

Medicare Corporation Ltd

Caremark Norwich

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

The inspection took place on 22 and 23 March and we contacted the service before we visited to announce the inspection.

Caremark Norwich provides domiciliary care to around 128 people living in their own homes, some of whom may be living with dementia or long term conditions.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 were supported by staff who were knowledgeable in their roles and demonstrated the skills required. They had been safely recruited and were well-trained. Staff had been selected for their person centred approach and their willingness to care for people. Staff told us they felt supported in their roles. Staff were motivated and passionate about the people they cared for and the service they provided.

Staff demonstrated they understood how to prevent and protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. Risk assessments were individual to the person and their environment.

Medicines were administered in a consistently safe manner. Medicines administration records were clear and accurate. They contained the relevant information. Staff understood safe procedures for administering medicines.

Staff received training and opportunities to further improve their skills and knowledge. Staff were undertaking qualifications and were given regular opportunities to discuss their performance with the management team. The competencies of staff were regularly assessed and recorded to ensure an appropriate standard of care was delivered.

People benefited from staff who felt valued by the service and were happy in their work. They had confidence in the management team and the service they were providing.

People were treated in a respectful, compassionate and caring manner. They told us they felt in control of their lives. Staff demonstrated that they understood the importance of promoting people's dignity, privacy and independence. They gave examples of a caring and empathetic approach to the people they supported.

Staff had received training in the MCA and demonstrated they understood the importance of gaining

people's consent before assisting them.

Care and support was delivered in a person-centred way. The service had completed detailed assessments of people's needs. People received individualised care as their care plans had been developed in collaboration with them. The service regularly reviewed people's needs and made changes as required.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs and demonstrated they had the knowledge to manage emergency situations should they arise.

Staff supported people to maintain their interests and avoid social isolation. The service worked jointly with other professionals to maintain people's wellbeing.

The management team demonstrated an inclusive approach to the management of the service and people had confidence in them. They were supportive, accessible and actively encouraged people to comment on the service they provided.

People felt comfortable making a complaint. There were effective systems in place to monitor the quality of the service.

The manager had begun joint working with partnership organisations to develop the service.

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.

Systems were in place to protect people from the risk of abuse. Staff knew what to do if they had any concerns and were confident in raising these.

People benefited from being supported by staff who had undergone recruitment checks to ensure they were safe to work in care.

The service had identified, assessed and regularly reviewed the risks to people and their staff.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The training, support and development the staff received contributed to the effective support people experienced.

People received care and support in the way they wished as staff understood the importance of gaining people's consent.

People were supported to have their choice of food and drink.

Is the service caring?

Good ●

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

People received care and support in a way that allowed them to be in control of their lives. Staff promoted people's independence and gave them choice.

People had been fully involved in planning the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs and these had been reviewed on a regular basis.

People were encouraged and supported to avoid social isolation.

The service listened to people's needs and concerns and responded appropriately.

Is the service well-led?

Good ●

The service was well-led.

The supportive and inclusive nature of the management team contributed to an open culture where people felt comfortable in expressing their views.

The management team was accessible, visible and approachable.

People benefited from a service that had effective systems in place to monitor the quality of the service people received. These were used to make further developments and improvements.

Good links had been established with local health and social care professionals to ensure people received the care and support they needed.

Caremark Norwich

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 22 and 23 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Notice was given to ensure the management team was available to assist our inspection. The inspection was carried out by one inspector and an 'expert by experience.' An expert by experience is someone who has had personal experience of supporting vulnerable people.

Before the inspection we viewed all of the information we had about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local quality assurance team and asked their views on the service.

During the inspection we visited the service's office, spoke with six people who used the service and four relatives. We also spoke with the registered manager, a field care supervisor and five care staff. We observed the office staff talking to clients, relatives and other professionals on the telephone.

We looked at the care records for four people who used the service and medicines administration records for four people. These records covered periods within the last 12 months. We also viewed records relating to the management of the service. These included risk assessments, four staff recruitment files, and training records.

Is the service safe?

Our findings

All the people we spoke with said they felt safe receiving care from members of staff employed by Caremark Norwich. One person said, "Safe, yes they are all very good." Another person said, "Safe absolutely." The relatives we spoke with said they had no safety concerns.

Staff told us they had received training on how to protect people from abuse and harm. The members of staff we spoke with gave examples of abuse and how they would identify potential abuse. Most staff said because they knew the people they supported so well they would know if there was something concerning the person. One member of staff said, "You would know if they were withdrawn and not themselves." Staff knew how to report suspected abuse within their organisation. Staff were also aware of outside agencies they could also report suspected abuse to, for example the Local Authority Safeguarding Team. Staff told us they were given the safeguarding team's telephone number by Caremark. We noted Caremark had made a safeguarding referral when a member of staff had visited a residential home with someone they were supporting. The person was visiting their relative. They had observed poor practice from a member of staff in the care home, and reported it. On the day of our visit new staff were having an induction training day on how to protect people from abuse and avoidable harm.

The manager told us they had made safeguarding referrals to the local authority. As a result of one referral Caremark had worked closely with one family and social services, in order to protect a person from potential harm in the future. The manager also told us they had contacted the safeguarding team and the trading standards department (with the person's consent) if people received letters from an unknown source asking for money. We concluded Caremark took effective steps to protect people from the risk of abuse.

All the staff we spoke with had a clear understanding of what constituted discrimination. Staff were aware of equality and diversity issues. Staff spoke about how they would challenge any behaviour which caused distress or was discriminatory in any way.

We found Caremark managed risk appropriately. Most people's needs were assessed initially by the commissioners in the local authority and the health service. Before care would begin people's assessments and care plans were sent to Caremark. The manager told us they recorded the details onto their computer system so she had a clear understanding of what needs people had. We saw the agency's risk assessments and reviews of people's needs; these were detailed documents. They included people's needs, and how the service tried to meet these needs and minimise the risks they faced. The safety of staff was also assessed. The environment was assessed, this included kitchen equipment and the storage of food. People's needs were reviewed annually or when needs changed.

Staff told us they would read the care plans for people new to the service before they started caring for them. Both the staff and the manager said people had regular carers to help gain a picture of people's needs. Staff told us of examples when someone's needs had changed and they contacted their field supervisor. We observed on several occasions during our visit, the manager, care co-ordinators, and field supervisors shared information with one another about people's needs and changes to their needs.

Caremark had a system of recording and analysing incidents and accidents. On the day of our visit the manager responded to a person who had fallen. This person had a recent history of falling. We observed contact being made to the GP surgery and social services, in order to look at ways to manage this situation and ensure this person is as safe as possible.

Caremark employed enough staff to meet people's needs. One person told us, "They are always punctual and I have had no missed calls." Another person said, "I have no issues at all." Relatives also told us their relatives received care in a timely way, one relative said, "The timekeeping is excellent." We asked people who required two members of staff to visit them, in order to assist with their moving and handling needs... "Does this always happen?" People told us it did. The Staff we spoke with confirmed this.

Staff also told us they feel they can complete tasks allocated to them within the agreed call times. The manager and staff told us, people who use the service, have regular members of staff who supported them. The people we spoke with confirmed this. The manager told us they do not accept new contracts if they do not have sufficient staff to meet those needs. On the day of our visit we observed the manager on more than one occasion declining new clients from the local authority, for this reason. We concluded the manager monitored staffing levels and ensured that there were sufficient members of staff to keep people safe and meet their needs.

We looked at staff personnel files and could see staff were employed following recruitment checks. The appropriate security checks had been followed. Staff had a full record of their employment history and two references documented on their files. Staff confirmed to us these checks were in place before they started working for Caremark.

People told us staff supported them with their medication. One person said, "They are very good with my medication." A relative told us, "It works well." Another said, "They support with medication... There has never been any issues with it." The staff we spoke to told us they received training on the safe administration of medication. Staff demonstrated to us they knew how to give medication in a safe way and what to do if there was an error.

We looked at three Medication Administration Records (MAR) which members of staff completed when giving medication. We found these records were clear and accurately completed. The field supervisors reviewed the administration of medication as part of the three quality checks carried out on staff. The field supervisor would observe the member of staff administering the medication and they would check the MAR was completed correctly. We looked at a sample of MAR charts which showed that this audit had taken place.

Is the service effective?

Our findings

We found that staff had the necessary skills and knowledge to provide effective care. People were very complimentary about the staff. People said they had confidence in the staff to meet their needs. One person said, "They know what they are doing." One relative told us, "They do the job perfectly well."

The staff we spoke with said they felt very able to meet people's needs. Staff completed an induction process, initial internal training, and shadowed senior staff before they began working alone. Once new staff had begun working alone they completed a 12 week training schedule completing the care certificate (a set of standards of care) at the end of this period. During this time staff would be monitored by field supervisors and their work would be observed and we were told any further training issues would be addressed.

Some staff had completed a qualification in health and social care. One member of staff had become a 'dementia coach' to Caremark staff, after completing a course on the subject. Staff said they continued to update their training, and one member of staff said, "If you need further training you only need to ask." From speaking with staff and looking at their personnel files we could see staff had received training in moving and handling, dementia care, safeguarding, equality and diversity, first aid, medication, and infection control.

When we spoke with the manager about recruiting staff that had the right skills, the manager told us they always ask candidates at interview, "Can I teach you how to care?" The manager said, "What I want is someone who cares from the heart." The manager also told us they work very closely with people using the service to ensure people were, "Well matched with one another." The manager said, "You can't provide good quality care if people don't get on with staff." Staff confirmed they have a regular group of people they supported and felt they were well matched to these people.

Staff told us they had regular supervision and yearly appraisals. Staff would also have three 'spot checks' from a field supervisor. These spot checks would cover the administration of medication, moving and handling, and general care and support. We spoke with a field supervisor who said they would address any issues and consider additional training if required.

Staff were very complimentary about the support they received from the manager, field supervisors, and care co-ordinators (the management team.) On the day of our visit we observed staff visiting the office and making contact with the manager. Staff told us due to the level of formal and informal support they received they didn't feel they needed supervision every two months. Caremark has agreed to change this to every three months.

People told us staff had good communication skills. One person said, "They [staff] are very good company." One relative told us, "They are very warm and encouraging to [relative]." When we spoke with members of staff and we observed them talking with the management team, it was evident to us staff had good communication skills. Staff demonstrated to us they had a good knowledge of people's needs and gave detailed examples of how they had to use verbal encouragement to support people's needs. Staff also spoke

about how they managed situations sensitively between relatives and the people they supported.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The staff we spoke with said they had completed training on the MCA. Staff told us what capacity meant and how they would support people who may lack capacity in any way to make their own decisions. All staff told us they would contact the manager or office if there were changes in people's needs especially if this placed them at an additional risk. The manager told us about referrals they had made to the mental health team, when they were concerned about someone's wellbeing and their capacity. On the day of our visit we observed the manager speaking with a member of staff who had concerns about someone who was refusing support. The manager and member of staff were concerned this person may lack insight into their needs. The manager contacted the social care professional involved. A visit was arranged which included the member of staff for the following day.

People told us they are supported to have enough to eat and drink. One person said, "They always make sure I've got enough to drink." The staff we spoke to said they always ensured people had access to fluids and they encouraged people to eat. Staff spoke about making and presenting meals in a way which appealed to the person having them. One member of staff told us about a person who had a limited/small appetite; they said they always leave additional snacks to eat in between their visits. Another member of staff said, "I cut the crusts off their sandwiches to make it more appetising." A further member of staff said, "I always offer to make them something different to eat."

People received support to access healthcare services. We spoke with one member of staff who told us about concerns a relative had about their loved one. The relative felt their local health service was not responding to their relative's needs. The member of staff told us how they made contact with the appropriate health team. They answered the professional's questions, and as a result the health professional visited and the matter was resolved. Another member of staff said they checked the medication delivered by the pharmacy, if there were errors they would speak with the pharmacy to resolve this. From looking at people's care records we could see some members of staff accompanied people to medical appointments. One member of staff told us they had hand delivered one person's health records to a new health service. They did this because the information kept getting lost between the services, and this was delaying treatment.

We were shown an e-mail from a social care professional. They were praising the involvement and commitment the staff and the management team provided for someone with complex health and social care needs. In particular the social care professional was very positive about the degree of contact the management team provided to them. They said this enabled other health and social care professionals to respond to this person's needs quickly when they changed.

Is the service caring?

Our findings

People spoke very positively of how caring the staff were. One person said, "They are very kind and we can chat." Another person said, "If I am upset they go the extra mile for me." A further person said, "They are always very polite and kind and I have never had any problems."

Staff had developed positive and caring relationships with the people they supported. One member of staff told us that someone they were supporting started to fall during their visit. The member of staff said they guided them to the floor, and called for assistance; they made the person comfortable and sat alongside them giving them water and talking to them until help arrived. Another member of staff talked about how they supported people when they are distressed. They spoke about the importance of listening and trying to understand their point of view. Adding, "I always believe that people respond positively, to kindness."

On the day of our visit a person who used the service came to the office, a member of staff who recently supported them was present, the person thanked them for their support giving them a large embrace. We spoke with the member of staff who said, "That's why you do the job, to make a difference."

We were shown a picture of a carer holding some flowers, we were told this member of staff had come in to cover a shift when they had planned holiday, because a person who they supported on a regular basis was unwell, and the person had asked for them.

People who used the service told us, staff involved them in making decisions about their care. One person told us they always choose what they are having to eat. Another person said, "If I ask they'll sort it." We could see from looking at people's care records Caremark had recorded detailed information about what was important to people and their likes and dislikes. Staff spoke confidently about people's preferences and appeared to know the people they supported. Staff also had training in equality and diversity and told us about how they respected this and meet people's diverse needs.

People told us that staff respected their privacy and treated them with dignity at all times. One person said, "Yes they do, they cover me in a towel and close doors." One relative said, "They are very caring." Another relative said, "They treat [relative] as a person." The staff we spoke to said they respected people's dignity when they supported people, they said they ensured doors were shut and curtains were pulled. One member of staff said at certain points when providing personal support they wait outside the room, until the person calls them back. They said, "This is what the person has requested, and I respect it." Another member of staff said they supported a person who lives with their relative. They told us how they protected the person's privacy and dignity. Adding, "It's about dignity for both, the relative and the person we are supporting."

We were told about a person whose health needs had changed and they wanted to wear minimal clothing. A member of the management team visited the person, following staff concerns, about the person's dignity not being maintained. The member of staff told us the person did not have an issue with this and had the capacity to make this decision. We concluded staff and the service protected people's dignity.

We were told by staff and people who used the service that people were encouraged to be as independent as possible. One person said, "They keep me independent." One relative told us, "They remain calm and encourage [relative]." Another relative said, "They work with [relative]." We looked at some people's records and could see there was advice about how to encourage people's independence. A barrier to one person's independence was their mental health needs. A member of staff told us how they encouraged this person's independence by actively involving them in aspects of their daily routines. They also followed up on the person's mental health appointments (with the person's permission) to ensure they were going to take place.

Staff understood the importance of confidentiality and we saw that care records and other sensitive materials were stored in locked cupboards within the main office.

Is the service responsive?

Our findings

Staff understood the care and support needs of people they supported, and ensured they were delivered in a way that people liked. One person said, "I am very happy with the service." Another person said, "It's brilliant. It helps me to have more time with the children." A relative said, "They understand [relatives] needs and they care."

People were visited and a detailed assessment was carried out by either the manager or field supervisors at Caremark. This assessment was in addition to any assessments provided by the funding authority. We looked at people's care records and their assessments. These were person centred, giving advice and guidance to staff on how to manage people's needs. One person's assessment described how to communicate with them to ensure they could understand what had been said or asked. Another person's assessment recorded triggers to them becoming distressed and how to support them if they become anxious or distressed. Another person liked to be talked with throughout the time they were being transferred in a hoist.

People had detailed descriptions of what they liked and disliked in terms of foods and drinks. There were prompts for staff in terms of supporting people's mental wellbeing, one assessment said, "Ask me if I feel safe." Another said, "Support me to wash as I get nervous when washing." People had been asked what their goals were and what was important to them.

On the day of our visit we observed the manager speaking with a person who used the service. The person was distressed, the manager spoke calmly to them and suggested activities they like doing which could make them feel better. When we spoke with the manager about this, the manager told us this was a system they had devised with health professionals to promote this person's wellbeing. This told us Caremark worked creatively to support people's needs.

We were shown an e-mail by a social care professional. The e-mail spoke positively about how Caremark had responded effectively to a person's needs. They said, "I feel Caremark provides us with a good example of the care we need to be providing to our clients, a truly person centred care package."

The field supervisor said when they carry out spot checks they always check to see how staff approached the person they are supporting. The supervisor told us it was important staff greet people with a, "Hello" and talk to them first before any tasks are performed. Staff we spoke with had a very clear understanding of 'person centred' care. One member of staff said, "It's about what they want, and involving them with what you are doing." Another member of staff said, "People, have individual needs, you can't have a blanket approach."

We could see from the care records that people's needs were reviewed by Caremark annually. Some people had their care reviewed more than once; one person had been reviewed three times in one year. The field supervisor told us, this is because their needs had changed during this period. Staff said they would respond to changes and inform the office.

On the day of our visit we observed the management team responding proactively, when staff made contact with them about a change in people's needs. On one occasion a person had returned from Hospital with a change to their medication. A member of staff questioned this; a member of the management team contacted the GP who also questioned this. So a member of the management team called the hospital and spoke directly with the prescribing consultant, who said an error had been made. We concluded staff understood people's individual needs and responded positively to changes to their needs.

Staff told us they would always respond if they felt people were socially isolated. Most staff said they would call the office and request a review of their needs with the funding authority. Some members of staff said they tried to find creative ways and suggestions to reduce social isolation. One member of staff said they had encouraged, "neighbours to get together." Another said they had noted people's interests and had tried to engage them in the subject, during their visit. One member of staff had noted one person had liked completing puzzles, so they told us; they brought them some new ones.

The people we spoke with and their relatives felt confident in raising a complaint and would know how to do this. One person we spoke with said they had recently spoken with the manager about sending male carers, the person said this matter was resolved quickly, and they were happy with how it was dealt with. People confirmed they had received questionnaires and have had conversations with the manager in the past. One person said, "[manager] contacts me on a regular basis." A relative said, "We discuss things, it's very good."

Is the service well-led?

Our findings

The members of staff we spoke with said there was an open culture at Caremark. All staff spoke very positively about the manager. One member of staff said they, "Can speak with the manager in confidence about any issue." Another member of staff said the manager is, "Very approachable." People who used the service told us they also felt confident in contacting the management team. One person said, "They have been to visit me and I have contacted them." Another person said, "They contact me and they are approachable."

There was an open and transparent culture in Caremark. Members of staff said they felt very confident in raising issues about the quality of support provided. The staff we spoke with had a very clear understanding of what good quality care looked like. They told us they raised certain issues with the manager and the manager would deal with this in a responsive and inclusive way. One member of staff told us that such issues were "always resolved positively."

The service had a clear set of values which it promoted and shared with staff. From speaking with staff these values and goals were very much shared and implemented in their daily work. All the staff we talked with gave examples of encouraging people's independence, dignity, and choice. Staff had a full understanding of what person centred care meant. They gave examples of how they knew what people's needs were and how they responded to those needs.

The manager was aware of and reviewed the day to day culture of the service. The manager told us they made a point of knowing people who use the service, and the staff. During our inspection we observed many occasions when the manager demonstrated that they knew people's needs and the staff who supported them.

Staff confirmed to us they had regular contact with field supervisors and there were systems in place to monitor the behaviour and values of staff. The field supervisor we spoke with said the manager was very involved in the monitoring of staff and people who use the service. They told us they had regular conversations with the manager about the outcomes of these reviews and spot checks.

A member of staff told us they recently received a letter from the manager thanking the member of staff. The letter gave details of a recent compliment they had received, from a person who used the service. We spoke with the manager about this, and they confirmed this. The manager said as well as telling the member of staff she would always write to them. The manager said, "I want staff to do well, I want them to be happy, and confident in their work, and know we value them."

Many of the people we spoke with and their relatives confirmed they had regular conversations with the management team. We observed the manager and care co-ordinators speaking with people throughout our visit. The manager told us, "We try and be approachable." There was a steady flow of staff visiting the office to collect equipment, and deliver paper work. The staff we spoke with said they felt very comfortable

coming to the office and speaking with the management team.

The manager told us they were very committed to delivering high quality care. The members of staff who we spoke with were equally committed to doing the same. Staff talked about how important it was for them to respond to changes in people's needs and offer support if a person was distressed. This would often mean staying longer with someone than their allotted time. Staff said they had the confidence to do this because of the focus the manager had on delivering person centred care. This told us the leadership of the service was visible and inspired a quality service.

The manager did understand their responsibilities and said they were supported by their manager to deliver these.

We know from the information we hold about Caremark that the manager had notified us of most events that they are required to under their registration. The manager did not know, they were required to notify us of safeguarding referrals to the local authority. However, the manager said they would rectify this in the future.

There were effective systems in place to monitor the quality of the service. In addition to these there were also regular audits carried out by the provider. People told us they had been sent questionnaires and relatives told us they felt involved and kept up to date with their relative's needs.

The manager told us that the local authority had approached Caremark to be involved in a pilot they were running, to encourage agencies to work together. They said they were excited about this and willing to be involved. The manager also told us about a project they were developing with another agency to develop more practical opportunities for social activities for people with mental health needs. The manager said they were working with local businesses to develop this. They had also started working with the local college mentoring a current member of staff who was completing a vocational course, alongside their employment with Caremark.

We were shown the 'Norfolk Care Award' Caremark had won for the management of a domiciliary service in 2014. We were also shown a whole range of thank you and complimentary letters and cards Caremark had received over the last year.