

Caremark (Leeds)

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 25 January 2017 and was announced. We arranged to return on 3 February 2017 to complete some areas of the inspection and give feedback to the registered manager. At the time of our inspection there were 107 people using the service.

At our last inspection in May 2015 we identified a breach of regulations. We found staff were not given adequate time to travel between calls, and training in the Mental Capacity Act 2005 (MCA) had not been effective, and mandatory training had not been updated in line with the provider's policy.. We asked the provider to send an action plan showing the improvements they intended to make. At this inspection we found training in the MCA had been effective, however the provider's policy was not always followed to ensure mandatory training was arranged in a timely way.

There was a registered manager in post when we inspected. 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.

Staff told us they usually had sufficient time to travel between calls, and people who used the service gave mostly positive feedback about their calls happening on time. Staff said out of hours support was always available when they needed it.

People told us they felt safe using Caremark (Leeds). We saw appropriate background checks were made when new staff were recruited, and staff understood their responsibilities under safeguarding. Staff said they were introduced to people before they started to provide care and support.

We saw risks were well managed, and staff understood how to ensure these risks were minimised. Thorough induction and training was provided, however some refresher training was not delivered annually as stated in the provider's policy. Staff told us they felt supported, and had regular supervision and an annual appraisal.

Care plans contained clear documentation relating to people's capacity to make decisions and their consents for various aspects of their care and support. Staff were knowledgeable about how to help people maintain their independence and their rights to refuse any support offered.

People told us staff were caring, and we saw clear guidance in care plans to enable staff to provide support in line with peoples' preferences. Staff showed a good knowledge of the people they supported, and understood how to maintain people's privacy and dignity.

Care plans were reviewed regularly, and we saw people were involved in this process. Staff received timely updates to ensure they were aware of any changes in peoples' needs.

We found complaints were well managed, and saw the provider received a range of compliments from people, their relatives and health professionals.

Staff told us they felt listened to and gave good feedback about the registered manager. We saw there were processes in place to monitor and improve the service, however found this had not always identified gaps on Medicines Administration Records (MARs). We saw the registered manager had already begun to take action in response to this.

We identified one continued breach of regulations during this inspection. You can see what action we have told the provider to take at the end of the full version of this report.

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.

Staff told us they had time to travel between calls, and people who used the service told us the provider had good performance in this area.

Safe recruitment practices were followed, and staff understood their responsibilities to report poor practice by colleagues and any concerns about peoples' safety.

Staff were trained in the administration of medicines, and we saw the provider carried out spot checks to ensure their practice was safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received a thorough induction and training to enable them to be effective in their roles, although we found refresher training was not always received annually.

Care plans contained good documentation relating to peoples' capacity to make decisions, and evidence consent had been sought for care and support.

Staff had good knowledge of how to support people with food and drink and people were happy with the support they received in this area.

Is the service caring?

Good ●

The service was caring.

Care plans were person-centred and enabled staff to provide care and support in ways each person preferred.

Staff supported people to maintain their independence, links with local communities and privacy and dignity.

Care plans showed how peoples' rights were taken into

consideration and upheld

Is the service responsive?

Good 

The service was responsive.

Care plans were written in response to needs identified before people started using the service. This meant the provider could be sure they could meet those needs.

Care plans were kept up to date to ensure they reflected peoples' current care and support needs. Staff received timely updates when peoples' needs changed.

The provider had effective systems in place to ensure complaints were well managed.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

We received good feedback about the management of the service, and we found the registered manager had made most of the improvements we had asked them to make at our last inspection.

We found effective systems were in place to measure and improve quality in the service however, we found checking of medicines administration records (MARs) had not always been effective. The registered manager had begun to take action to address this.

Staff and people who used the service were asked for their opinions about the service, and said they felt they were listened to.

Caremark (Leeds)

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.

Our inspection took place on 25 January and 3 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.. The inspection team consisted of two adult social care inspectors and an expert by experience who spoke with people by phone. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included past inspection reports, action plans and information sent to us by the provider. This included notifications of incidents which the provider is required to send us. We also contacted the local authority and Healthwatch. Neither provided any information of concern. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

We did not send the provider 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.

During the inspection we looked at four people's care plans in detail, and other records relating to recruitment, quality measuring and complaints management. We also looked at other records relating to the operating of the service. During the inspection we spoke with 14 people who used the service, three relatives, 10 staff, the registered manager, the director and a care co-ordinator.

Is the service safe?

Our findings

At our last inspection we rated this key question as 'requires improvement'. We found staff were not always on time and sometimes calls were missed. Improvement was needed in the planning of calls to ensure staff had adequate travel time. We told the provider they were in breach of regulations. At this inspection we found travel time had been added to calls, and both staff and people who used the service told us the service had improved in this respect.

We asked people who used the service about whether the staff arrived on time. Feedback we received was generally favourable, however some people told us that times could be changed on occasion. Comments included, "Yes, they are usually on time," "Roughly on time, yes. Not always, though," and "Not very often late."

Staff told us they were given adequate time to travel between calls and only ran late if they encountered unavoidable incidents such as heavy traffic or finding a person who used the service to be ill and therefore needing more care or attention. Staff said they worked in small teams to provide consistent care to people and were always able to stay the agreed length of time to provide care.

Staff told us they had plenty of support to help them make decisions out of hours and in office hours if they were concerned or an emergency occurred. Comments we received from staff included; "Have never had a problem getting hold of someone for advice", "There is always someone available to ask" and "Always pick up the phone to answer any questions or queries."

Staff were aware of the procedures in place to report accidents or incidents and described how they would manage any emergencies. All staff we spoke with said they would have no hesitation in ringing the emergency services for people if they thought that was needed.

People and their relatives told us they felt safe with staff from Caremark (Leeds) in their homes. One person said, "I feel safe with my usual one." Another person told us, "Yes, I feel safe with them." A relative said, "Yes, [Name of person] is definitely safe."

We saw records which showed staff were recruited safely. We saw the provider took employment references and made checks with the Disclosure and Barring Service (DBS), which holds information about people who may be barred from working with vulnerable people. Making checks such as these helps employers make safer recruitment decisions.

Staff told us they were introduced to people before they began providing care and support. A staff member said, "I think it is important to have met someone and had a chat with them before going in to their home to provide care, supervisors always try to introduce us."

People we spoke with told us they usually received calls from staff they knew. One person told us, "Usually it's the same ones, apart from sickness and so on." A relative of someone who used the service said, "They are the same ones, I would say we know them very well now."

We looked in detail at four people's care plans. We saw risk was assessed across a number of areas related to people's environment and their care and support needs. These included mobility, medicines, falls prevention, nutrition and hydration, skin integrity and general safety. We saw there was clear guidance for staff to follow in order to ensure these risks were minimised.

Staff were aware of risk management plans and said these were updated regularly or whenever people's needs changed. Staff were able to describe the risks people faced such as the risk of falls and pressure ulcers and what they did to minimise risk and keep people safe. For example, making sure people had their footwear on, using their walking aid if they had one and pressure relieving cushions to sit on.

Staff showed they were aware of the action to take should they suspect someone was being abused and they were aware of the provider's whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Staff felt confident any concerns they reported would be addressed by the management team. Staff were able to describe the different types of abuse and how they may spot the signs of this. One staff member said, "We are trained to report anything that concerns us."

Staff confirmed they had received training in medicines management and also told us their competency in administering medicines had been checked by a supervisor and continued to be assessed through 'spot checks.' Staff were able to describe the process they followed for the receipting, administration and recording of prescribed medicines. They described safe practice. One staff member said, "It's so important to be very careful, check and check again to make sure it is right." Staff knew what to do if they found anyone had run out of medication; they said they would report this to their supervisor and do what they could to ensure a supply was obtained as soon as possible. They said this included trying to contact people's families or liaising with the pharmacist or GP.

Is the service effective?

Our findings

At our last inspection we rated this key question as 'requires improvement'. We found staff did not have sufficient understanding of the Mental Capacity Act 2005 to enable them to support people effectively, and that 'refresher' training had not been arranged in line with the provider's policy. We told the provider they were in breach of regulations. At this inspection we saw additional training had been provided, and staff demonstrated a good understanding of their obligations under the Mental Capacity Act, however found training was still not being arranged in line with the provider's policy. We concluded the provider remained in breach of regulations relating to staff support.

Staff we spoke with told us they received good training and support during their induction. They said they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs. People we spoke with said they felt staff generally had the training and knowledge needed to provide effective care and support. One person told us, "They know how to use the equipment and I feel safe." A relative of someone who used the service told us, "I think they are mostly well trained. We are happy with the regulars. They do send new ones who seem to be learning on the job, though."

Staff said they received training that equipped them to carry out their role properly. Staff comments included; "The training has been very good, very informative and I really enjoyed it", "We are very well trained and they make absolutely sure we are kept up to date" and "Plenty of training, regular refreshers which are great to keep you up to date."

We looked at the records relating to staff training. We saw some people were listed as having expired training that required refreshing annually to remain in line with the provider's training policy. The registered manager looked at the records with us and told us these had not always been accurately updated, and sent us an updated record after the first day of inspection. From this we were able to see training had been booked, however there were some instances where training had been out of date for some time. For example, two members of staff's annual mandatory training had expired in July 2016, however the refresher training was booked for March 2017. Another had expired in June 2016 but was not booked until February 2017. The provider's 'Training and Development' policy stated about mandatory training, 'Caremark has a responsibility to refresh the training annually unless the certification of a course states otherwise.' We concluded this policy had not been followed, and identified this as a continued breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they were well supported by the management team. Staff confirmed they received supervision where they could discuss any issues on a one to one basis and annual appraisals were carried out to review progress and training needs. We saw records which confirmed this was the case.

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.

We checked whether the service was working within the principles of the MCA.

Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff showed a good understanding of protecting people's rights to refuse care and support. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had completed MCA training and were able to give us an overview of the MCA and how this impacted on their work with people.

Care plans we looked at contained clear documentation to show how capacity was assessed. Where people lacked capacity to make a decision we saw clear guidance relating to the support the person would need in order for a decision to be made. This included names and contact details for family members who should be consulted. The registered manager told us they would refer any concerns about changes in people's capacity to their social worker if one had been appointed, or liaise with people's families to ensure they got the support they needed. We saw care plans contained clear information relating to a range of consents including permissions to share information with relevant professionals, contact GPs on people's behalf and for supervisory staff to attend people's homes in order to make spot checks on staff practice.

People told us they had no concerns with the support they received for mealtimes. One person told us, "I just tell them what I fancy, I have plenty to eat." A relative said, "They get breakfast for [name of person]. She eats very well and likes a full breakfast."

Staff said they were trained to recognise deterioration in people's health such as pressure ulcers or people not drinking enough. They said they would always take action such as contacting their supervisor for advice or ringing a person's GP if they felt that was needed.

Staff we spoke with told us of the importance of good nutrition and hydration for people who used the service. They said it was important to ensure good health to avoid illnesses such as urine infections. Staff described how they encouraged people who were nutritionally at risk to eat and drink when they carried out their visits.

Is the service caring?

Our findings

We found care plans were detailed in their consideration of how people preferred their care and support to be provided. Much of the guidance for staff was written in the first person, for example, 'I require support with...', and 'How I like to communicate.' This is good person-centred practice, and the registered manager told us they would ensure this style continued in all areas of people's care plan. We found there could be more information about people's life history, which would help staff get to know people faster, however the registered manager responded to our feedback and told us they would actively consider adding an additional section into the care plans to enable them to add more information.

People and relatives we spoke with gave good feedback about the staff. Comments included, "They are very hard working," "I have a great carer," and "They are kind and caring people."

Staff we spoke with clearly demonstrated they knew people's likes and dislikes and they had good relationships with people. They spoke warmly about the people they supported. They said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff spoke of the importance of making sure care was carried out in private, people were covered, curtains were closed and people's confidentiality was respected. This was reflected in the feedback we received from people who used the service. One person said, "Yes, they are very respectful when helping me undress. They make sure I'm covered." Another person told us, "I always feel they are very respectful with me."

Care plans contained an assessment of people's ability to agree to or decline quality monitoring calls from staff at Caremark (Leeds). This showed a respect for the rights of people to make choices about receiving these calls, even when they lacked capacity to make this decision for themselves.

Staff said the service made sure people were provided with care staff of their preferred gender and this was always respected. One staff member said, "One of my female clients would be horrified if they had to have a male carer to carry out their personal care, they would find it so undignified."

Staff also spoke of the importance of maintaining independence for people who used the service. They said they always encouraged people to do what they could for themselves to maintain dignity, pride and self-esteem. Staff told us they had the equipment they needed such as hoists and walking aids for people. They said if there were any concerns over equipment the agency would ensure an occupational therapist referral was made to make sure people had the equipment they needed.

We saw helping people maintain their independence and links with their local communities was considered in people's care plans, which contained a 'Community Access Support Assessment.' This detailed the kind of activities the person may wish to keep up, for example planning and organising social events, getting to work or day services and developing friendships and social networks. Where someone had indicated this was something they felt the service could assist with, we saw there was an assessment of the level of support needed.

Is the service responsive?

Our findings

We saw people's needs were assessed to ensure the service could provide appropriate care and support before people began to use the service. This information was used to write a series of care plans to show how care and support needs would be met. These included care plans for communication, personal care, mobility, medication, skin integrity and nutrition and hydration.

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. They said they had never been in a situation where they did not know what people's needs were. Staff's comments included; "Care plans have good information and are easy to follow", "Care plans are very detailed", "The new care plans are loads better; good instructions, plenty of detail and easy to follow" and "They have good detail; plenty of information on likes/dislikes and how they want their care."

We saw care plans were reviewed regularly to ensure they were kept up to date with changes in people's needs or preferences. People or their relatives were involved in this process and we saw the provider also used this opportunity to ask people for comments about the service overall. One person told us, "Yes, I have a plan. The supervisors look at it every two or three months."

Staff said there was a system of text messaging and staff memos in place to ensure staff received timely information on changes to care needs and on any concerns or complaints to try and prevent any re-occurrence of issues. One staff member said, "We are well informed, everything is reviewed and up to date."

We asked people about whether they knew how to make a complaint if they needed to, and whether they had any experience of doing so. We received mainly positive feedback. One person told us, "I have rung the office when carers have been late and they are helpful." Another person said, "I have complained in the past, and they have sorted it out." One person told us, "I occasionally ring the office, it depends who you get as to whether they are helpful or not." We found staff were able to support people who may wish to raise a concern or complaint. They were able to tell us about the complaints procedure and told us about people's right to make complaints.

We looked at the records of complaint management kept at the office. We saw the service had responded to complaints and concerns brought to them. We were able to see copies of correspondence which had been sent together with records of any actions taken. The service had also received a number of compliments. Positive feedback from people included the following comments; 'The performance of the staff is stunning,' 'Thank you for all your care, kindness support and friendship. We were lucky to have found you,' and 'Thank you for all the help you gave to [name of person].'

Is the service well-led?

Our findings

There was a registered manager in post when we inspected. They had support from field care supervisors, co-ordinators and other administrative staff. Staff spoke highly of the management team and spoke of how much they enjoyed their job.

We looked at the Medicines Administration Records (MARs) of four people. These had been brought back to the office once completed, and filed with the relevant care plan. We saw these had not always been completed correctly by staff, and we did not see any evidence they had been checked by supervisory staff when they were returned to the office. This meant gaps had not been followed up to ensure the person had received their medicines as required.

We asked people if they always received their medicines on time, and no one we spoke with told us there were any issues in this area. One person said, "They make sure I have my tablets on time, no problems at all." Another person told us, "Yes, they give me my tablets with my breakfast and then write in the book." Relatives of people who used the service also confirmed they had no concerns that staff did not support people effectively and consistently with their medicines. One relative told us, "Yes, [name of person] has their tablets on time, and they record everything fine."

Another relative said, "Yes, they give [name of person] her medicines if I am not here."

We concluded this was an issue related to documentation rather than medicines administration, and brought it to the attention of the registered manager. They told us this had been identified and communicated to supervisory staff, and we saw evidence this was the case. Improvement in this area was also an action on the service improvement plan. We recommended the registered manager continue to take action and ensure effective systems were put in place as a matter of priority.

The provider had effective systems and policies in place to ensure quality in the service was monitored and improved. Regular spot checks and observations of staff on calls took place to ensure they delivered care and support appropriately. The provider sought feedback from staff and people who used the service in the form of annual surveys, and we saw feedback in the most recent survey was very positive. For example, the majority of staff said they agreed improvements had been made to call scheduling. People who used the service had given positive feedback about their experience overall. Regular telephone monitoring was also used to check with people that their needs were being met in an appropriate way, and they were happy with the service. In addition we saw the provider monitored the service and visited regularly. The registered manager maintained a rolling service improvement plan which showed how they would drive quality in the service.

Staff said they felt well supported in their role and said the registered manager and supervisors were aware of important issues about the service. One staff member said, "The registered manager goes out to see clients and gets feedback from them." All the staff we spoke with said supervisors worked alongside them and carried out spot checks on their performance. People we spoke with told us about checks made on staff by supervisors. One person said, "The supervisors come every two or three months to look at the care plan."

A relative of someone who used the service told us, "Yes, they have done spot checks in the past. I can't remember being asked any questions."

People who used the service told us about their experience of contacting either the registered manager or other supervisory staff. Comments included, "When things go wrong they are helpful," "I don't contact the management unless it's necessary. They usually help," and "I have spoken to the manager about three times now, he tries to be helpful." We also asked people if they would recommend Caremark (Leeds) to other people, or if there was any area where they could recommend improvement. The feedback we received was mainly positive. One person told us, "I would recommend, yes. Nothing could be done better." A relative of someone who used the service said, "Yes, I would definitely recommend them to others. Nothing could be improved." Some people told us they felt there could be some improvements to the service. For example, one person told us they felt there was a shortage of staff, however also told us the service had addressed their concerns when they contacted them.

Staff told us they felt listened to by the management team who were described as friendly and approachable. One staff member said, "You can ring and ask any questions; you are never made to feel silly." Another staff member said, "I feel really well supported here, I love my job."

Staff told us there were regular team meetings and they were paid to attend. Staff said communication within the service was generally good. One staff member said, "On the whole communication is great, there can be odd mishaps, but these are rare." Staff said they felt listened to and could contribute ideas or raise concerns if they had any. For example, one staff member said they felt comfortable to report changes in people's needs as the management team always responded well and tried to get people more care and support if this was needed.

Without exception, all the staff we spoke with said they would recommend the provider as an employer, some said they had already done so, and said they would be happy for a family member to use the service.

We looked at the minutes of staff meetings and saw a range of topics had been discussed including training, complaints and compliments, monitoring activity, new documentation and recognition of good practice.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff training was not being refreshed annually as per the provider's policy. We found the same issue when we inspected in May 2015, and as such this is a repeat breach of this regulation.

The enforcement action we took:

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