

# SPM Quality Care Limited

# Caremark (Mansfield)

## 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?

Requires improvement



## Overall summary

We carried out an announced inspection of the service on 12 January 2016. Caremark (Mansfield) is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 79 people.

On the day of our inspection there was a registered manager in place. 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 were supported by staff who made them feel safe when they were in their home. Regular assessments of the risks to people’s safety were conducted and regularly reviewed. Care plans were in place to address those risks.

# Summary of findings

Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines.

Staff completed an induction prior to commencing their role and received regular supervision of their work. Staff felt supported by the registered manager and received regular training to enable them to support people effectively.

The registered manager was aware of the principles of the Mental Capacity Act (2005). People were able to make choices and staff respected their wishes.

People were encouraged to eat healthily and any excess loss or gain in weight was reported by staff to the registered manager. People were happy with the way staff supported them with their meals. People's day to day health needs were met by the staff. Before referrals were made to external health services this was discussed with people to gain their approval.

People told us they thought the staff were kind and caring, treated them with respect and dignity and listened to and acted on their wishes.

People were provided with the information they needed that enabled them to contribute to decisions about their support. People were not currently provided with information about how they could access independent advocates to support them with decisions about their care.

People's care records were written in a way that ensured their aims and wishes were reflected throughout. People's records were regularly reviewed. People and their relatives where appropriate, were involved with planning the care and support provided. People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

The registered manager led the service well and understood their responsibilities, however, they had not had not always ensured the CQC were notified of incidents that had occurred.

People and staff spoke highly of the registered manager. There were a number of processes in place to gain the feedback of people and staff in order for the service to develop and improve. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

# 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.

People were supported by staff who made them feel safe when they were in their home.

Regular assessments of the risks to people's safety were conducted and regularly reviewed.

Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role.

People were supported by staff who understood the risks associated with medicines.

Good



### Is the service effective?

The service was effective.

Effective induction, training and assessment processes were in place to ensure staff provided effective care. Staff felt supported by the registered manager and received regular training to enable them to support people effectively.

The registered manager was aware of the principles of the Mental Capacity Act (2005). People were able to make choices and staff respected their wishes.

People were encouraged to eat healthily and maintain a balanced diet. People were happy with the way staff supported them with meals.

People's day to day health needs were met by the staff.

Good



### Is the service caring?

The service was caring.

People thought the staff were kind and caring, treated them with respect and dignity and listened to and acted on their wishes.

People were provided with the information they needed that enabled them to contribute to decisions about their support.

People were not currently provided with information about how they could access independent advocates to support them with decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People's care records were person centred and the records were regularly reviewed.

Good



# Summary of findings

People and their relatives where appropriate, were involved with planning the care and support provided.

People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

## Is the service well-led?

The service was not consistently well-led.

The registered manager had not always ensured the CQC were notified of incidents that had occurred.

People and staff spoke highly of the registered manager.

Processes were in place to gain the feedback of people and staff in order for the service to develop and improve.

There were quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

**Requires improvement**



# Caremark (Mansfield)

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 reviewed information the provider had

sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted a local authority who funded some of the support people received for their feedback about the service.

Prior to the inspection we sent questionnaires to 50 people who used the service to gain their views on the quality of the service they received. We received 11 responses, plus one from a relative who completed the survey on behalf of their family member. We also received responses from 5 members of staff.

At the provider's office we reviewed the care records for four people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with two members of the care staff, the assessment coordinator, care coordinator and the registered manager.

After the inspection we contacted some people who used the service and some relatives or carers for their feedback about the service. We spoke with 11 people who used the service and three relatives or carers.

# Is the service safe?

## Our findings

All of the people who responded to our questionnaire or who spoke with us told us they felt safe when staff supported them in their home. One person said, “They [staff] make sure my bath water is the right temperature. I know I am safe.” Another person said, “I feel safe when they [staff] move me from the bed to the bathroom, they guide me.”

When people first started to use the service they were provided with information which explained to them who they could contact if they had any concerns about their safety or the safety of others or if they started to feel unwell.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns. All staff spoken with said they could report concerns to their manager, but also to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

A staff member said, “I am aware of the types of abuse and who to contact and speak with if I have any concerns for people.”

Records showed the registered manager responded quickly to any allegations of abuse and reported those allegations to MASH. They told us that if action was needed; they amended care plans accordingly and if appropriate, would amend company policy and procedures to reflect the changes made.

Prior to the commencement of people’s care packages, the assessment coordinator visited people in their home and identified the risks that people may face within their own home. This included an assessment of the environment people lived in and their level of independence to undertake domestic tasks around the home. Care plans were then put in place to ensure staff were provided with sufficient information to enable them to support people safely.

The registered manager told us they encouraged their staff to support people in a way that did not restrict their freedom. The people we spoke with told us they felt able to carry out tasks independently of staff within their home, but felt reassured that if needed, the staff could assist them. A person who used the service said, “I have good and bad days they [staff] know I can do things sometimes, but not others. They know me.”

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. These were completed by staff and then reviewed by the registered manager. Some of the documentation contained detailed recommendations made by the registered manager to enable staff to support people safely. However not all of these forms had been reviewed. The registered manager told us they were aware of each incident that had occurred and made recommendations verbally to staff each day, but acknowledged that they needed to record this more consistently on the documentation.

People told us they were supported by sufficient numbers of staff to keep them safe. We asked staff whether they thought there were enough staff to ensure people were supported safely and whether they had the time during calls to do what they needed to. One staff member said, “We have enough time to do what we need to do, although I would like to be able to spend a bit more time sitting and talking with [people who use services].” Another staff member said, “On the whole I get enough time to do what I need to do to support people safely.”

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on a prospective staff member’s suitability for the role had been carried out. We checked the recruitment records for four members of staff. Their records showed that before they were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the manager in making safer recruitment decisions.

## Is the service safe?

We asked people if staff supported them with their medicines. The majority of people told us they managed their medicine but staff asked them if they had taken them. One person told us staff did support them. They said, “They stand and wait for me to take them.”

People were supported by staff who understood the risks associated with medicines. The staff we spoke with could explain how they supported people safely with their medicines. One staff member said, “I remind people to take their medicines and encourage them to take them. The care plans give me very clear guidance on how to support people with their medicines if they need it.”

Staff had received the appropriate training to administer medicines safely and their competency in doing so was

regularly assessed. Regular spot checks were carried out to ensure that where they supported people with their medicines staff did so safely. Checks were also carried out to ensure that the stock levels of medicines were correct.

The registered manager told us that where staff were responsible for the administration of people’s medicines, medicine administration records (MAR) were used to record when a person had taken or refused their medicines. They told us the records contained a photograph of each person to aid identification, and a list of people’s allergies. These records were not available for us to view during the inspection as they were stored in people’s homes, then, when they were returned to the office, were reviewed and archived. The registered manager assured us that the records were appropriately completed.

# Is the service effective?

## Our findings

The majority of the people and the relatives we spoke with, or responded to our questionnaire, told us they thought the staff who supported them or their family members had the skills, knowledge and experience to support them in an effective way. One person said, “I receive an excellent, professional service, first class. It could not be better.” However a small number of people raised concerns that not all of the new staff, when they first commenced their role, understood what was required of them.

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. We saw plans were in place for all staff to commence a new nationally recognised qualification called the ‘Care Certificate’. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager told us all new staff would commence this qualification and it would then be offered to all other staff.

A comprehensive training programme was in place to ensure that staff received the appropriate training for their role in order to provide people with effective care and support. Records showed that staff received training via e-learning as well as some classroom based training. Training had been completed in areas such as moving and handling, medication, food hygiene and safeguarding of adults. The training records showed at the time of the inspection training was up to date for all of the 37 staff and management. The staff we spoke with told us they felt well trained.

The staff we spoke with told us they felt supported by the management team. This included being offered the opportunity to complete external qualifications such as diplomas in adult social care, but also via regular review and supervision of their work. One staff member said, “I have supervisions about every three months, but if I have any problems in between then, I can raise it with my supervisor or the manager.”

We reviewed staff records which showed they received regular supervision and assessment of the quality of their work. Records showed that where areas for improvement or development had been identified this had been discussed with the staff. The registered manager told us it was also an opportunity for staff to discuss any concerns they had with their role or if they wanted to discuss the support they provided for people. This process ensured that staff provided people with consistent and effective care and support.

The majority of people told us that they had the same staff member at their home each day. Others also told us that although this had not always happened improvements had now been made. One person said, “Initially I was not happy to have different carers every day, but this seems to have settled and I now have one or two which is much better.” The majority of people told us that staff stayed for the allotted time each day and arrived on time. One person said, “If they are going to be a bit late they let me know.”

The registered manager told us they tried to ensure that people were not provided with a member of staff whom they had not met before. They told us they regularly reviewed their staff allocation processes to ensure that people received who they wanted, when they wanted. Whilst the majority of people were happy with this process one did raise concerns that this had not always happened.

People told us they were given choices and staff respected their choices. One person said, “They [staff] help me with whatever I choose.”

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 interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

In each of the care records that we looked at we saw reference had been made, where needed, to the MCA. The registered manager told us that the people they supported were able to make decisions for themselves, but if staff felt that they were unable to do so, they had been instructed to inform them to enable the appropriate MCA assessments to



## Is the service effective?

be completed. Training records showed that all except three of the staffing team had received MCA training. The staff we spoke with had a good understanding of the MCA. One staff member said, "I ensure I always give people choices, I would never make a decision for someone they didn't agree with."

People spoke positively about the support they received with their meals and with buying and preparing food. One person said, "They [staff] do my shopping I give them a list. I choose my meals and they prepare it for me." Another person said, "They [staff] open jars for me."

People's dietary requirements and guidance for staff to support people with following a healthy diet were assessed and recorded within their care records. The registered manager told us that staff had been advised that if they had any concerns about a person who had lost or gained too much weight, then this should be referred to them. They told us they would then request input from an external professional such as a dietician.

People were supported to maintain good health. People who used the service and relatives we spoke with did not raise any concerns about how care workers supported them to maintain their health.

The staff we spoke with gave examples of how they had supported people with their health needs. They told us they recorded people's day to day health in their daily records. If they noticed that there was a regular occurrence that caused them concern this was then reported to the registered manager. We looked at a number of these records and saw they were completed each day and included reference to people's well-being. The registered manager told us they would discuss their concerns with the person and if they agreed, then referrals to external healthcare professionals were made.

# Is the service caring?

## Our findings

The people we spoke with and who responded to our questionnaire told us staff were kind and caring. One person said, “They [staff] are caring they make my bed how I like it and put my cream on.” Another said, “They [staff] are very good, they can’t do enough. They always ask if there is anything else, I am happy.” Another person said, “They [staff] are so caring they encourage me to do what I can, I’ve never had it so good.”

The majority of responses we received from people stated that they were happy with the care they received from the staff. Records showed that staff had been provided with information such as people’s personal preferences and important events from their life, which they could use to form positive relationships with the people they cared for. A person who used the service said, “I have a regular carer she knows me well and knows what I have difficulties with. She knows my capabilities as well. We are a team.”

Staff spoke positively and knowledgably about the people they cared for. They understood people’s needs and their likes and dislikes. A member of staff said, “It’s so important to get to know the person, it helps you build a strong relationship with them.”

People’s care records showed that their religious and cultural needs had been discussed with them. The registered manager told us they asked people whether they required any additional support from staff in following their beliefs and if they did, plans would be put in place to do so. They gave us an example where a person had asked for a member of staff who shared their religious beliefs. This was provided for them.

There were processes in place that ensured people were provided with information about their care which enabled them to be involved when decisions about the care were made. In each of the care records that we looked at there were examples where people’s care and support needs had been discussed with them, and where changes had been requested, they had been implemented. There were also more informal approaches to involving people. ‘Telephone monitoring’ processes were in place. These processes enabled the office based staff to obtain a quick snapshot of

people’s views on the quality of the care and if they were not happy, what could be done to improve things for them. A person who used the service said, “They call me to check everything is going well.”

In each of the care plan records that we looked at we saw there was guidance for staff to assist them when communicating with people who may be living with a mental health disability or condition such as dementia. The PIR, sent to us prior to the inspection, stated that plans were in place over the next twelve months for all staff to become ‘Dementia Friends’. The Alzheimer’s Society’s ‘Dementia Friends’ programme is an initiative to change people’s perceptions of dementia. It aims to transform the way the people think, act and talk about the condition. The registered manager told us they saw this as an effective way to ensure staff were provided with the additional skills they needed to care for people living with dementia effectively and respectfully. Staff had also received dementia training.

Information was not currently available for people about how they could access and receive support from an independent advocate to help them make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager told us they would add this information to people’s care records.

The majority of people who responded to our questionnaire, and all of the people we spoke with during our telephone interviews, felt staff treated them with dignity and respect. One person said, “[Staff] are very good, they give me and my husband our showers and they are respectful.” Another person said, “[The staff member says to me] ‘I class you as my grandma’ and I say ‘I class you as my daughter.’” Another person said, “They leave the bathroom clean and tidy just how I like it.”

The staff we spoke with all spoke respectfully about the people they care for. One staff member said, “We are visitors in their home. We are there to support them in any way they want us to.”

People’s care records contained guidance for staff on how to maintain people’s dignity when supporting them with their personal care. The staff we spoke with were able to explain how they ensured they treated people with respect and dignity whilst maintaining their human rights. The

## Is the service caring?

records also advised staff on how to encourage people to be as independent as they wanted to be when receiving support with their personal care. A staff member said, "We encourage people to be as independent as they can be."

People's records were handled in a respectful way within the provider's office. Records were stored in a locked room and away from visitors to the office. This maintained people's right to privacy.

# Is the service responsive?

## Our findings

All of the people who responded to our questionnaire told us they felt involved when decisions about their care were made. We asked people during our telephone interviews whether they had seen their care plan, and, when they started using the service, whether the content was discussed with them. We received mixed feedback from people. One person said, “The set up was very good we had a meeting and discussed the care plan.” However others stated they were unsure whether they had a care plan in place.

In each of the care records we looked at we saw they were written in a person centred way. They included documents for each aspect of people’s care that focused on what people wanted to achieve, how they would like to be supported and their long term goals. Records showed that these were then discussed with people to assess what progress had been made and if any changes were needed. Some of these documents had been signed by people to say they had contributed to and understood each aspect of each care plan.

People’s care records contained information about their personal preferences and how they would like staff to support them with their personal care. People did not raise any concerns with us about the way staff supported them. People’s care records also contained guidance for staff on how to support people who required support with managing a condition or illness they were currently living with. For example we saw a person was currently living with diabetes and guidance was provided for staff to support the person with making healthy food choices to reduce the risk of them having a hypoglycaemic or hyperglycaemic seizure. These occur when a person has a high or low level of sugar or glucose in their bloodstream. However, the guidance did not advise staff what they should do if a person had one of these seizures. Training for staff had also

not been provided. We raised this with the registered manager. They acknowledged that more needed to be done to ensure staff had the appropriate guidance and training and told us they would rectify this immediately.

Regular reviews of people’s care were conducted. The majority of people who responded to our questionnaire stated that if they wanted a member of their family to attend the review with them, then the registered manager ensured they were able to.

The registered manager told us staff would try and support people with their hobbies and interests if they required it, although due to the type of service provided, opportunities for staff to do so was limited. However, information was provided within each person’s care records about their interests to enable staff to discuss them when they supported people in their homes.

People and their relatives were provided with the information they needed if they wished to make a complaint. In the provider’s statement of purpose, given to each person when they first started using the service, reference to the complaints process was included.

Approximately two thirds of the people who responded to our questionnaire told us they knew how to make a complaint. The people we spoke with told us they felt confident that if they made a complaint that it would be dealt with appropriately. One person told us when they had made a complaint; they were listened to and was now very happy with their care. Another person said, “They are very nice in the office I have no worries to ring them if I have a problem.” Another person said, “Yes I would know who to speak to if I had a complaint.”

Staff could explain what they would do if someone made a complaint to them. They all felt that the registered manager would act on any concerns raised.

We looked at the service’s record of complaints and saw they had been dealt with in a timely manner.

# Is the service well-led?

## Our findings

Registered persons are required to notify the CQC of certain changes, events or incidents at the service. Records showed that we had not always been notified appropriately. We reviewed the provider's records and found three statutory notifications that had not been sent to us. The submission of these notifications is important as it enables the CQC to assess whether a service is taking, or has taken, appropriate action when there is an allegation of abuse or if a person has been seriously injured. We discussed this with the registered manager. They acknowledged their process for submitting these notifications had not been followed. After the inspection they informed us they had put a new process in place to ensure this did not occur again.

The majority of people who responded to our questionnaire told us they had been asked for their opinions on how the service could be improved. A person we spoke with said, "I get questionnaires occasionally about my care." The registered manager told us obtaining people's feedback was important in ensuring that the service continuously improved. The use of questionnaires and telephone calls as well as regular visits to people's homes, enabled the registered manager to take into account people's views when developing the service.

The registered manager told us they operated in an open and transparent way and welcomed the views of their staff on how to improve the service. Regular staff meetings were held. The majority of the staff who responded to our questionnaire felt their views were valued.

The registered manager told us a regular newsletter was provided for staff and people who used the service. This was used to inform them what was happening in the service and also to provide feedback on the latest round of questionnaires. We looked at the latest result of the questionnaire and the majority of responses were positive. The newsletter also stated that the registered manager was a regional finalist in the 'Great British Care Awards 2015' in the 'Homecare Registered Manager' category.

The care staff were aware of the organisation's whistleblowing policy and felt able to report these concerns with the knowledge they would be acted on. One

member of staff said, "If I had any concerns I would report them immediately, if things were really serious I'd report it to an outside agency, like the CQC, but thankfully I've never had to do that."

The staff we spoke with had a clear understanding of the provider's values and aims for the service and how they used them to provide people with a high standard of service. One staff member said, "It is about giving people choices and promoting their independence." Another staff member said, "The aim is to provide people with excellent care and to promote and encourage their independence."

Staff were aware of their roles and responsibilities. They were held accountable for the decisions made and outstanding performance was rewarded via the 'Care worker of the month' scheme. The registered manager told us this scheme was for staff who had, "Gone above and beyond what was expected."

The majority of people spoke highly about how the service was managed. People told us they were aware who the registered manager was. One person said, "I know the manager well she came at the start [of my care package] and we discussed my needs." However one relative we spoke with told us they had concerns with the way they had handled a concern they had raised about their relative's care.

Staff spoke highly of the registered manager. One staff member said, "She is the best manager I have ever had. She is always there when I need her. She is really supportive, is always very helpful and nothing is too much trouble." Another staff member said, "The manager is brilliant. There is a really open atmosphere here. You can discuss anything with her."

The service had quality assurance systems in place that monitored the quality of the service people received to ensure people received the care they wanted in a safe way. Regular reviews of care plans and staff performance were some of the ways the registered manager monitored the service.

There was a system in place that monitored all visits by care workers and ensured the office staff and the registered manager were aware if staff were late or missed a call. This demonstrated that the provider was able to monitor the quality of the service and take appropriate action when issues were identified.