Monark Limited

Caremark (Harrogate)

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

The inspection was carried out on 14 May 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

At our last inspection on 8 April 2013 the provider was meeting the regulations that were assessed.

We received positive feedback from people who received care and support from the agency. People told us they felt safe in the way staff supported them and had confidence in the staff.

Care and support was provided to people in their own home on a flexible basis and in accordance with individual needs. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's care plan.

Recruitment checks were in place. These checks were undertaken to make sure staff were suitable to work with vulnerable people. The training programme provided staff with the knowledge and skills to support people. We

Summary of findings

saw systems were in place to provide staff support. This included staff meetings, supervisions and an annual appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

People gave consent to their plan of care and were involved in making decisions around their support. People's plan of care was subject to review to meet their changing needs. Staff told us they felt well informed about people's needs and how to meet them.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had received training in this subject.

We saw new staff had received a comprehensive induction and training at the beginning of their employment, this included all mandatory health and safety training. Staff received ongoing training and supervision to support them in their roles.

People told us they received good care. Staff were described as kind and considerate and people told us that they were treated with dignity and respect. Most people told us they were involved in discussions and reviews of their care packages. People told us that they received a person centred service. They said they received a weekly schedule of who would be visiting and that where possible care was delivered by the same core team of carers.

Staff we spoke with told us how much they enjoyed working for the service and were committed to providing an excellent service for people.

People said they were confident in raising concerns. Each person was given a copy of the complaints procedures.

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and also the provider had franchise audits which provided positive feedback about the service.

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.

There were systems in place to reduce the risk of abuse and to assess and manage potential risks to people.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Staff underwent the necessary checks before they were employed and new staff received a structured induction and essential training at the beginning of their employment.

Good

Is the service effective?
The service was effective.

Staff received induction, training and supervision to support them to carry out their roles effectively.

People were supported to make decisions and to give their consent and the

manager was aware of the importance of legislation to support this process.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Good

Is the service caring?
The service was caring.

People told us that staff treated them with kindness and courtesy and that they were respectful and treated people with dignity.

People told us they were involved in making decisions about the care and the support they received.

Staff showed a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People spoke highly of the staff. They said they respected their opinion and delivered care in a caring manner.

Good

Is the service responsive?
The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

People had individual rotas so that they knew the staff who were supporting

them.

The agency had a clear policy on complaints and people said they would feel confident in raising issues should they need to.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

Quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

Caremark (Harrogate)

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 of Care Mark (Harrogate) took place on 14 May 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff would be available to speak with us.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider and spoke with the local authority contracts and safeguarding teams and with Healthwatch. This organisation represents the views of local people in how their health and social care services are provided.

The inspection team consisted of one inspector and one expert by experience who supported the inspection by carrying out telephone interviews to seek the views and experiences of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and had expertise in adult health and social care.

Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR 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. We asked for and received a list of names of people who received a personal care services so that we could contact them and seek their views.

During our visit to the agency we spoke with the provider, the registered manager, deputy manager, care coordinator, supervisor and four care staff. We spoke with two people who used the service and one relative. We reviewed the records for four people who used the service and staff recruitment and training files for three staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

Is the service safe?

Our findings

People we spoke with who used the service and their relatives told us they felt care and support was delivered in a safe way. Comments included, "We are very safe with staff though we are still getting used to them." And, "I feel very safe with them. In fact I look forward to their visit. They have made a huge difference in my life."

We looked at copies of people's care plans and day to day care records at the agency's office. Records were in place to monitor any specific areas where people were more at risk. This included risk assessments on equipment, medication, manual handling, the environment and the emergency arrangements. We also saw that an environmental safety risk assessment had been completed as part of the initial assessment process. This helped to identify any potential risks in the person's home that might affect the person or staff.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. Staff we spoke with showed a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received training in safeguarding children and adults during their induction period, followed by periodic updates. This was confirmed in the training records we saw. There was also a whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

The staff we spoke with told us they received their staff rota in good time and were always informed of any changes in advance. We saw people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us this worked well and people told us they preferred to receive support from a regular team of staff. The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours.

We found that appropriate checks were undertaken before staff begun work. This included written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of the staff member's identity. This helped to ensure that staff were suitable to work with vulnerable people.

We looked at how the service supported people with their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with medication. Records showed that staff involved in the administration of medication had been trained. Staff we spoke with had a clear understanding of their role in administering medication. One member of staff told us, "I have had training and was shadowed until I was competent." Records we reviewed confirmed this. We were told by the registered manager that staff were not able to assist with medication until they had completed a competency test and had their training regularly updated.

The registered manager told us there were enough staff employed to meet the needs of the people being supported by the service. Care and support was co-ordinated from the office. One of the staff responsible for allocating members of care staff described how staff were matched to each person being supported. The agency used a computer programme called Home care rostering (HCR). The system generates a rota against call times required, geography and travel times between postcodes. An electronic phoning in and out system was shortly due to be incorporated into the system which would alert staff in the office of any missed call or delays. A representative from the agency's franchise was present in the office on the day of the inspection to set up and train staff in the new system.

Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Good

Is the service effective?

Our findings

People we spoke with were 'full of praise' for the staff. A relative told us, "They are always two carers. When they change carers they usually allow the new carers to be shadowed by the old carers." Another person told us, "I have watched them regularly and can say that though I am still getting used to them have the right skills for the job."

The manager explained they carried out a detailed assessment of people's needs, before they started the service, to ensure the agency had the skills and capacity to provide the care that was needed. Assessments included information about people's physical health, their sleeping, diet and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. This assessment formed the basis of a more detailed plan of care.

The registered manager had taken account of the implementation of the new Care Certificate which was introduced in April 2015 and produced a new induction programme which met the new expected standards. We looked at records of induction, training and supervision. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults, first aid and infection control. In addition client specific training was provided for example, in caring for people living with dementia, or in caring for someone with a stroke. We spoke to two members of staff who had recently completed their induction training. They said it had been comprehensive and had assisted them in their role.

We looked at the staff training matrix and saw when any gaps had been identified that the relevant courses had been booked. There was a training plan in place for the year. In addition to the training courses delivered senior staff told us that they carried out observations which focused on practice to ensure that staff understood the training and were carrying this out in practice.

Staff received one to one supervision meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed and we saw examples of where best interest decisions had been made. We saw that relevant policies and procedures were in place. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care.

The registered manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest.

Staff told us they offered dietary support in preparing or providing meals when needed and they would report to the manager and/or family if they had concerns about a person's loss of appetite.

Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. We saw they had completed food and hygiene training as part of their induction.

Staff described how they would appropriately support someone if they felt they needed medical attention and recognised the need to pass information about changes in people's needs and any concerns about people's health to their managers immediately. We saw examples in people's care plans where staff had liaised with medical professionals.

Good

Is the service caring?

Our findings

People told us that they were cared for by staff who were kind, cheerful and respectful. Comments included**;** "They are very good. They help to promote my independence by encouraging me to the little things I can do by self like putting on my clothes. In fact they have a made a huge difference in my life. Compared to the agency I was using before they are marvellous." Another person told us I have nothing but praise for them, sometimes they are a little late, but they are always

sorry and if they can they will ring and tell me they are held up. It is usually when their previous client is ill or something like that."

People were supported by individual members of care staff or a small team of care staff who knew them well. We were told new staff were introduced to them prior them providing support. This was confirmed by people who used the service and their relatives.

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to people's care plans and had time to read them. They felt this was an important part of getting to know what mattered to people. We saw people's consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided.

All of the people we spoke with and their relatives felt that their privacy and dignity was respected. Staff we spoke with said that privacy, dignity and confidentiality were discussed on induction. They gave examples of ensuring curtains were closed and internal doors shut to maintain people's dignity and privacy. One relative told us, "They respect my wife and ensure they treat her with dignity for example when they are washing and dressing, they ensure that the windows are closed and curtains drawn." Another person had written in their care plan review minutes "(name) who comes to visit me is excellent. I enjoy their company and they are very professional and respectful". We noted in this person's record they had requested staff put his care records away in a drawer so their visitors did not see them. This meant the person's privacy had been respected.

Good

Is the service responsive?

Our findings

People told us, and we saw from the care records we reviewed, that people were involved in planning their care and support. One person told us their relative had a care plan and though it was yet to be reviewed they had been involved in developing it. They said, "Yes they consulted us and we shared our opinion."

Another person we spoke with told us staff always asked their opinion and explained next steps when carrying out any task for example, staff always asked how they wanted their tea and which clothes they preferred to wear.

People also confirmed that the staff always completed their task and sometimes asked if there is anything else that they would like them to do before leaving.

The care plans were reviewed regularly or when people's needs changed. This helped to build up a picture of people's needs and how they wanted their support to be given. Care plans we looked at included a plan of care and information for staff on how to provide care and support in accordance with individual need. Along with people's plan of care, risk assessments and daily records were in place. The daily records provided an over view of the care and support given by the staff. People's care was subject to regular review with them and with relatives if appropriate. Information about how to contact the agency out of normal working hours was made available to people who used the service.

Staff we spoke with said they felt the care plans provided very good detail. One member of staff told us, "The plans really help get to know the person and what support they need. I find them really useful."

The agency had a complaints procedure, which was included in the information pack given to people at the start of their care package. All of the people we spoke with knew how to make a

complaint and told us they had a copy of the complaints procedure. No one we spoke with had made a formal complaint. One person had had cause to speak to the agency about arrangements and they told us the agency had responded immediately and satisfactorily. They said they had confidence that if there were further concerns the agency would respond.

We reviewed complaints records. There was a system in place to document concerns raised, what action was taken and the outcome. Three complaints had been recorded since 2013 and these had been investigated fully and responded to appropriately. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

The service had systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. This included the provision of satisfaction questionnaires called the 'Customer Star Tool'. The results were collated and published with action taken where areas for improvement were implemented. For example the agency now produces the service user's information pack in large print; this was as a result of feedback from people who used the service. This demonstrated that people's views were taken into account with regard to the way the service was managed and run.

Good

Is the service well-led?

Our findings

The registered manager explained the service had undergone some changes in key roles within the organisation and new members of staff were currently being inducted to supervisor and coordinator roles. Staff told us they were supported by senior staff and this included care coordinators and office staff. Staff told us managers were actively involved in the service and were very supportive. A member of staff told us, "There is always someone to call if I was worried about anything." Another member of staff told us, I arrived at a call and the person was obviously unwell, I phoned the office immediately and was supported to take appropriate action."

We saw in people's care records an audit check list which was completed with the person using the service. Information included in the checklist included whether the person was involved in care planning, completing daily documentation and missed or late calls. Completing these audits helped identify any shortfalls which could be rectified in a timely manner. The registered manager also completed spot checks in people's homes to make sure they were happy with the care provided and also to monitor staff performance. The registered manager told us if issues were identified extra staff training and support was provided.

One person told us, "The manager comes out and checks up on staff and to see if everything is going ok."

Staff attended meetings and told us they felt these were useful as they were able to share practice and meet with other staff. One member of staff said they thought they should be more frequent. They did say that they received a memo every week with their rota. We looked at copies of staff memos and saw they were headed with an inspiring quote/thought for the day and 'carer of the month'. This was followed by highlighted work practice such as reminders to wear ID badges and reminders for up and coming training. The registered manager talked to us about the importance of valuing staff and was looking for innovative ways to recognise that, the carer of the month being one of them.

We saw a number of policies and procedures which were provided by the franchise national office. These were updated in accordance with 'best practice' and current legislation. Staff told us a number of policies were discussed at staff induction and through their on-going learning. They were also included in the staff handbook which each member of staff had a copy.

There were systems and processes in place to monitor the service and drive forward improvements. The franchise had a Quality Development Manager who visited the service and supported progress with the franchise's Quality Assurance. This system supported the service's own internal auditing and provided an independent view. The registered manager completed audits to monitor the service including missed/late calls, medications, staff recruitment processes, supervision and appraisals, and accidents and incident reporting.

The registered manager and staff we spoke with told us there was a culture of learning from incidents, complaints and mistakes and using that learning to improve the service.