apology.

End of life care and support

- ☐ The provider was not catering for any person that was on an end of life pathway at the time of the inspection.
- ☐ We found staff were aware when people had made choices about resuscitation following a cardiac arrest and told us these (DNARCPR) agreements were in place in the person's homes and accessible to any service providing support to the person.

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. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ People, relatives and staff expressed confidence in the service. One person said, "it's definitely a good organisation without doubt".
- ☐ Staff and professionals said the registered manager was approachable and listened. One member of staff told us, "We are supported to better ourselves, [the managers] recognise skills and assists us to develop. I can't fault [the registered manager]"
- ☐ Staff told us the management team were open and staff were encouraged, and told us they were confident to, raise any concerns through a whistleblowing policy.
- ☐ Concerns about individual staff performance when identified were dealt with appropriately, for example through training, supervision and where necessary, disciplinary processes.

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

- ☐ The provider and registered manager had high expectations about standards of care, that staff should provide, and staff were aware of and agreed with this expectation.
- ☐ The service had a range of effective quality monitoring arrangements in place. For example, there was regular audits of medication and care records, and senior staff carried out spot checks on the care staff to ensure they completed safe and effective care.
- ☐ The registered manager said they were supported by the provider, with the reassurance of additional support from external professionals, for example specialists in employment law.
- ☐ The provider had ensured we were notified of events as required by the law. We also saw that the previous CQC inspection rating was displayed at the office and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ People were asked to complete regular surveys, and when practicable calls and visits were made to people to ensure they were satisfied with the service, or to ask if there was scope for improvement. One person told us, "I've filled in the questionnaires".
- ☐ Staff were consulted and involved in decision making through staff meetings, supervision or contact by phone.

Continuous learning and improving care

- ☐ The registered manager and provider had developed an open, transparent and supportive culture within the staff team, with an open-door policy to encourage open communication. Staff confirmed these

improvements had been made. One member of staff said, "Office staff are brilliant, [registered manager's name] is a really good manager, plenty of supervision and don't feel I can't talk to anyone".

- The registered manager told us they kept up to date with developments in practice through use of, for example the CQC website and other organisations.

Working in partnership with others

- The registered manager and staff told us how they worked closely with commissioners and other health care professionals to promote joined up care between themselves and other services. They told us how they worked with nursing services for the benefit of one person, this confirmed by a health professional we spoke with.