

Williams CM Ltd

Caremark (Walsall & Wolverhampton)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 17 October 2017 and was announced. At the last inspection completed on 07 and 08 February 2017 we rated the location as 'requires improvement'. We found the provider was not meeting the legal requirements regarding the effective management and governance of the service in addition to submitting statutory notifications to CQC. A statutory notification is required by law where there is a significant event such as a serious injury or allegation of abuse. At this inspection we found the provider was meeting the requirements of the law although further improvement was still needed.

Caremark (Walsall and Wolverhampton) is a domiciliary care agency that is registered to provide personal care. The service supports people with a range of needs; including older people and people living with a disability or health needs. At the time of the inspection the service was providing support to 116 people who were living in their own homes.

The provider had recruited a new manager who was in post at the time of the inspection. They were not yet registered with CQC as 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.

We found improvements were being made to risk assessments and the recording of accidents and incidents to ensure people were sufficiently protected from harm. People had not always received their care visits at their preferred time or delivered by a consistent team of care staff. The manager was in the process of recruiting additional care staff to address this concern. We found poor records around people's medicines meant assurances could not be given that medicines were administered as prescribed.

People were supported by a care staff team who understood how to protect them from potential abuse. Pre-employment checks were completed prior to new staff members starting work.

People's rights were upheld by care staff who understood how to make decisions in the best interests of those who lacked capacity. Decisions made in people's best interests were not recorded. People were cared for by care staff who were supported in their roles. The skills of care staff were to be developed through newly enhanced training and development programmes.

People were supported to have sufficient quantities of food and drink that met their dietary needs. People's day to day health needs were met.

People were supported by a staff team who were kind and caring in their approach. People were supported to make choices about their care. People's privacy, dignity and independence were upheld and promoted.

People's needs and preferences were understood by care staff. People felt involved in making decisions

about their care and were aware of their care plan. People felt involved in reviewing their care needs. People were able to raise a complaint when required and received an appropriate response.

People were cared for by a service with a new management team who were committed to making the required improvements. Improvement plans were in place across the service to address areas in which the required standards were not being met. The manager was developing an open and transparent culture within the service and welcomed feedback provided during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not yet consistently safe.

Further improvement was needed to some risk management systems. People had not always received their care visits at their preferred time or delivered by a consistent team of care staff.

We found poor records around people's medicines meant assurances could not be given that medicines were administered as prescribed.

People were supported by a care staff team who understood how to protect them from potential abuse. Pre-employment checks were completed prior to new staff members starting work.

Is the service effective?

Requires Improvement ●

The service was not yet consistently effective.

The skills of care staff were to be developed through newly enhanced training and development programmes.

People's rights were upheld by care staff who understood how to make decisions in the best interests of those who lacked capacity. These decisions were not recorded.

People were supported to have sufficient quantities of food and drink that met their dietary needs. People were supported to meet their day to day health needs.

Is the service caring?

Good ●

The service was caring.

People were supported by a staff team who were kind and caring in their approach.

People were supported to make choices about their care. People's privacy, dignity and independence were upheld and promoted.

Is the service responsive?

Good 

The service was responsive.

People felt involved in making decisions about their care and were aware of their care plan. People felt involved in reviewing their care needs.

People were able to raise a complaint when required and received an appropriate response.

Is the service well-led?

Requires Improvement 

The service was not yet consistently well-led.

Improvement plans were in place across the service to address areas in which the required standards were not being met.

The manager was developing an open and transparent culture within the service and welcomed feedback provided during the inspection.

Caremark (Walsall & Wolverhampton)

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 17 October 2017 and was announced. We gave the provider 48 hours' notice of the inspection. This is because the service provides personal care to people living in their own homes; we needed to be sure the registered manager and staff would be available to meet with us. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with 14 people who used the service and seven relatives. We spoke with the manager, the provider and three care staff. We reviewed three people's care records. We also reviewed records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Is the service safe?

Our findings

At the last inspection completed in February 2017 we found improvements were required in the effective management of risk, reporting concerns, the timing of care visits, safe recruitment and medicines management. At this inspection we found improvement had been made although some further improvement was still required.

People told us they felt care staff would protect them from the risk of harm such as accident and injury. One person told us, "I always feel safe and they [care staff] really know how to use the hoist which helps make me feel safe". Another person said, "They [care staff] all know how to use the hoist and have never been rough when moving me". A relative told us, "I definitely feel my [relatives] are in safe hands with the carers". Care staff we spoke with could describe how they protected people from the risk of injury and accidents. We saw the new manager was making improvements to risk assessments and how actions required by staff to keep people safe were recorded. There were still some improvements required at the time of the inspection. For example guidance was not always in place for care staff around how to protect people from risks associated with their catheter. This was an area that people highlighted as requiring improvement. One person told us, "I have a catheter and I have had to phone the district nurses a couple of times as the carers hadn't got the bag hanging right". This could increase the risk of poor drainage or infection. The manager was also improving systems around the recording and review of accidents and incidents in order to ensure actions could be identified to reduce the risk of recurrence and make improvements within the service. We saw appropriate action had been taken following accidents or incidents that had arisen in order to protect people from harm.

At the last inspection people raised significant concerns about the timing of their care visits and the number of care staff completing their care. At this inspection we found improvements had been made although there were still improvements needed. People gave us mixed views about the timing of their care visits. One person told us, "The carers can be quite late but they do always turn up and they stay for the amount of time they are supposed to". Another person told us, "They are often quite late especially morning and evening which is difficult when I'm waiting to get up". A third person told us, "The two carers for each visit arrive together and are usually on time and stay for the allocated time. They phone in and out of the visit". A relative said, "They are usually on time and if going to be late they let me know". People told us they had received a high number of care staff covering their calls in some cases and would prefer more stability. We looked at the rotas for some of these people and saw the manager had already made improvements to ensure an appropriate number of care staff were working with each person using the service. Care staff told us they felt more staff were needed in the service. However, they told us the care staff were working well together as a team to ensure all care visits were covered while the management team recruited more staff. The manager had already made some improvements within the service and was improving the use of the electronic call monitoring system. This was to ensure they could monitor call times more effectively, identify areas of concern and make any required improvements. The manager had developed an action plan around the recruitment of new care staff to ensure sufficient numbers of staff were available to attend care visits and recruitment was underway. We saw the management team were adopting a 'hands on' approach and we were told by care staff that office based staff and the provider were also completing care visits to ensure

a safe service was being operated.

People told us they were happy with the support they received with their medicines. One person told us, "They give me tablets in the morning and at night from the blister pack I have delivered and there has not been any problem with this". Another person told us, "[The care staff put] my tablets into a little pot for me and give me a biscuit to help me with the taste after I've taken them". We saw improvements were needed to the recording of medicines administration. We found medicines administration records (MAR) and care plans did not contain all required information about people's medicines; including when and how it should be administered. We also found that medicines records were not always fully completed meaning the manager could not confirm if people's medicines had been administered as prescribed and needed. The manager had identified that improvements were required in this area and work such as further training in medicines administration and recording was planned and formed part of the action plan for the service.

We looked at how the manager was ensuring care staff were recruited safely for their roles. We saw a range of pre-employment checks were being completed including identity, references and Disclosure and Barring Service (DBS) checks. DBS checks allow employers to review a potential staff member's criminal history to ensure they are suitable for employment with vulnerable people. We saw the new manager had made some improvements around checking gaps in the employment history of staff members and ensuring references were sought from prior employers where appropriate.

People told us they felt safe with care staff and this view was supported by relatives we spoke with. One relative told us, "I know [my relative] is safe with them. She feels happy and comfortable and would soon let me know if there was anything she was unhappy with". Care staff we spoke with were able to describe signs of potential abuse and how they would report any concerns about people. Care staff were also aware of how they could whistle-blow if this was required. Whistle-blowing is where care staff may need to report concerns to organisations such as CQC, the local authority or the police. We found the manager was aware of incidents of concern and had reported these concerns to the local safeguarding authority and the police where appropriate. This had enabled investigations to be completed and plans to be put in place to protect people from further harm where required.

Is the service effective?

Our findings

At the last inspection completed in February 2017 we found improvements were required regarding seeking consent and the use of the Mental Capacity Act 2005 (MCA). At this inspection we found improvement had been made although some improvement was still required.

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

People who had capacity told us care staff always sought their consent prior to giving them care and support. One person told us, "They check with me when they come in, that I am feeling up to having a wash that day". Where people lacked capacity, we found the care staff were considering people's capacity, promoting choice and consent where possible and considering people's best interests when making decisions. However, decisions made in a person's best interests and the support they needed were not being recorded within people's care records. Care staff we spoke with understood the basic principles of the MCA. Staff could also provide examples of how they would involve others and consider people's past choices and preferences when supporting them with decisions. The manager confirmed they were aware of the requirement to ensure they were keeping a record of any assessments of people's capacity and how best interests decisions had been reached. They confirmed they would be implementing this improvement at the earliest opportunity. We will check this action has been completed at our next inspection.

People told us they were happy with the skills of their regular care staff although they felt skills needed to be improved across the wider care team. One person told us, "[Care staff's name] is my main carer and she is very good". Another person told us, "[Care staff name] is excellent... The other carer who fills in when my regular is away is not quite as good but she is learning". A third person told us, "[Some care staff] I think are well trained but the [others] less so". Care staff told us that training was in place although they felt some improvements could be made. One staff member said, "We do get regular training... It's slacked off a bit at the minute but that's due to staff shortages". Staff did however feel well supported by the manager and provider. They told us they were able to seek advice and guidance whenever needed and could discuss any issues that arose. The manager had identified improvements were needed to staff training and these improvements were underway. We saw further training was being delivered in areas such as medicines administration, the MCA and peg feeding (feeding through a tube into the stomach). We saw a new shadowing programme had been rolled out which meant new care staff were assessed as being 'competent' before they began to deliver care independently. We also saw this system allowed for less confident staff to request additional support and shadowing where needed. We saw where concerns about the competency of care staff were identified, appropriate action was taken by the manager to address any skills shortages and provide additional training and support.

People told us they were happy with the support they received with their food and drink. One person told us, "The carers heat my meals in the microwave and they ask me when they come in-'What do you want for your dinner?'". Another person told us, "[Care staff name] gives me my breakfast- She will make me whatever I want". A third said, "I have nothing to complain about at all. They are very helpful for example I tell them what I want for my breakfast and they prepare it for me". Care staff we spoke with could describe the dietary needs of people they supported. For example; where they were diabetic or required a soft diet. We found people were supported to eat and drink appropriately in line with their dietary requirements.

People also told us care staff supported them to meet their day to day healthcare needs. One person said, "I did fall and stub my toe and [care staff name] suggested that I see the doctor about it". A relative told us how care staff would make contact with them if they had any concerns about the health and well-being of their family member. We saw from care records that contact was made with health and social care professionals where required to ensure people's needs could be met.

Is the service caring?

Our findings

People told us they felt care staff were kind and caring towards them. One person told us, "They are very pleasant and they talk to me about all sorts of different things and ask me questions such as 'How is your family?'". Another person told us, "[Care staff name] chats with me about how I am feeling as I get a bit depressed with all the treatment I am having". A third person said, "I have arthritis in my shoulder and [care staff name] is very gentle with me and helps me dress". Relatives also supported the view that care staff were caring towards people. A relative told us, "[Person's name's] regular carers have a caring nature – you can tell they enjoy their job. Mum is very happy with them". Another relative told us, "[My relative's] regular [care staff] are very kind. One in particular- she really does care". A third said, "[Care staff] are fantastic- they really care. They don't just come in and do a job". Care staff we spoke with demonstrated a good understanding of people and the importance of people feeling valued, important and comfortable in their own home. One member of staff demonstrated a good understanding of how a person they supported felt low at times and how they could provide support to assist with this. Another member of staff recognised how people may at times feel isolated. They told us, "Some of the clients, it's all they see all day, the carers". They told us how they ensured they chatted with people to ensure they received some social interaction during care visits. The manager was supporting a caring culture within the service. We saw their new care observation programme included checks on how caring the staff were towards people; including how they supported privacy, dignity and the promotion of choices.

People told us care staff supported them to make choices about their day to day care. One person said, "[Care staff] are very good- they ask what they can do for me and give me choice. For example they ask me what kind of clothes I want out and do I want any changing". Care staff were able to describe how they provided choices to people. One member of staff told us how they supported people that may become confused when offered too many choices. They told us how they narrowed down the options and showed them examples of what they could choose from.

People also told us their privacy and dignity was upheld and promoted. One person told us, "[Care staff] always make sure they respect me and keep me covered when helping me wash". Care staff were able to provide examples of how they supported people in a dignified way. One member of staff said, "When dressing [people] or giving them a bath, always closing the door and put a towel around them". Another staff member said, "If they're [people] on the commode put a towel on their lap...stand outside the room". Staff gave an example of how one person's health condition meant they could shake and spill food which the person found embarrassing. Staff described the support they gave to make the person feel comfortable and protect their dignity.

People's independence was also maintained and promoted by care staff. A relative told us, "[Care staff] get all the stuff ready for [my relative's] wash and [they] support her to do what she can when washing herself. They don't rush her and help her to wash thoroughly". Care staff demonstrated a good understanding of how people's independence was promoted. One staff member told us, "We try to let [people] still have their independence...Let [people] do things if they still can"

We saw a range of compliments had been received from people and their relatives such as, 'I would like to thank you and the team for the kindness shown to [my relative] and I'. The relative named one staff member as having gone out of their way 'to be caring and considerate under sometimes difficult and challenging circumstances'. We saw the manager used compliments received into the service about the caring nature of staff in order to reinforce good practice and to boost staff morale.

Is the service responsive?

Our findings

At the last inspection completed in February 2017 we found improvements were required around the management of complaints. People did not feel their concerns were heard and responded to appropriately. At this inspection we found improvements had been made.

People told us they felt able to complain if needed. One person told us, "I would definitely feel very happy to complain if I needed to but at the moment I am happy with my carers. I would call [manager's name] who I think is the new manager". A relative told us, "Whenever I have complained they have sorted it out, such as when they have changed the carers". We saw the manager kept a record of complaints that were received, any investigations completed and the response sent to the complainant. We saw the responses sent demonstrated the manager took responsibility where appropriate and ensured any appropriate action was taken to make improvements where required.

People told us they were involved in decisions about their care. They told us they were aware that care plans were in place and said their needs were reviewed. One person told us, "[Care staff] are very friendly and helpful and do everything I ask". Another person told us, "I've got a blue folder and they write in it every time and they put down about the tablets and the laxido too". A third person said, "My care plan was reviewed last month and I do feel that they listen to me when they do that". A fourth said, "Last week [staff name], the supervisor came out and went through the care plan with me. She was lovely and made sure I felt included in everything but I'm happy so there was nothing to change". A relative told us, "They have been out to do reviews. On the last review we asked that they add that [person's name] needs to be prompted with the shower...they did and now the carers are doing this".

Care staff told us they felt they had sufficient information available to them to support people effectively. One staff member told us, "I can tell you about every single one of [the people I support]. I know them inside and out". Care staff told us improvements had been made to the communication between office based staff and the care team which was assisting them in finding out important information about people and meeting people's needs.

We saw the manager was making improvements to people's care plans in order to ensure care staff could access information about people's needs and preferences quickly and efficiently. We saw systems were in place to communicate any changes in people's needs and any concerns about individual people. We saw reviews of people's care were being completed and that people and their representatives were involved in these reviews.

Is the service well-led?

Our findings

There was no registered manager at the time of our inspection. The provider had recruited a new manager who was in post and had submitted an application to register with CQC. The manager had been in post for several months prior to the inspection and was driving improvements across the service.

At the last inspection completed in February 2017 we found the provider was not meeting the requirements of the law regarding the effective management and governance of the service in addition to the requirement to submit statutory notifications to CQC. We found quality assurance systems were not effective or completed in a timely way. Systems were also not in place to monitor risks within the service and to make any required improvements. At this inspection we found improvements had been made and the requirements of the law were now being met although further improvement was still required.

We found the manager was making improvements to auditing and quality assurance processes. As a result of these checks they had developed an action plan to address areas of improvement required across the service. The manager recognised the areas of improvement required and had plans in place to address these concerns. We saw the manager was in the process of implementing a new database to assist with the effective management of the service and to improve the quality of service provided to people. They were enforcing the use of electronic monitoring systems with staff to enable them to more closely monitor the time at which people received their care visits and make improvements. They were making improvements to medicines management, staff training and development and had restructured the office team. The manager was in the process of recruiting two further Field Care Supervisors and twelve care staff to assist with the planned improvements across the service. Many of these improvements were still in the early stages of development and therefore we will check these actions have been completed at our next inspection.

We found feedback surveys had been temporarily stopped while some improvements were completed. However, the manager was using other opportunities such as reviews of people's care and spot checks in order to seek the views of people using the service. We saw that where people raised concerns these were appropriately addressed and the manager ensured improvement was made. We saw that one person had raised a concern about care staff arriving too early for care visits. This had been addressed and senior staff checked the person was happy with the improvements made during a spot check being completed on care staff attending a care visit.

People told us they were aware there was a new manager in post. Most people knew who the manager was although they had not yet had the opportunity to meet with them. They told us they felt communication from the management team and office staff could be further improved. One person told us, "I think [the manager is] now a lady called [manager's name]". Another person said, "I don't really get to know about any changes from the senior staff but my carers will often let me know such as telling me about the new manager". A third person said, "There is no proper communication from the organisation but I get to hear things through the carers". Relatives also supported this view although we did also receive positive feedback about some staff changes. For example, a relative told us, "I've recently met [Field Care Supervisor name], I think she is new and was impressed with her she seems very efficient". The manager recognised that further

improvement was required with some communication systems and was confident that the recent changes to the office team, in addition to staff development and recruitment would help them make the improvements needed.