Dcapital Limited

Caremark (West Berkshire and Reading)

Inspection report

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Date of inspection visit: 17 March 2015
Date of publication: 08/05/2015

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

Overall summary

This inspection took place on 17 March 2015 and was announced. Caremark (West Berkshire and Reading) is a domiciliary care service and at the time of the inspection was providing personal care for 107 people living in their own homes.

At the time of the inspection there was a 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 2008 and associated Regulations about how the service is run.

People told us that staff treated them with kindness, dignity and compassion. People also said they were respected and involved in decisions about their care. Most people told us they had been asked for their views

Summary of findings

on the service. However, some people felt there could be more surveys carried out and two people said they had been told they would receive a visit from the manager to ask their views but this had not happened.

People using the service told us they were happy with the service they received from Caremark (West Berkshire and Reading) and felt safe using the service. There were systems in place to manage risks to people and staff. Staff were aware of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for them to use if they had any concerns.

People's needs were reviewed regularly and up to date information was communicated to staff to ensure they could provide appropriate care. Staff contacted healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The registered manager had a good knowledge of the Mental Capacity Act (2005) and staff understood their responsibilities in relation to gaining consent before providing support and care. New staff received an induction in line with the common induction standards (CIS), training and spent time with experienced members of staff before working alone with people. Staff received refresher training in topics the provider considered essential on a regular basis.

The provider's recruitment procedures were robust and there was a system to ensure people received their medicines appropriately. The quality of the service was monitored by the registered manager and the service was audited by the provider's head office. Staff were aware of how to deal with emergency situations and the provider had plans in place to deal with emergencies. This was to ensure people would be cared for in the event of foreseeable emergencies.

Staff felt well supported by the registered manager and provider and said they were listened to if they raised concerns. Staff felt there was an open culture in the service and they were comfortable to approach the registered manager or provider for advice and guidance. Complaints were addressed and action taken according to the provider's policy.

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?

Good

The service was safe. The provider's recruitment procedures were robust. Risks were assessed and plans to manage identified risks were in place.

Staff had received training in safeguarding. They demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

People were supported by sufficient staff with relevant skills and experience to keep them safe and meet their individual needs. Medicines were managed safely.

Is the service effective?

Good

The service was effective. People were involved in their care. They were asked about their preferences and their choice was respected.

People had their needs met and supported by staff who received relevant training. Staff met regularly with their line manager for support and to discuss any concerns. Staff sought advice with regard to people's health in a timely way.

Is the service caring?

Good

The service was caring. People told us they were treated with kindness and respect. People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care. Their spiritual and cultural needs were met.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and were involved in planning their care. Their care needs were reviewed regularly.

People were supported in a personalised way and their preferences were recorded and taken into account. People were asked to give feedback on the service and knew how to make a complaint or raise a concern if necessary.

Is the service well-led?

Good

The service was well-led. There was an open culture in the service. People and staff found the registered manager and provider approachable.

People were asked for their views on the service. However, some people felt more surveys should be carried out to gain people's views. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action taken when issues were identified.

Caremark (West Berkshire and Reading)

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 March 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by 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.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We also reviewed the 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 received feedback from one local authority quality and performance monitoring team.

During the inspection we spoke with eleven people who use the service. We spoke with five members of staff, the registered manager and the provider. We looked at records relating to the management of the service including eight people's care plans, policies, six staff recruitment files, training records, complaints log and accident/incident records.

Good

Is the service safe?

Our findings

People told us they felt safe when they were with the care workers. One person said, "Absolutely safe, they are wonderful." People also felt their possessions were safe. All staff had received training in safeguarding vulnerable adults and the provider had a policy for staff to refer to which included a flow chart for ease of reference. There was information on display in the office to remind staff of their responsibilities with regard to safeguarding people. Staff were able to tell us the signs that may indicate a person had been abused and described the actions they would take and how they would report it. One member of staff said, "I report anything of concern straight away, no matter how small." Another described how they observe people for changes in behaviour and said, "We are not selling candy, this is about people, it's so important." Staff were aware of the provider's whistleblowing policy and told us they could raise concerns and they felt they would be listened to and acted on. Staff told us they were aware they could raise concerns outside of the organisation if necessary and had access to relevant contact numbers.

The provider's recruitment processes were thorough and robust. Checks had been carried out to establish the suitability of staff to work with vulnerable people. These included establishing proof of identity, conduct in previous employment, physical and mental fitness and disclosure and barring service (DBS) criminal record checks. There were sufficient staff available to keep people safe. The number of staff required was determined by the needs of the people using the service. Adjustments were made to staffing levels when the required support hours and needs of people changed. The provider and registered manager told us there was on-going recruitment to enable the service to accommodate new requests to provide care. They explained how when they were asked to support a new care package their first priority was to ensure they have a staff team with the appropriate skills. During the inspection we heard the provider discussing and explaining to an enquirer how they could not accept care packages if they did not have a suitable team available to provide the care.

The provider had a robust medication policy which was reviewed annually. Guidance on safe management of medicines was available for staff to refer to in the staff handbook. All staff had received training in the safe management of medicines and their knowledge had been tested following the training both theoretically and practically. No member of staff was allowed to administer medicines until they had been assessed as competent by their line manager. Staff were monitored managing people's medicines by a field care supervisor (FCS) during spot checks to ensure they had retained the necessary skills.

Risk assessments were carried out for each person and reviewed regularly. Individual risks such as those associated with moving and handling and assistance with medicines had been assessed. The home environment was also assessed and risks identified were recorded. Staff confirmed they were informed of measures to be taken to reduce or manage the risks before they commenced working with a person. Staff told us they reported anything they thought had changed and could present a risk to the FCS to reassess if necessary. Changes to risks were communicated promptly to staff and changes recorded in the person's care file.

Appropriate plans to manage emergencies such as shortage of staff, bad weather and loss of utilities were in place. This gave staff direction to follow in such events and helped to ensure people's needs continued to be met during and after an emergency. The provider told us they used a red/amber/green system to identify the most vulnerable people, this enabled them to prioritise care needs in an emergency situation. Staff were familiar with the provider's policies in relation to emergencies that may arise in people's homes. They were able to describe the action to take in the event of an emergency. The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred.

Good

Is the service effective?

Our findings

People gave us mixed feedback when we asked them if they felt care workers were well trained. Some thought they were well trained and one person commented, "Well trained and skilled it's unbelievable." However other people felt care workers needed more training.

Staff received induction training when they began work and told us, "It was very good." They had completed mandatory topics considered as essential training by the provider. This training was refreshed in accordance with the provider's policy and there was a system which identified when each staff member was due to undertake refresher training. The computerised rostering system prevented staff being allocated to visits if their training was out of date. Staff told us they had received face to face classroom teaching, watched DVDs and undergone e-learning. One member of staff told us, "We are never sent to a call (visit) without proper training, we have training for special equipment or conditions." Staff said they felt confident in their role after receiving training.

New members of staff completed shadow shifts before visiting people on their own. During these shifts they observed an experienced member of staff working with people. They were then observed by the experienced member of staff carrying out their duties. The number of shadow shifts completed was dependant on previous experience and confidence. At the end of these shifts the competency of the staff member was checked and signed off by the field care supervisor. Staff were offered the opportunity to gain nationally recognised qualifications. One staff member had recently been promoted to field care supervisor and told us they had immediately been enrolled onto a level 5 Qualifications and Credit Framework (QCF) Diploma in leadership. Staff told us this training had increased their skills and knowledge in being able to support people and their care needs.

Staff had regular one to one meetings with their line manager and there was a system which ensured there was an on-going programme of planned meetings for each member of staff. These meetings provided an opportunity to discuss their work and one staff member said, "We have regular meetings, but I don't have to wait, I can go to the office anytime and they will listen to me." In addition to the one to one meetings, spot checks were carried out to check on the practical work of staff. When issues or concerns were identified they had been addressed with the staff member. Appraisals were completed annually and were used to review the previous year's work, identify development and training needs and plan for the following year.

The registered manager had a good knowledge of the Mental Capacity Act (2005) (MCA). The MCA legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. The registered manager was able to tell us how people's capacity was considered when making decisions about their care. They described how a decision would be made in a person's best interests if they were unable to make decisions themselves. Staff had completed training on the MCA during their induction and had guidance on the MCA to refer to in their staff handbook. People had been asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible people had signed their care plan to indicate their consent. Staff told us they sought people's permission before helping them with their personal care or supporting them to take their medicines. One staff member said, "I always ask people if they are happy for me to do things, I never assume."

Most people told us they were able to prepare their own meals. Staff told us when support was required it involved heating up ready prepared meals or making sandwiches snacks and drinks. They said they supported people to choose what they wanted to eat and drink before preparing it. All staff had received training in safe food handling practices.

The registered manager told us most people managed their own visits to healthcare appointments or were supported by their family. However, staff did contact people's GP or other healthcare professionals if they had concerns about a person's well-being. If the concerns were more serious they told us they would call for an ambulance.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Five people told us they thought the care workers were, "very caring." And another person said, "very much so" when asked if staff were caring. However, one person felt care workers, "just do their job." Staff told us how they provided support to people in a caring and compassionate way. One care worker said, "I always make sure people feel comfortable and explain what I'm doing." The care records we reviewed gave details of the support provided to people and suggested staff were caring, for example, "had a nice chat to see how [name] was."

People had consistent members of staff who visited them and they told us their visits were usually on time. The registered manager explained that when a care package was being planned they established a team of care workers with the required skills and matched them to the person needing care. This team visited the person on a regular basis ensuring continuity and consistency of care for the person. This also meant continuity could be maintained when one member of staff was on leave or off duty.

People told us that staff showed them respect and their privacy and dignity was protected. They told us that care workers made sure doors were closed and when necessary curtains were drawn. Staff said they checked with people to find out how they liked to be addressed and gave examples of how they provided privacy and dignity while supporting people with personal care. Such as, allowing privacy when people were in the bathroom whilst remaining close to ensure safety. One member of staff told us they made sure people were covered when receiving personal care, only exposing parts of the body when necessary. Care workers told us they supported people to maintain their independence and encouraged them to do things for themselves. One commented, "we are encouraged to help people do things for themselves even if it is only washing their face." Another said, "It's important for people to keep their independence, we try to help them do that."

The registered manager was the dignity champion for the service. He told us how the service listened to people and responded to make sure they respected the people who use their service. He said, "it may be something small to us but something big to a service user. We must always look at what the person wants." For example, one person had requested a particular member of staff become a regular member of the team who supported them. Records confirmed this had been done. The registered manager also told us how preference notes are made for each person. These notes gave guidance to staff, for example, "Don't talk about [event] as it may upset [name]."

People were involved with their care and made choices. For example, if staff felt people's care needs had changed this was reported to the field care supervisor and a review was planned. The changes were discussed with the person and if appropriate the person's family members and relevant health and social care professionals were involved. People's cultural and spiritual preferences were recorded and staff told us they supported people with them if they wanted them to.

Good

Is the service responsive?

Our findings

People had their care needs assessed before they received support from the service. This included their personal history, details of their social interests and the hobbies they liked to pursue. People told us they had been involved in making choices about their care. The assessment carried out led to the development of a care plan that was personalised and focussed on what people wanted from the service. People told us they had been given the opportunity to make choices about their care. One person commented, “Choices, most definitely.” Another said, “they do listen to what I want.”

Records showed regular reviews of people’s care plans were carried out at least annually but more often if their needs changed. For example, one person’s care plan had been updated to reflect additional care visits following an episode of illness. People were asked for feedback during their review meetings and the quality assurance spot checks carried out by field care supervisors. Records indicated where an issue was raised it was discussed and action taken if necessary.

Staff had up to date information about people and their needs. They told us they were informed of any changes promptly either by text message or notes added to their printed duty roster. For example, one staff member had received a note on their roster informing them that a change had taken place regarding the storage of a person’s medication. The note gave clear instructions on what the change was and when it took effect.

People confirmed they always received their visits and they were usually on time. Staff told us they always contacted people if they were going to be late. A field care supervisor confirmed that if a staff member could not attend a visit, for example, in the case of sickness or an emergency another member of staff was sent and the person was informed of the change. The service was flexible and people could request specific visit times or changes. These requests were recorded and accommodated if at all possible.

We were shown the provider’s complaints policy and the log of complaints received by the service. We reviewed the complaints log and found each complaint had been investigated and responded to in accordance with the provider’s policy. The registered manager told us they encouraged people to raise complaints if they were not happy with something. He said, “Unless we know about it, we can’t fix it,” and added, “if we make a mistake we will own up.” One complaint record indicated that following investigation it had been established that an error had been made in a person’s visit schedule. An apology had been given both verbally and in writing to that person. People told us they knew how to make a complaint and raise concerns. They said they would feel comfortable doing so and one person said they had a clear notice on their table with the agency’s telephone number if they needed to ring about anything. Staff were aware of the complaints policy and said it had been discussed during induction training. This meant they were able to support people to make complaints and respond appropriately.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post and there had been no changes to the manager since the service registered with the Care Quality Commission (CQC) in 2013.

The quality of the service was monitored by the provider, registered manager and the field care supervisors. Records confirmed people had been asked if they were satisfied with the service and if they would like to change anything. However, two people told us they had been told they would receive a visit from the manager to check things were alright but this had not happened. Other people felt there could be more spot checks and surveys carried out to make sure people are receiving the service they want. Audits of the service were carried by the Caremark head office and a report produced to indicate the performance of the branch. Following the last audit completed in February 2015 an action plan had been produced and the registered manager was able to show us how the actions were being addressed. Actions taken were reviewed at the following audit.

We received a mixed response from people when we asked them if they felt the service was well led. One person said, "It's well led absolutely. Everyone's so pleasant." Another said, "I am really pleased and it's very good value." However, other people did not feel the same and one person commented, "Now and again it is quite good." Staff understood the aims of the service which were detailed in staff handbook. One said, "everyone's different and needs to be treated as an individual" another described how maintaining people's independence is an important aim of the service.

The registered manager told us they maintained an open culture and encouraged staff to contact them for advice and support whenever they needed to. In addition staff were able to contact their field care supervisor to gain advice. During the inspection we observed a field care supervisor answer a call from a care worker. The care worker needed advice regarding the care of a person they were supporting. The field care supervisor was calm and reassuring and advised the care worker appropriately. An on-call system was operated to ensure support was available out of office hours. Staff told us they were able to contact the registered manager or a field care supervisor for support when necessary. They told us they found them approachable and felt they were listened to. They said they received regular communication from the office to inform them of any changes or updates and they could "just pop in" to the office if they wanted to and were always made to feel welcome.

Staff told us they had opportunities to say how the service could be improved and raise concerns during their one to one meetings with their line manager. They felt there was an open culture in the service and one said, "The team works well together." One staff member said they could go to the office and felt comfortable to make suggestions "anytime." They told us managers were "happy to discuss things." Staff meetings were held every week for office staff, the registered manager told us they had not had a full staff meeting recently as it was difficult to find a suitable time to gather all staff together. However, they were currently looking at a number of options to try to provide opportunities for staff to meet regularly and this was something they would be implementing in the near future.