

D&D Porter Limited

Caremark (Guildford & Woking)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 10 June 2016.

This is a domiciliary care agency that provides care and support to enable people to live as independently as possible in their own homes. It is located in the Woking area.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the previous inspection on 25 July 2013, the agency was compliant with the standards inspected. At this inspection the regulations were met.

People said they were happy with the service provided and were notified if there were changes to staff or the timing of care provided. The designated care tasks were carried out to their satisfaction and the staff were committed and caring. They thought the service provided was safe, effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received. This included people's choices and identified the support given to meet their needs. The information was clearly recorded, fully completed, and regularly reviewed. This enabled staff to perform their duties.

Staff knew the people they gave support to and the way people liked to be supported. They also worked well as a team if a call required more than one member of staff. Staff provided care and support in a professional, friendly and effective way that was focussed on the individual and they had appropriate skills to do so. They were well trained, knowledgeable and accessible to people using the service and their relatives.

Staff said the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as appropriate. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still providing meals that people enjoyed.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People told us the office, management team and organisation were approachable, responsive, encouraged feedback and frequently monitored and assessed the quality of the service provided.

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.

The agency was suitably staffed, with a work force that had been safely recruited. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medication in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good ●

The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. They also had access to other community based health services that the agency regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. People's care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good 

Is the service well-led?

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service and constantly monitored standards to drive improvement.

Good 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and took place on 10 June 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider had not completed a Provider Information Return (PIR) as it had not been requested by the Care Quality Commission. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 56 people using the service and 24 staff. During the inspection, we spoke with eight people using the service, one relative and four staff, the registered manager and management team.

During our visit to the office premises we looked at six copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information reviewed included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at three staff files.

Is the service safe?

Our findings

People said there were enough staff available to meet their needs and the service was safe for them to use. One person told us, "They are always on hand when I need them." Another person said, "I know the girls (staff) very well and feel safe with them, we have lots of jokes." A relative said, "My father would not be able to stay at home without the level of care provided."

Staff received induction and refresher training in how to recognise abuse and possible harm to people using the service. They understood what abuse was and the action required if encountered. Staff were aware of the agency's policies and procedures in relation to protecting people from abuse, harm and followed them.

Staff told us they would inform the office to raise a safeguarding alert if they had concerns. The agency's safeguarding, disciplinary and whistle-blowing policies and procedures were contained in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The recruitment procedure for staff included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills and knowledge of the care field they were working in. References were taken up, work history scrutinised and disclosure and barring (DBS) security checks carried before people were confirmed in post. There was a three months probationary period. There were enough staff employed to meet peoples' needs. This was confirmed by the staff rota that showed staff were not over stretched when trying to meet people's needs or when travelling between calls.

The agency's risk assessments enabled people to take acceptable risks as safely as possible and also protected staff. The risks assessments included identifying risk and measures to take to reduce that risk. The risks assessments were monitored, reviewed and updated as people's needs changed and were contributed to by people using the service, relatives and staff as appropriate. People said that staff encouraged input from them to identify any risks that staff may not be aware of. There was also environmental risk assessments recorded. Staff had been trained to identify and assess risk to people and themselves. The staff said they shared information regarding risks to people with the office and other members of the team, particularly if they had shared calls. They told us they knew people who used the service well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove any discomfort. There were accident and incident records kept that were regularly reviewed.

Staff safely prompted people to take medicine or administered it as appropriate. There were two levels of support, with level one addressing the needs of people who required prompting and level two those of people who needed medicine administered. The staff that prompted or administered medicine were trained and this training was updated annually. They also had access to updated guidance. The medicine records for all people using the service were checked by the agency and there was a risk assessment specific to medicine.

Is the service effective?

Our findings

People were involved in making decisions about the care and support they received, who would provide it and when this would take place. People said they rarely had issues with the timing of calls, length of stay and that staff met their needs well. They said that staff understood their needs and provided the type of care and support that they required in a way they liked. One person said, "I am always informed if someone is going to be late." People told us that they thought the staff were well trained and this enabled them to complete the tasks that were needed. One person told us, "In comparison with a previous agency I used this is so much better, everything I expected and more." Another person said, "The staff do everything I need."

Staff received comprehensive induction and on-going mandatory training. The induction was based on the 15 standards of the 'Care Certificate' and the expectation was that staff would work towards the 'Care Certificate'. On completing induction new members of staff were signed off when considered competent. Shadowing also took place as part of the induction process. Training was mainly classroom based and included areas such as moving and handling, safeguarding, infection control, medicine, food hygiene, end of life and health and safety. More specialist training was also provided for areas such as end of life care and equality and inclusion. Monthly staff meetings, bi-monthly supervision and annual appraisals provided opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans contained areas focused on peoples' health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. Staff advised and supported people to prepare meals and make healthy meal choices. Staff said any health concerns were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency worked closely with the hospital discharge teams and other community based health services, such as district nurses. One person said, "They make my meals and jolly good they are too."

People's consent to the service provided was recorded in the care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered how they wished. Staff had received training in people's behaviour that may put themselves and staff at risk and the procedure to follow if such behaviour was encountered. The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The agency carried out spot checks in people's homes that included areas such as staff conduct, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Staff had their work rotas updated weekly.

Is the service caring?

Our findings

People felt that staff treated them with dignity and respect. They were listened to by staff and their opinions were valued. Staff provided them with support in a friendly, thoughtful and compassionate way. One person said, "They really do care." Another person told us, "The staff are brilliant and I'm delighted". A third person said, "The staff are very kind and hardworking."

People told us the agency provided suitable information about the service it provided to enable them to decide if they wished to use it. The information outlined what people could expect from the service, the way support would be provided and the agency expectations of them.

Staff received training in treating people with dignity and respecting them and their privacy as part of induction and during refresher training. The importance of social engagement and interaction for people was emphasised, particularly as the visit by staff may be the only interaction they received all day. The agency operated a matching staff to people policy, particularly for sensitive areas such as same gender personal care. This included staff skills that helped to meet peoples' needs and enhance their quality of life. The agency strove to provide service continuity so that people using the service and staff could build up relationships to further develop the quality of the service received and provided.

People using the service said they were fully consulted and involved in all aspects of the care and support they received. This was by staff who were patient, compassionate and friendly. People thought staff were prepared to make the extra effort to ensure their needs were properly met. Staff told us about the importance of listening to peoples' views so that the support was focussed on the individual's needs. The agency confirmed the tasks were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

When providing end of life care, the agency liaised with the community based health teams. The agency took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, on going training and guidance was contained in the staff handbook.

Is the service responsive?

Our findings

People and their relatives told us that the agency sought their views and they were consulted and involved in the decision-making process. This included before the agency provided a service. One person said, "The staff are polite, charming and meet my needs." Another person told us, "This is a service that does what it is supposed to unlike previous ones I have used." A further person said, "They do what I need." People said that the care they received was personalised to them and responsive to their needs. Staff enabled them to decide things for themselves, listened to them and if required action was taken.

Staff told us how important it was to get the views of people using the service and their relatives so that the support could be focused on the individual's needs. One staff member told us, "It is good that we do frequent reviews and checks to make sure people are getting the care they need."

Once an enquiry or referral was received by the agency, an assessment visit was carried out by the manager or a support supervisor. During this visit they checked the tasks identified and required by people. They agreed the tasks with people, to make sure they met the person's needs. This was to prevent any inconsistencies in the service to be provided. The visit also included risk assessments.

We saw office copies of people's support plans that were individualised and person focused. The manager told us that people were encouraged to contribute to their support plans and agreed tasks with the agency. People's support plans detailed the agreed tasks and provided staff with information that would help them to familiarise themselves with people and their needs. This included how they would like to be addressed, outcomes they want from the support plan, religious, cultural and personal preferences, communication, social activities and personal interests, important relationships and medical history. One person said, "They do check my plan with me." People's needs were regularly reviewed, re-assessed with them and their relatives and support plans changed to meet any new needs. The changes were recorded and updated in people's files that were regularly monitored. The support plans were reviewed a minimum of three monthly or more often if required.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. One person said, "No complaints, but if I did I know who to complain too."

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Is the service well-led?

Our findings

People were comfortable speaking to the manager, staff and were happy to discuss any concerns they may have which they felt confident would always be responded to. They told us there was frequent telephone communication with the office and they liked the fact that it was a small organisation that made the service a more personal one. Some people said that if there was a problem with staff or the timing of the support provided, that it was quickly resolved. One person said, "I was well advised to use this agency, the staff are resilient, resourceful and meet my needs." Another person said, "The manager is always very approachable." A further person told us, "They check to make sure I get the service I need."

The management team displayed open, supportive and clear leadership with staff enabled to take responsibility for their designated tasks. They described the agency's vision of the service, how it was provided and their philosophy of providing care to a standard that would be satisfactory for them and their relatives. The vision and values were clearly set out, staff understood them and said they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff told us the support they received from the management team and the office was what they needed and that they felt valued. The manager was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during monthly staff meetings. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. One staff member commented, "I love my job and working there."

The records demonstrated that bi-monthly staff supervision and annual appraisals took place and input from people who use the service, about staff performance was requested. This was to help identify if the staff member was person centred in their work. Records showed that spot checks also took place.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered the most important aspects of the service for them. The number of people using the service enabled the agency to have an individualised approach to monitoring the quality of their care. Quality checks took place that included spot check visits; phone contact with people and their relatives and a questionnaire. Audits took place of people's files, staff files, support plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.