

Balman Care Limited

Caremark (Wychavon and Wyre Forest)

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 ●

Summary of findings

Overall summary

This inspection took place on 1 August 2017 and was announced.

This service provides care to people living in their own homes and there were 40 people receiving personal care when we inspected. At the last inspection, in August 2015, the service was rated Good overall. At this inspection we found that the service remained good overall.

There was no a registered manager in post; however the current manager has submitted an application to us to become the registered manager. 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 and associated Regulations about how the service is run.

People felt safe when receiving care from the staff and received care from staff that protected them from the risk of potential abuse. People were support to remain safe and had their individual risks recorded and reviewed. The plans in place showed staff how to keep each person's risks lower and prevent risk of harm or injury. People who had support with their medicines had them administered when needed, with staff that were trained and competent to do so.

Staff received regular training and talked to us about their knowledge and their roles and responsibilities. Their skills, knowledge and experience supported people with their care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they arranged healthcare appointments as required and that staff were helpful in making telephone calls and providing reminders of appointments.

People had a personalised service in their home from staff they knew. People received care that met their needs and were able to direct staff about the specific care on each call. People's dignity had been supported and staff were respectful of people's human rights.

People's views and decisions been recorded in their care plans, which had been regularly reviewed and changed when needed. People had the information in their home about how to make a complaint should they wish to raise a complaint.

People received regular contact from the management team to ask about the standard of care and they were always able to talk with them about any concerns if needed. Staff spoke with the manager and provided feedback on the service. The manager told us they kept their knowledge current and provided staff with input and direction about the levels of care they expected with regular meetings and supervisions. The management team monitored the quality of the care that people received, that included reviewing records

and observing staff practices.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 1 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with six people who used the service and two relatives. We spoke with four care staff, the manager and the provider.

We looked at four care plans, including the medicine records, four staff recruitment records, two staff meeting minutes, the last 12 months incident forms, and quality audits that the registered manager had completed.

Is the service safe?

Our findings

At the inspection on 18 August 2015 we found the service was good. At this inspection we found the service had remained good.

People we spoke with told us how the care staff supported them in their homes and made them feel safe. One person told us, "I feel secure when there [care staff] in the household". People told us the staff asked how they were and checked they were okay. Staff told us how would report any concerns about a person's safety or suspected abuse to the management team who would take action to support the person. Staff told us they were aware of the signs and possible situations that they would report on. One care staff told us, "As I know them well you can pick up on small changes which may mean something is wrong".

People told us they had discussed their care needs including their risks and the potential risks when they started using the agency. These were recorded in their care plans and were in their homes and showed care staff how they could reduce the potential risk of further harm. For example one person told us how staff had been trained to use their hoist. People we spoke with told us that care staff always looked at the care plans as well as asking them about any changes. Care staff were aware how to provide safe care and used the care plans to guide them.

People we spoke with told us care staff arrived at the expected time and had not rushed them on a call. Staff we spoke told us they worked as a team to cover the calls as much as possible. The manager stated the staffing levels meant they had not needed to use agency staff. The manager explained how this improved consistency for people using the service. One relative told us, "The same care staff which is important to [person]".

Care staff completed application forms and were interviewed to check their suitability before they were employed. Care staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. We looked at one staff file and saw the relevant checks had been completed. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

People who required support with their medicines told us care staff were able to provide them as expected. One person told us, "Medicines on time and never missed out". Staff we spoke with told us they had received training to support them in correctly administering people's medicines. Records showed the management team had regularly checked to make sure staff were competent and understood their training in medicine administration.

Is the service effective?

Our findings

At the inspection on 18 August 2015 we found the service was good. At this inspection we found the service had remained good.

People told us the care staff understood their care needs and what they needed to do to look after them. One person said, "They [care staff] have good training and know what to do". Care staff told us they received regular training which provided them with the skill and knowledge that matched people's care. The management team assessed and monitored the staffs learning and development needs through regular meetings and supervision meetings. Staff competency was checked by the management team with observed practice so they could be assured staff were providing care that met people's needs.

People's records had been signed to show their agreement and consent to care. People told us they made decisions about their care, day to day routines and preferences. Care staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Staff were clear that people had the right to choice and told us they respected the decisions people made. Staff we spoke with and the manager told us none of the people currently using the service needed support with their decisions

People chose what to eat and where they wished have their meal and were happy that staff made or prepared meals they enjoyed or requested. Staff told us how they took the opportunity to offer people drinks and leave people drinks when the call had been completed.

People told us they made their own their health appointments. Care staff we spoke with told they would help people arrange appointment where needed or let a family member know. Care staff said they worked alongside other health professionals to help people get the care at home they needed. One relative told us, "They will call the district nurse if needed".

Is the service caring?

Our findings

At the inspection on 18 August 2015 we found the service was good. At this inspection we found the service had remained good.

People told us they enjoyed the time spent with care staff. The care staff were kind and caring and always happy to help. One person told us, "Lovely girls". People told us how staff found out about things that were important to them and care staff told us they enjoyed speaking with people they supported. One person told us, "Very friendly, cooperative and on time. Smashing people". One relative told us, "They [care staff] are so caring, almost to the point of treating [person] like a grandfather".

Care staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans. People felt care staff knew them well and that they got into a routine that suited their preferences. One relative told us, "20 out of 10, staff are brilliant for [person]". All people we spoke with said staff asked them how they would like their care to be given or knew their preferred routines. One person told us, "Anything I want I just ask, it's no trouble".

People told us about how much their independence was prompted and supported and care staff told us that often people only required encouragement and guidance. Staff were aware that people's independence varied each day depending on their health needs. Care plans detailed how support was to be delivered in relation to the person level of independence.

People told us that care staff were respectful about their privacy and dignity. Care staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs. Care staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. Care staff told it was important not to judge people and respect each person as an individual.

Relatives said they were involved with their family member's support and told us they had developed trust with the care staff. Relatives were made aware if their family member was unwell so they could assist and said care staff kept them updated.

Is the service responsive?

Our findings

At the inspection on 18 August 2015 we found the service was good. At this inspection we found the service had remained good.

People we spoke with told us the assistance provided supported their care needs and as their needs changed the care staff responded. People said this could be a daily change where they would direct or ask staff for a small change in the care provided. One person told us, "To be honest they are brilliant" in how they provided the right care. One relative told us, "As [person] has got worse they [care staff] have got better. So responsive to [person] and his condition as they deteriorate".

People we spoke with made decisions about their care needs and these had been detailed in their plans of care. Care staff we spoke with said they knew people well and they were given all the information they needed to support people. They could describe what support people needed which was reflected in people's care plans. Staff had responded to people's changing needs and asked people if they were happy to seek advice from professionals in the community.

People's families had helped to support their relatives and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required. People's care plans were reviewed frequently by the management team either on the telephone or in person. This included people's feedback about how the care and support had been provided.

People told us they were happy with the service and knew how to make a complaint. Information on how to complain was made available to people in their homes. One person told us, "I would soon complain if needed, but nothing to complain about". Where complaints had been received these had been investigated and responded to. For example we saw how a person's medicines record sheet had not been completed correctly, which was then used a discussion point at a care staff meeting so lessons would be learnt.

Is the service well-led?

Our findings

At the inspection on 18 August 2015 we found the service was good. At this inspection we found the service had remained good.

There was no registered manager was in post at the time of our inspection. The current manager was in the process of becoming the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they were happy with the agency and how the management team had asked them for their views about their care. People had also provided feedback and suggestions for the scheme via telephone surveys, annual feedback surveys and when care staff were observed in their home. Overall the responses were positive and where changes were needed these had been made. One person told us, "Best agency by a distance and I compare this to three previous agencies I have used".

The provider and manager carried out quality checks on how the service was managed. The registered manager and provider had regularly reviewed the care and support provided and had completed audits. The audits we saw reviewed the care people had received, for example, they looked at people's care records, staff training, and incidents and accidents. The manager and staff told us that the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service.

The provider and manager sought advice from other professionals to ensure they provided good quality care. The manager felt they were supported by other professionals, locally, such as GP surgeries and local health teams. These provided guidance and advice in how to meet people's needs and we saw that this had been used in support of people's care, for example the involvement of occupational therapists advice.

There was a clear management structure which provided guidance and support to care staff. Care staff had regular meetings and were observed in their role which provided opportunities for care staff to raise concerns or comments with people's care. The care staff told us the support offered provided leadership and the consistent guidance they needed, to provide good care to people. Their values were based on respect for each other and putting people at the heart of the service with a management team they found were approachable.