Professional Home Care Limited

Caremark (West Oxfordshire & Cherwell)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an announced inspection of Caremark West Oxfordshire and Cherwell on 23 March 2017.

Caremark (West Oxfordshire and Cherwell) provide a domiciliary care service to vulnerable adults to help them to live as independently as they can within their own homes.

At our last inspection on 10 March 2016 we found medicines were not always managed safely, medicine records were not always complete. This was a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014. We also found the provider did not have effective systems in place to ensure the quality of the service was monitored and improved to ensure the regulations were met. This was a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014. In addition mental capacity assessments had not been carried out in line with the Mental Capacity Act 2005. This was a breach of Regulation 11of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 23 March 2017 we found the provider had made significant improvements to address our concerns.

People received their medicines as prescribed. Medicines were safely managed and medicine records were accurately and consistently maintained.

Staff understood the Mental Capacity Act 2005 (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected. Capacity assessments were in place.

The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

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.

We were greeted warmly by staff at the service who seemed genuinely pleased to see us. The atmosphere in the office was open and friendly.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were

identified.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff were aware of people's needs and followed guidance to keep them safe.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were mostly punctual and they had not experienced any missed visits. However, some people told us they were not always informed of changes to visit times or rotas. The provider followed safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Most people told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys and telephone monitoring calls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

There were sufficient staff deployed to meet people's needs. However, staff were not always punctual and visit times were sometimes changed at short notice.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Caremark (West Oxfordshire & Cherwell)

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 the 23 March 2017. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

This inspection was carried out by an 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 care service.

We spoke with ten people, seven relatives, five care staff, the training officer, the live in care co-ordinator and the registered manager. We looked at seven people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition we spoke with the local authority commissioner of services to obtain their views.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 10 February 2016 we found medicines were not always managed safely, medicine records were not always complete. This was a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made.

People received their medicine as prescribed. Where people needed support with medicines, we saw that medicine administration records (MAR) were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked to ensure they were safe to administer medicines. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One member of staff said, "I've had the medication training and my competency is regularly check when I'm working. No problems at all".

People we spoke with commented on their medicine. One person said, "My carer gives me my tablets and a drink and when I've taken them, they write in the chart to say I've taken them. I usually have them on time, or thereabouts". Another person said, "I have my tablets in a dosset Box, so my carer gives me them with a drink and then writes down when I've taken them. I'm usually on time taking them".

People told us they felt safe. Comments included; "If I didn't have my carer coming in, I wouldn't be able to be here in my own home on my own any longer. The fact that my carer comes in four times a day makes me feel safe and I know my family don't worry about me because they know someone is at least keeping an eye on me every day" and ""I'm not really safe on my feet to have a shower on my own, so my carer comes twice a week to support me to have one. Since starting with the Agency, I haven't had a single wobble, it's been such a relief".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd report to the office and they'll deal with it. I would also call the local authorities or the police as well", "I'd see my supervisor and I'd tell the manager. I'm confident they would do something about it" and "I'd definitely record it and call my supervisor. I can call CQC (Care Quality Commission) as well". Contact details for the local authority safeguarding team were displayed in the staff training room. The service had systems in place to report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of trips and falls. The person used a walking frame to mobilise independently. Staff were guided to ensure the floor was 'clear of all hazards' and to 'ensure the person used their frame'. Staff were also guided to ensure the person was wearing 'suitable clothing and footwear'. This person had also been referred to a community occupational therapist. Records evidenced this guidance was being followed.

Another person was at risk of developing pressure ulcers. The person used pressure relieving equipment to manage the risk. Staff were guided to monitor the person's skin and apply prescribed creams. Daily notes evidenced this guidance was being followed and the person did not have a pressure ulcer.

People and their relatives told us staff were usually punctual and visits were never missed. People's comments included; "Mostly, the carers arrive on time or thereabouts, but they still change things around without even asking if it's alright. Having said that, certainly this month, I have started getting a call from the office when the time has been changed, but I'm still given no choice about it, they've only rang to tell me about it, not ask if it's convenient", "They do seem to be letting people know now when carers are running late. At least it allows me to plan a bit better, rather than sitting around not knowing what is happening or when someone will turn up", "I was asked which days and what times I wanted, but unfortunately, they are not always stuck to as the Agency will suddenly decide to make my call an hour later for no apparent reason and without even calling me to find out if it's convenient or not" and "They do seem to be letting people know now when carers are running late. At least it allows me to plan a bit better, rather than sitting around not knowing what is happening or when someone will turn up."

We spoke with the registered manager about this. They said, "I place great importance on communication and since I've arrived here I believe things have improved. I am working on this and we are slowly getting better". Action plans evidenced the registered manager was dealing with this issue and some people and staff told us communication was improving.

The service used an electronic telephone monitoring system to manage visit times. We spoke with the live in care co-ordinator who managed this system. They said, "We are not doing too badly at the moment. Our target is 90% of calls on time and we are currently in the mid to high 80s. Most of the problems are around staff forgetting to log in and out of clients homes and some client's phones are not very compatible with the system which can affect the figures". Records confirmed stated figures were correct. We saw one missed visit recorded. The person had been visited later in the day and the missed visit did not impact on their care or wellbeing. The service raised a safeguarding alert with the local authority and took all appropriate action.

Staff told us there were sufficient staff to support people. Comments included; "I would say there's enough staff. I am not under pressure to complete extra shifts", "I believe there is enough staff", "Clients needs are met but I get asked to cover extra shifts so we could always do with more staff" and "Yes there's enough (staff). I get my normal days off so we must have".

Staff were effectively deployed to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our clients". Rotas confirmed planned staffing levels were consistently maintained and where two staff were required to support people they were consistently deployed.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Good

Is the service effective?

Our findings

At our last inspection on 10 March 2016 we found the Mental Capacity Act (2005) (MCA) principles were not being followed in line with the MCA code of practice. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This issue was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made.

People's care plans included mental capacity assessments which identified the decisions people lacked capacity to make. Care plans detailed how people should be supported in their best interests. For example, one person's care plan identified they lacked capacity to make decisions relating to their finances but were able to make decisions related to their daily living. People's care plans identified where representatives had legal authority to make decisions on people's behalf and copies of the authority were available. Consent to care documents, held in care plans were signed by the person or their legal representative.

Staff had completed training in MCA 2005. Staff had a clear understanding of their responsibilities to support people in line with the principles of the Act. One member of staff told us, "This is every day work. I always seek consent and clients have the right to decide. If I suspect anything is wrong I call the office". Another member of staff said, "I always offer choices and assume they are capable. I work in their best interests".

People told us most staff knew their needs and supported them appropriately. Comments included; "I don't really need anything that complicated doing for me, so I've never had a problem with their skill levels", "I think a few need to shadow the better ones for longer. Caring skills can't always be taught" and "I'm quite fussy, but my carers humour me and never complain about my eccentric ways".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, dementia and infection control. Induction training was linked to care certificate which is a nationally recognised program for the care sector. Staff spoke with us about their training. Staff comments included; "Training is okay here. I can ask for any training I like" and "I am well trained and my performance is regularly checked".

We spoke with the training officer who told us, "I manage the training electronically so I can see what training is due, what's overdue and what has been competed for all staff. Ten of our staff have achieved NVQ (National Vocational Qualification) and we have 14 currently working towards further qualifications. Specialist training is also conducted by the district nurses. We are up to date with our training programme". Records confirmed staff training was planned and up to date.

Staff told us, and records confirmed they had effective support. Staff received regular supervision.

Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one staff member requested a change to their rota and this was actioned. One member of staff told us they found supervision meetings effective. They said, "Yes I get regular supervisions which are useful. I get spot checks as well so I am well supported".

Staff were also supported through spot checks to check their work practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People's nutritional needs were listed in care plans and provided staff with guidance on how to support people. For example, one person's condition meant they could only eat certain foods and these were listed for staff. Another person had difficulty swallowing and required pureed food 'of a uniform consistency, free from lumps'. This person had been referred to a speech and language therapist (SALT) who had provided guidance for staff. Daily notes evidenced this guidance was being followed.

People told us their nutritional needs were being met. One person said, "The carers sort out all my meals for me. They always tell me what I've got, as I usually forget and they never mind making whatever I fancy". Another person said, "I can still do some things for myself, so I usually start my dinner off and then my carer will get it out the oven and plate everything for me".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "A couple of the carers have looked after me since we were with the other branch of the agency and they are like members of the family. They are so caring, we would be lost without them", "My carers always make sure I look smart and if I've managed to spill anything down myself, they insist on finding me something clean to wear", "All the carers are very polite, but we also have a chat and a bit of a laugh, which is nice because most days, I only ever see my carers" and "I've never had anyone raise their voice or use bad language ever".

Staff spoke with us about positive relationships at the service. Comments included; "I love the clients and I have very good relationships", "I still love my clients, my relationship with them is wonderful", "I absolutely love this work, I wish I started it years ago" and "I like doing this work, seeing the clients and helping them".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. All the care plans we saw reminded staff to 'maintain client's dignity and respect at all times'.

People we spoke with told us their privacy and dignity was respected. One person said, "I've never had any problems with how the carers talk to me. They do have to raise their voices from time to time because my hearing is getting dreadful I'm afraid." One relative commented, "My husband's carers always close the curtains and his door before they start giving him a wash. We often have grandchildren running about, but with the door shut, they know not to go in".

People were supported by staff who were committed to promoting people's dignity and respected. Staff spoke with us about dignity and respect. Their comments included; "I do this 100%. I cover them up for personal care and close doors", "I cover 'bits and pieces' and I ask family members to leave during personal care" and "I respect their rights and remain confidential".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. We saw confidentiality agreements had been signed by staff. These gave staff information about keeping people's information confidential and highlighted conditions for sharing this information.

People's independence was promoted. Care plans guided staff on how to promote people's independence. For example, one person was supported by staff to wash themselves. The care plan guided staff to 'encourage [person] to do all that they can'. One person told how the service maintained their independence. They said, "It's important to me that I can stay here in my own home as long as possible. Because I have carers four times a day, my family are happy and don't need to worry about my safety, so in turn, they tolerate me maintaining my independence".

People were involved in their care. Care plans we saw evidenced people were involved in reviews of their care. For example, at one review a person had requested changes to the times of their visits and we saw this request had been actioned. Care reviews were signed by the person or their legal representative. One person told us, "I was involved to start with because I remember being asked when I would like the calls and if I preferred male or female carers".

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan 'night clothes on, tea and juice given. We chatted and all okay on leaving'.

People's diversity and equality were promoted. The provider's policy on equality stated 'Caremark is committed to equal opportunities for all, irrespective of race, colour, creed, ethnic or national origins, gender, marital status, sexuality, disability, religion or belief or age'.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated 'I tend to watch TV and read the papers'.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had stated 'I self-administer my medication, but ask me if I have taken it'. The person had also request staff 'ask what I would like for lunch'. Another person's care plan stated 'I can hear well if you speak clearly to me. Give me time to respond as my [condition] can slow my reactions'. Records and staff evidenced this guidance was followed.

People received personalised care that responded to their changing needs. For example, following a change in one person's condition the person was referred to a speech and language therapist (SALT) and their care plan was reviewed to reflect new guidance and changes to support needs. We also saw evidence the service responded to people's requests. For example, where people had private or medical appointments they contacted the office and changes were made to the person's visit schedules. These changes were made in consultation with the person to reschedule visits at a convenient time for them.

People were supported by staff who understood, and were committed to delivering personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "This is how the client wants their care. It's about an individual approach", "It is taking on board their needs and what they want you to do" and "Care for that individual, carried out to their preferences".

Most people knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint. People's comments included; "There's a leaflet all about complaints in my folder", "I remember seeing something about complaints in my folder" and "I have raised concerns about a particular carer and the language they used and they no longer work for the agency".

We looked at the complaints folder and saw there were no complaints recorded for 2017. Historical complaints had been resolved in a timely and compassionate manner in line with the complaints policy. Compliments to the service were also recorded. We saw numerous compliments from people and their families praising both staff and the service for care and support they had provided.

People's opinions were sought and acted upon. A satisfaction survey was sent to people and asked questions relating to all aspects of care and support. We saw the results of the latest survey which were positive. Action plans based on people's responses were created to improve the service. For example, some people had felt communication with the office could be improved. The registered manager was working to a plan to improve communications within the service.

Good

Is the service well-led?

Our findings

At our last inspection on 10 March 2016 we found there were not effective systems in place to monitor the quality and safety within the service. This concern was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found significant improvements had been made.

The registered manager monitored the quality of the service provided. A range of audits were conducted which covered all aspects of the service. Action plans were created from these audits to improve the service. For example, one audit identified people's personal information was not always up to date and accurate. Records evidenced this had been acted upon and the following audit acknowledged this. Other audits included care plans, medicine records and the electronic telephone monitoring system. The provider also supported the registered manager by conducting regular audits.

Senior staff conducted quality checks in people's homes. Monitoring included people's documents and assessments to ensure they were current and accurate. We saw that where documents were inaccurate or out of date action was taken to resolve the issue.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person had made comments to a staff member. Following an investigation it was decided to change this person's carer and both the person and staff member received support following the incident. The registered manager monitored accidents and incidents to identify patterns and trends. For example, patterns relating to falls. The registered manager looked at falls collectively across the service to identify patterns and links to related issues, such as mobility and medicines.

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both of the directors, the registered manager and staff spoke openly and honestly about the service and the challenges they faced. Staff told us about the positive culture at the service. One staff member said, "We are honest here, there's no secrets. I would be confident to own up to any mistake I made as I know I would be supported".

Staff spoke positively about the registered manager. The registered manager was new to the service and had been in post since November 2016. From staff's comments it was clear the registered manager had a positive impact on the service. Staff comments included; "She seems fine. She is approachable and I would say things are smoother and definitely now better", "I think she is really nice. Very informed and knows what people want and gets it for them. Definitely improved since she has come here", She is the right person for here, not to relaxed and not too strict. She's very good" and "She's approachable, her office door is always open. It is much better here now, yes".

People we spoke with generally felt the service and communication in particular had improved. One person

said, "I don't often call the office because in the past, they never picked up or rang me back, but over the last couple of months, they have got much better and in fact they called me to let me know my carer was running late." Another person said, "The office have called me recently, but that was to tell me that one of my carers was going to be late". However, some people felt staff consistency could be improved. One person said, "The ones who I see regularly, know everything there is to know, but I sometimes see carers who I haven't seen in weeks and then I do need to remind them". Another person said, "My regular carers need no reminders, but I can get someone new and after she has been with one of my regular carers, for her first few visits, I do need to tell her what and how to do all the jobs I need help with". We spoke with the registered manager who told us they were aware of these issues and was taking action to resolve them.

We spoke with the commissioners of services who had inspected the agency. They said, "We have recently inspected Caremark West Oxfordshire and Cherwell and have found no concerns. They have definitely improved which is nice to see".

The registered manager told us their vision for the service. They said, "I really care about people, I view all clients as view my mum and dad and I want my staff to do the same". Staff we spoke with echoed this sentiment and shared this vision.

Staff told us learning was shared through briefings, meeting and text messages. Staff comments included; "A lot of the time we get a text message with updates and we talk to each other. We also update the client's daily notes", "We have occasional staff meetings and we get text messages to update us about clients. I do think I am well informed" and "We get texts and share information and learning in the office".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.