

SM Homecare Services Ltd







Caremark (Coventry)

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?		Good	
Is the service well-led?		Good	

Overall summary

Caremark Coventry is a domiciliary care agency which provides personal support to people in their own homes. At the time of our visit the agency supported 86 people.

We inspected Caremark Coventry on 9 April 2015. The provider was told we were coming so they could arrange for staff to be available to talk with us about the service.

We last inspected the service in September 2014. After that inspection we asked the provider to take action to make improvements in how risks associated with people's care were managed, for example, pressure area

management. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found the required improvements had been made and the provider was meeting their legal requirements.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 and their relatives told us they felt safe using the service. Staff were trained in safeguarding and understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines.

Managers and care staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles.

People mainly had consistent care workers who arrived on time and stayed the agreed length of time. There were enough suitably trained staff to deliver effective care to people. People told us staff were kind and caring and had the right skills and experience to provide the care and support they required.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. People were able to share their views and opinions about the quality of the service they received. People knew how to complain and information about making a complaint was available for people. Staff were confident they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

The provider and managers were dedicated to providing quality care to people. Staff and people who used the service found them open, approachable, and responsive. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, checks on records, returned surveys and a programme of checks and audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibility to keep people safe and there were procedures in place to protect people from risk of harm. Staff understood the risks relating to people's care and supported people safely. People received their medicines as prescribed and there was a thorough staff recruitment process.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to deliver effective care to people. Staff understood the principles of the Mental Capacity Act 2005 and people's consent was requested before care was provided. People who required support had enough to eat and drink during the day.

Good



Is the service caring?

The service was caring.

People were supported by staff who they considered kind and professional. Staff ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Good



Is the service responsive?

The service was responsive.

The service people received was based on their personal preferences and how they wanted to be supported. Care plans were regularly reviewed and staff were given updates about changes in people's care. People were able to share their views about the service and had no complaints about the service they received.

Good



Is the service well-led?

The service was well-led.

Staff felt fully supported to do their work and people who used the service felt able to contact the office and speak to management at any time. There were systems to ensure people received quality care. The provider and manager provided good leadership and regularly reviewed the quality of service provided and how this could be improved.

Good



Caremark (Coventry)

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.

The inspection took place on 9 April 2015 and was announced. We told the provider we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with care staff. The inspection was conducted by 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 care service.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important

events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They also sent a list of people who used the service so we could send questionnaires to people who used the service, their relatives, and care staff. We spoke by phone to ten people who used the service, or their relative. During our visit we spoke with two care workers, a care co-ordinator, registered manager, operations manager and registered provider. We also contacted the local authority contracts team and asked for their views; they had no concerns about the service.

We reviewed three people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, staff recruitment records, the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

Care workers understood the importance of safeguarding people who they provided support to. Staff had completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour and their responsibilities to report this to the manager. People told us they felt safe because they received care from staff they knew and trusted. People told us staff arrived on time and stayed the amount of time expected of them. Returned surveys showed that people who used the service felt safe from abuse or harm and staff knew what to do if they suspected abuse.

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Staff knew about the risks associated with people's care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, staff undertook thorough checks of people's skin where they had been assessed as at risk of developing pressure sores.

Staff told us that a senior member of staff was always available if they needed support. One care worker told us, "I can phone up at any time. If I need help they will come out." Another care worker told us, "There is always someone on call so you never feel like you are on your own."

The operations manager told us about the 'disaster plan' they had implemented. This covered events such as poor weather or outbreaks of ill health that effected staffing. It colour coded people who were at high risk and who were the priority in the event of bad weather for care workers to get to people.

Recruitment procedures ensured staff were safe to work with people who used the service. Staff told us they had to wait until their DBS and reference checks had been completed before they started working in the service. Records confirmed staff had a DBS check, references and health declarations completed before they started work.

Most people we spoke with administered their own medicines. One person said care workers helped them remember to take their tablets. Where people needed support there was a procedure to support them to take their medicines safely. Care workers we spoke with told us they were confident giving medicines because they had received training that explained how to do this safely. There was a procedure to check medicine records to make sure there were no mistakes.

Completed medication administration records (MAR) showed people had been given their medicines as prescribed. Checks were made by senior staff to ensure care workers had administered medicines correctly. Care workers had completed training to administer medicines and had their competency checked by senior staff to ensure they were doing this safely.

Is the service effective?

Our findings

People who used the service and their relatives who completed our questionnaire, told us care workers had the skills and knowledge to meet their needs. People we spoke with by phone told us staff were competent in carrying out their role, one person told us, “Yes, she [the care worker] knows exactly what to do.”

Staff received training considered essential to meet people’s health and safety needs. This included training in supporting people to move, and infection control. All staff surveyed told us their induction prepared them for their role before they worked unsupervised, and they got the training they needed to enable them to meet people’s needs, choices and preferences. The managers told us they provided training not just to keep people safe, but to help staff understand how people might feel to be reliant on others for their care. For example staff experienced being hoisted to understand what it was like for people and how they might feel. One care worker told us, “I’d not worked in care before so the induction and training was essential so I knew what to do and how to do things properly. I am totally confident I know how to do my job and care for people safely.”

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report what we find. The MCA protects people who lack capacity to make certain decisions because of illness or

disability. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions. Care workers had been trained in the MCA and understood the relevant requirements of the Act. For example, they could only provide care and support to people who had given their consent. They told us the MCA meant, “Trying to give people as much choice and allow them to make their own decisions.” Another care worker told us, “It’s about protecting people so they can continue making decisions about their lives.”

Some people received food and drinks prepared by care workers. Care workers told us they found out people’s likes and dislikes and prepared food according to people’s choices. People we spoke with confirmed staff asked about preferences when preparing meals, one person told us, “They make me tea and porridge or Alpen and toast in the morning for breakfast.” We were told staff visited people when expected to make them something to eat and drink and care workers said they made sure people had access to a hot or cold drink before they left. This made sure people who required assistance with food and drink had regular meals and remained well hydrated.

All the people we spoke with managed their own healthcare or relatives supported them with this. Care workers said they would usually inform family if people were unwell but they would phone the GP or district nurse if they were concerned about someone.

Is the service caring?

Our findings

People and their relatives surveyed, told us they were introduced to their care workers before they provided care and that they were happy with the care they received. One person told us, “We switched to this agency following problems with a previous agency. We are very pleased with the service we receive.” Another person told us, “All the care staff take time to engage my [person] in meaningful conversations and take a genuine interest in [person’s] well-being.”

Where possible people received care and support from consistent care workers that understood their needs and who they were able to build relationships with. People we spoke with and surveys confirmed people mainly had regular carer workers. One person told us, “Yes I have regular care workers - we have quite a laugh together when they come round.” Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One care worker told us, “I have regular clients so can build relationships with them, two people have been with me since I started. I try to make time to sit and chat with people when I’ve finished. This is when you get to know about people and the things they have done in their lives, some people have had very interesting lives.”

People we spoke with and all the completed surveys we received, told us care workers were kind and caring and

treated them with dignity and respect. A relative told us, “[Person] is very pleased with the service and all the carers are kind and patient.” Care workers told us, “No matter what, I would treat someone how I would want to be treated myself.” Another care worker told us how they ensured people felt treated with dignity. They said, “It’s about making people feel at ease, if you can build up a relationship and chat with them they feel more comfortable and less embarrassed.”

People we spoke with and all the people who took part in our survey agreed they were involved with decision making about their care and support needs. They said their views about their care had been taken into consideration and included in their care plans. Care plans were personalised and included details of how care workers could encourage people to maintain their independence and where possible, undertake their own personal care and daily tasks. One person told us, “They help me stay at home.” People told us the information they received from the agency was clear and easy to understand.

Care workers understood the importance of maintaining people’s confidentiality. Care workers told us they ensured their timesheets were kept safe and out of sight while travelling or in people’s homes. One care worker said, “I would never talk about other clients to people, I wouldn’t like it if someone shared my personal information without my consent so I don’t do it.”

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that the service they received met their needs, choices and preferences. Care workers we spoke with had good understanding of people's care and support needs. We were told, "We have time to read care plans and sit and talk with people so you get to know what they need and what they like."

People were happy with the service they received, Comments from people included, "I have found that Caremark (Coventry) has the best care workers I've had," and, "I am very happy with the care they provide and what they do for me."

People told us they usually received their care at the times expected and care workers stayed long enough to complete all the tasks required. We looked at the call schedules for the people whose care we looked at. Calls were allocated to regular care workers and had been scheduled in line with people's care plans. Care staff told us they had regular scheduled call times and had enough time allocated to carry out the care and support required without rushing. Staff told us if there was an unexplained delay for example, traffic hold ups they may arrive a little later than expected. Staff said they either phoned the person or asked the office to let people know they were running late.

The PIR completed by the registered manager told us, "The 'Individual Needs Assessment' is completed with the customer prior to any service beginning, the information gathered forms a 'Care and Support Agreement' (care plan) for the customer, which details their needs, the care and support they require, their preference, desired outcomes and goals. Caremark also regularly monitors and reviews each customer's service to allow the customer to voice any changes or amendments to their care plan." We looked at the care files of three people who used the service and found this supported the provider's comments in their PIR. Plans were individualised and provided care workers with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. Plans were reviewed and updated regularly and people were involved in reviews of their care. People and their relatives told us the office staff regularly checked with them that the care provided was what they wanted, and this was changed if required.

People and their relatives knew they could telephone the agency's office if they wanted to make a complaint or raise a concern. Comments from people included, 'Yes I do complain, I complained to the office and it has been sorted'. "Yes I have - they [concerns] were dealt with well'. Responses from staff surveys and staff spoken with said they would refer any concerns people raised to the managers or senior staff and they were confident concerns would be dealt with effectively. We looked at records of complaints, this confirmed concerns and complaints were listened to and dealt with in a timely manner.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received, comments from people included, “I am quite happy with the service that Caremark provide me,” and “Yes - they are very good. I am very pleased with them.”

Staff told us they felt well supported. One care worker told us, “I feel very well supported by all the senior staff including [the manager] and [the owner]. They’re a very friendly team – there’s always someone to talk to on the phone if you are concerned about anything.” All staff who responded to the survey and who we spoke with told us they would feel confident about reporting concerns or poor practice to their managers. Staff we spoke with were aware of the providers whistle blowing procedure and were confident reporting any concerns or poor practice to their managers. They were certain any concerns they raised would be listened to and acted on.

The PIR told us, “At Caremark Coventry we encourage a positive culture, where support staff can approach management team for advice and guidance and in some cases extra training. Management team carry out spot checks on a regular basis in order to strive for excellence.” Staff told us they had regular work supervision which included observed practice supervision by senior staff who gave feedback if they noticed areas that needed improvement.

All people surveyed told us they knew who to contact in the agency if they needed to. One relative told us, “There is an excellent back-up service to keep the family informed if something goes a miss.” People told us they had visits from the senior staff and received telephone calls to find out how the service was going. People were also sent questionnaires asking them if they were satisfied with the service provided. Returned surveys in February and March 2015 showed people were very satisfied with the service they received. Comments included “Thank you for providing an excellent service not only for [person] but for me as well. I can’t thank everybody enough.” Another said “This is the third agency we have dealt with over the years and this is by far the best we have had.”

The service had a clearly defined management structure in place. Staff understood their roles and responsibilities and

what was expected of them. Staff knew the management structure and who their line manager was, so they knew who to report concerns to and who was responsible for providing supervisions.

The PIR told us, “The culture of our organisation is one of transparency and support for both our staff and service users and we promote an environment, where everyone is approachable at all levels of the organisation. All of our management staff (including the registered manager and owner) operate an “open-door” policy and encourage our care and support workers to report both good and bad practice and any incidents arising in the field with regards to our service users.”

From the surveys we received and conversations we had with staff and people who used the service, people confirmed the management team had provided a culture where people and staff felt valued, respected, and able to voice their opinions. The registered manager and provider told us they rewarded staff loyalty with money vouchers to show their appreciation, for example when staff had worked their days off or covered extra shifts.

The provider used a range of quality checks. When a person first started to use the agency there was a system of phone calls and home visits to check people were happy with the service. This system continued but was less frequent once the person’s care package was fully established and was agreed to be working well. One person told us, “Yes - I often have a supervisor come out to see me,” and another said, “The deputy manager pops into see me from time to time.”

Additional quality checks were in place to monitor the service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were regular checks carried out by the provider and visits from Coventry contracts department to monitor the care and support provided. No actions had been recommended following the visits by the contracts officer.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.