

LJ Homecare Limited

Caremark (Rother)

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 23 November 2016 and was announced. The provider was given notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in. After the office visit we followed this up with phone calls on the 9 December 2016 to people and staff to ask them about the service.

Caremark (Rother) DCA provides a personal care service to people living in their own home. On the day of the inspection 16 people were supported by the agency with their personal care needs. Caremark (Rother) is a franchise to Caremark Ltd.

The service had a registered provider in post who is currently in the process of applying to be 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 said; "Very, very, happy with the service." Another person said; "They are so kind to me and really look after me. Staff said; "Great company to work for."

People's individual care records contained personalised information which described what staff needed to do to provide care and support. Staff responded quickly to people's change in needs. When required, relatives and health and social care professionals were involved in identifying people's needs. People's preferences, life histories, disabilities and abilities were taken into account, communicated and well documented.

People's risks were monitored and well managed. The agency had policies and procedures in place which were understood by staff to help protect people and keep them safe.

People were kept safe and protected from discrimination. Staff had completed safeguarding from abuse training. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

People who required assistance with meals were supported and encouraged to maintain a varied and healthy balanced diet.

People's medicines were managed safely and people told us they were given the prompts required to help ensure they received their medicines as prescribed.

People and staff were encouraged to be involved and help drive continuous improvements in the way the service was provided. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The registered provider sought feedback from people and encouraged individuals to share their concerns and complaints. The registered provider confirmed they would investigate any complaints or concerns thoroughly and used the outcome as an opportunity for learning to take place.

The registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered provider and staff had completed training on the Mental Capacity Act. They understood the requirements of the act, and knew how to put this into practice should the need arise.

There were sufficient staff to meet people's needs. Staff were trained and had the correct skills to carry out their roles effectively. For example staff had completed infection control training. The registered provider followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults. Staff described the management as open, supportive and approachable. Staff spoke positively about their jobs and felt motivated to provide good quality care.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by 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.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good ●

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

The registered provider had good knowledge of the Mental Capacity Act and how this applied to the people the service supported if required.

People were supported to access healthcare services to maintain their health and wellbeing.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and

compassion.

Positive caring relationships had been formed between people and staff.

People had their end of life care wishes documented.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and changes in need were identified promptly and changed accordingly.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture. The registered provider was approachable and kept up to date with best practice.

Staff were supported by the registered provider. The registered provider and staff shared the same vision and values which were embedded in practice.

Staff understood their role and were motivated and inspired to develop and provide quality care.

Caremark (Rother)

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 was undertaken by one adult social care inspector. The inspection took place on 23 November 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. On the 9 December we followed up the inspection with phone calls to people who received a service and staff members.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law. No PIR (Provider Information Request) was obtained in time for this inspection.

During the inspection we were supported by the registered provider. We contacted and spoke with three people via telephone about the care they received. We spoke with four staff members about the service.

Caremark (Rother) DCA supports adults in their own home. We looked at four records related to people's individual care needs. These records included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person, when asked if they felt safe with the staff said; "Yes definitely. I do feel safe with them." Another said; "Yes I do - they are very kind to me." One staff member said; "I think we make people feel safe."

People's care plans stated; "The outcome of my care and support are; To remain in my home, move safely and maintain my personal hygiene."

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training and updates. Staff knew how to recognise signs of potential abuse and said they would have no hesitation in discussing safeguarding issues and reporting them. Staff confirmed they were aware of the whistle blowing policy and the lone working policy.

People were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were sufficient staff employed with the right skills, knowledge and experience to meet people's needs. People had varied visiting times across the week. The registered provider informed us staffing levels were dependent upon people's needs. People said they had always been able to rely on the agency to turn up and on time. One said; "They have never let me down." A relative recorded onto a survey; "Service is second to none and she (mum) really appreciates everything you do."

People said staff mainly arrived on time. If staff were going to be late the agency's policy was that staff needed to notify the office staff to enable them to contact the person concerned. A 24 hour on call service was available to support any staffing difficulties in the event of sickness or unplanned absence. The on call team had the essential information they needed to ensure replacement staff had the necessary skills to meet people's care safely. One staff member confirmed the on call system always worked and there was always someone available to contact.

People were protected by safe recruitment practices. Required checks had been completed. For example, personnel files held a history of previous employment details. Disclosure and barring service checks had been sought. Staff confirmed these checks had been applied for and obtained prior to them commencing their employment with the service.

People were visited by a member of the management before support was provided. People had a pre-admission assessment completed, alongside an initial care plan and risk assessments. This also helped to ensure the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working and environmental risk. This, helped to ensure staff would be protected. Assessments included checking the equipment in people's homes had been serviced and was in good working order and the correct equipment was in place for people, for example hoists. Risk assessments included detail around whether people required two staff to safely move them. Information about how to

access people's home was known and stored safely.

People's personal risks associated with their care were known and recorded, for example those at risk of skin damage or who required a special diet. People all agreed that the staff provided safe care and took account of these risks ensuring skin creams were applied.

People's care records held information on how to help keep people safe. For example how to protect people from falling and reduce the impact on people's physical wellbeing. One person had guidelines in place on how to move them safely. This helped to keep people safe. People told us staff knew the risks associated with their health needs and looked out for possible signs they were not well.

People's medicines were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. The staff confirmed, if they were delayed, they had systems in place to ensure people received their medicines on time. One person said; "They help me when I ask them to- always." Medication administration records we reviewed at the company's office were completed. The company's policy stated; "Caremark will respect and follow the principles of "The handling of medicines in Social Care" published by the Royal Pharmaceutical Company." Each person had a record on how the staff supported them with their medicines to help keep them safe.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. Staff confirmed they had received training and wore protective clothing as they carried out personal care. People confirmed the staff always had gloves and aprons with them.

Is the service effective?

Our findings

People were supported by skilled staff who were knowledgeable and who effectively met their needs. One person said; "They are very kind and never let me down." A survey returned to the company stated; "Very impressed, streets ahead of my previous company." A relative survey said; "Mum is very pleased with the service."

People told us the staff always involved them in their care and asked for their consent before providing support. Records showed consent had been obtained and people had signed to confirm this before care was provided. People said; "Yes they ask me if it's ok to help me" and "They always ask if I want help."

Staff received an induction when they first started working at the agency and the registered provider confirmed new staff completed the Care Certificate (A nationally recognised set of skills training). Staff had a six month probation period and their progress was monitored. The registered provider and field care supervisors carried out "spot checks" on staff to ensure they were up to date with their training and competencies. One staff member said; "You never know when they are coming but they are always helpful."

Staff received regular supervision and yearly appraisals. Team meetings were held and this provided the staff with opportunities to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues about how best to meet people's needs during their one to one supervision, appraisals and at team meetings.

People were supported by staff who had received training. Ongoing training was planned to support staffs' continued learning and was updated when required. Training was also arranged to meet the individual, specific needs of people the service agreed to support, for example, dementia training. Staff confirmed they had received training in using equipment, for example hoists. When asked if they received training to meet people's needs, choices and preferences, comments included; "Yes- and we can ask for any extra training and [...] (The registered provider) always tries to arrange it." Staff felt this enabled them to consistently provide effective support. The registered provider monitored the training skills required to meet each person's package of care and ensured staff competency was regularly checked. The registered provider said they were able to make use of the Caremark Limited company's training and this helped to ensure all staff received updated and regular training.

The registered provider understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. No one using the service at the time of the inspection had any restrictions or lacked capacity to make decisions. Further training was planned for newly employed staff members who had not yet completed training on the Mental Capacity Act.

People who required additional support with food and drink were supported and encouraged to maintain a healthy balanced diet. Staff provided some people with meals, snacks and drinks during their visit. Some

people said they did their own shopping while another said some staff will "pick up bits for me." Others people just had their food heated up by staff. Staff knew which food people could have, which was in line with guidance from professionals, and which foods to avoid and could pose a risk. Clear records detailed people's dietary needs.

Most people were able to make their own healthcare appointments, with assistance from their relative if necessary. The agency were able to offer assistance with this task if required. The registered provider confirmed referrals to relevant healthcare services were made as required when changes to health or wellbeing had been identified. Staff knew people very well and monitored people's health on a daily basis. One staff member said; "We are a small service and small staff team so we know everyone very well." If staff noted any changes they said they would discuss this with the individual and, with consent, seek appropriate professional advice and support. One person told us the service had supported them well after a recent return home from hospital. People's records gave specific guidance on their health needs and how to respond in an emergency. Essential contact numbers specific to people's care were recorded. Staff said they would follow emergency procedures, call the paramedics if needed and ensure essential information went with the person to hospital.

Is the service caring?

Our findings

People said they were well cared for and treated with kindness and compassion by the staff. One person said; "They are very good to me." Another said; "They always check on me to see if I'm ok." A survey said; "They (the staff) are all very caring" and another recorded; "We are very pleased with all the carers, lovely people who raise your spirits." People's needs regardless of their disabilities were met by staff in a caring and compassionate way. People told us they felt as though they mattered. People confirmed they were involved in their care planning and their family members assisted when needed. The registered provider had a "Recognition Award" that was awarded to one staff member each month for staff who had gone the extra mile in carrying out the care they provided.

People received care, as much as possible, from the same staff member or group of staff members. People said they only had a small team of staff caring for them. This helped to ensure continuity of care. A survey returned to the service recorded; "It's been seven months and I have not been let down once."

People confirmed their privacy and dignity were protected. People told us the staff respected them and made sure they were comfortable and had everything they needed before they left.

People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible. One person said; "They never hurry me." The company's website stated they provided; "Care to help you stay independent longer."

People told us how the service had helped to improve their lives by promoting their independence and well-being. One person told us how much the staff had helped them. They said they had been in hospital and had used the agency since returning home. They said of the agency and staff; "They have been very good to me." They went on to say it was; "Excellent care."

Staff told us, "They (the registered provider) always make sure we know people before we start providing care." Another said; "We always let them know if we are running late. This really helps people to know what is happening and not to worry." Staff had genuine concern for people's wellbeing. Staff commented they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they mattered. Staff were clearly compassionate about making a difference to people's lives.

The company's website stated; "We provide uniquely personalised end of life care." A compliment card returned to the Caremark (Rother) records; "Thank you so much to you and all your team for making the last months with mum so much easier for me. I have nothing but praise for all the ladies who came and made mums life a lot happier with their kindness and professionalism. "

Is the service responsive?

Our findings

People's views and wishes were taken into account when planning care. Thorough assessments of people's needs took place prior to people being supported by Caremark (Rother) DCA. The registered provider or field care supervisors visited people at home or hospital to gain an understanding of their needs, expectations and wishes. People confirmed the agency had visited them before they started receiving care and support from them. One person said the agency had come highly recommended. People all said how pleased they were with the agency. Support plans had been written from the person's perspective and included information about how the person needed or wanted to be supported. For example, care records held contact details of important people in the person's life, and instructions about who to contact if the person's health deteriorated. Staff confirmed they would report any changes in people's needs to the agency's office, they would then contact the next of kin if required. This showed us the service responded to people's needs. One person said; "I ring them at short notice for extra care and it is never a problem."

One person recorded in a survey returned to the agency; "Nothing is too much trouble" and "The service is second to none." Another recorded; "[...] (named staff member) handled it brilliantly the other day when I fell" and another said; "A big thank you for being there to get me help when it was so often a last minute request outside normal hours." This showed the service was responsive to meet people's individual need.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information on what support was required and what people could do for themselves to help maintain their independence. The registered provider confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs. People said they had been involved in their care plans and one person said their daughter also helped them when needed to update their care record.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. People commented that the agency responded well to their care needs and one commented; "I think Caremark are brilliant." They went on to say how they had helped to complete the care plan to record the support they needed. Arrangements were in place to help ensure care records were reviewed and documented when changes in people's needs had been identified. Staff from the office visited people regularly and checked care plans and any changes in people's needs had been updated and documented. Staff received an alert to their telephone to notify them off any changes to a task or a visit to people. This helped to ensure staff had up to date information to hand.

Staff members ensured they communicated important messages about each person with other staff. One said; "We make sure we pass on any information to the next staff member coming in to see people." They went on to say; "We also let the office staff know as they can pass information on or they may visit people themselves if we are held up."

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to

people, their friends and their families. Nobody we spoke with had any complaints about the service. People felt confident they could call the office if they had any issues. People and family felt confident and comfortable sharing their views and experiences of the care they received. One person said; "Never had any complaints - ever." The registered provider confirmed any concerns or complaints received would be recorded and analysed to look for themes. Reflection and learning would then take place to reduce the likelihood of a similar complaint occurring.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered provider was in post who had overall responsibility for the service. They were supported by two field care supervisors. A regional manager from Caremark Limited also visited the service to help maintain high standards. People told us they knew who to speak to in the office and had confidence in the registered provider and other office staff. One person said; "They come and check everything is alright." Staff all agreed it was a good company to work for and as it was a small company everybody knew each other well.

Caremark (Rother) was found to be well led and managed effectively. The company's values recorded on their website stated; "We always respect the wishes, preferences and dignity of our customers." Information provided to people when they moved into the service set out these values. Staff we spoke with also confirmed they understood these values.

Caremark (Rother) is a franchise to Caremark Ltd. The registered provider confirmed that they are able to use and receive all updated policies and procedures from the main Caremark Ltd head office. The service also received a monthly audit visit by a regional manager for Caremark Ltd. The registered provider attended a local registered manager/providers meeting to discuss ideas and share forms or documents that may provide useful to each service.

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. The registered provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered provider was involved in all aspects of the day to day running of the service. There was an open culture, people felt included and strong links had formed between people, their families and health and social care professionals. One staff member said; "[...] (The registered provider) always makes herself available for us." One person said; "[...] has come to help with my care when they are short." Others confirmed they had received phone calls from the office if there was a problem for example if staff were running late.

The registered provider sought feedback from relatives, friends and health and social care professionals if any were involved, to enhance the service. Many comments were obtained from visits by the management when carrying out audits and other checks at people's homes. Questionnaires are also sent to people. Comments recorded included; "Very happy with [...] and [...]" (two named staff members) and "Well presented company, very efficient and Caremark is excellent." The registered provider sent people the results from surveys completed.

The registered provider understood they needed to notify the CQC of all significant events which occurred in

line with their legal obligations. The registered provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. Staff said they felt protected and confirmed the agency had a lone working policy. Staff said they would not hesitate to raise concerns with the registered provider and were confident they would act on them appropriately.

The registered provider inspired staff to provide a quality service and to be actively involved in developing the service. Staff understood what was expected of them and shared the registered providers vision and values. Staff supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff said supervision was beneficial. Staff received regular support and advice from the registered provider and field care supervisors via phone calls and face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns.

Staff confirmed they were happy in their work, were motivated by the registered provider and understood what was expected of them. Comments included; "More than happy working for Caremark" and "I enjoy working for them."

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered provider carried out regular audits which assessed the quality of the care provided to people. The registered provider and field care supervisors undertook spot checks covering punctuality, care, the person's home environment and ensuring dignity and respect were provided by staff.