

Costain Care Limited

Caremark (Thanet)

Inspection report

Unit A5 (Kent Telephones Building)
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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 ●

Summary of findings

Overall summary

We inspected this service on 23 November 2016. This was an announced inspection and we telephoned the provider two days prior to our inspection to ensure staff would be available to meet with us.

Caremark (Thanet) provides personal care support for 75 people who live in their own homes.

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 2008 and associated Regulations about how the service is run.

Some incidents which met the criteria for referral or discussion with the local safeguarding authority had been investigated locally but not reported as required. People and staff had some concerns about staff continuity and communication within the company. The provider and the registered manager recognised the need for improvement in these areas.

People's care was planned to meet their needs. Potential risks were identified and management plans were in place to guide staff on the best way to reduce the risks. Staff understood their role in protecting people from harm and poor care. There were recruitment procedures in place to ensure staff were suitable to work within a caring environment. People were supported with or given their prescribed medicines in a safe manner.

Staff had access to training to improve their knowledge of care and enhance their skills. Staff sought people's consent before providing care and supported people when they needed help with their decision making.

People received kind and compassionate care. Staff supported people to maintain their dignity, independence and privacy. Staff gained information about what was important to people so that they could provide care which met their preferences.

People were provided with information about raising concerns or complaints and were happy to speak with staff about their worries. People were given opportunities to share their views of the service and action was taken to reflect their comments. There were audits in place to monitor the quality of the service to identify where improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People's risks associated with their everyday care were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed to ensure people were supported to take what they were prescribed and there processes in place to monitor the accuracy of recording.

Is the service effective?

Good ●

The service was effective. Staff were supported to gain the skills and knowledge they required to care for people. Staff understood the importance of supporting people to make decisions. People were encouraged to eat healthily and staff ensured they had access to sufficient fluids.

Is the service caring?

Good ●

The service was caring. People and staff had developed good relationships and respected each other. Staff were kind and showed an interest in people whose needs they knew well. People were supported to maintain their dignity and privacy.

Is the service responsive?

Good ●

People's care plans reflected their preferences and staff understood what was important to them. People were aware of their care plans and could read and review them whenever they wanted to. People had been provided with information about raising concerns or complaints and felt they would be listened to.

Is the service well-led?

Requires Improvement ●

Some safeguarding concerns had been investigated but not referred to the local authority and the Commission as required. People and staff felt that communication could be improved. People were provided with opportunities to feedback their views on the service. There were quality monitoring systems in place which were used to drive improvements.

Caremark (Thanet)

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 announced inspection took place on 23 November 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff were available to speak with us.

We checked the information we held about the service and provider. On this occasion we had not 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 however we gave them the opportunity to tell us during the inspection. We also reviewed other information about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with ten people by telephone and five relatives to listen to their views on the service that Caremark (Thanet) provided. We looked at three care plans to see how care was planned to meet people's needs and if it met their recorded preferences. We spoke with one of the providers, the registered manager, the care manager and four members of the care staff. We looked at information relating to the management of the service including recruitment records to ensure that all checks were in place before staff commenced working with people in their own homes.

Is the service safe?

Our findings

The provider had systems in place to keep people safe. Everyone we spoke with confirmed that they felt safe and secure with the support they received from staff. One person told us, "Caremark staff make me feel safe" and a relative said, "I'm confident that my relation is safe when the carer's are here". Staff understood the meaning of poor care and how to recognise abuse. One member of staff said, "I know what to look out for, how to report if someone discloses anything to me or if I see something I don't think is right". We saw that staff reported incidents, accidents and concerns that people were receiving poor care to the registered manager and the care manager. This meant staff understood the importance of passing on their concerns.

People's risk of avoidable harm associated with their care had been identified and assessed. For example, we saw when necessary, that management plans had been put in place to ensure people were moved correctly and safely. People we spoke with told us staff were familiar with the equipment that was required to move them safely. One member of staff told us, "We have practical training on using the equipment to move people correctly". People's home environment was assessed to ensure that staff could provide their care in safe surroundings.

There were sufficient staff to meet people's needs. People we spoke with told us they received their visits as planned. A member of staff told us, "We're managing alright with the staffing we've got. For people who need a 'double up' call [two carers working together] we have a rota to ensure we know who we're working with". The registered manager told us that the number of people they supported had increased significantly since our last inspection which had led to the recruitment of additional staff. Another member of staff said, "It has been really busy but it's calmed down since they've employed new people". We looked at the recruitment files for five members of staff and saw there was a process in place to ensure staff were suitable to provide care to people in their own homes.

We saw that the provider had processes in place to support people with their medicines and check that staff kept accurate records of what had been given. We looked at the medicine administration records and saw they had been completed correctly. A member of staff told us, "We collect people's medicine records from their homes at the end of each month and check them and make sure they're filled in properly. The care manager does an audit so we pick up any problems". This demonstrated that records were reviewed and actions taken to ensure safe medicine practice.

Is the service effective?

Our findings

Staff were provided with training to care for people effectively. People we spoke with told us the staff were knowledgeable about them and their needs. One person told us, "I'm confident that the staff have been trained well". Another person said, "They know what they're doing, they're competent". Staff told us they completed online training and this was supplemented by some practical training to support their learning. One member of staff told us they were responsible for teaching staff how to move people correctly and said, "Moving and handling is my 'thing'. I don't let anything slip in the training or when I watch staff". This meant staff received support to gain the skills and knowledge they needed to look after people.

There was an induction procedure in place to support new staff. One member of staff told us, "My induction was really good, very constructive". We looked at the information provided to staff during their introductory period. We saw that information about key holding safety was covered in addition to all aspects of personal care. Staff told us they spent time working with more experienced staff until they were confident to work alone. This demonstrated that new staff were supported to understand their role.

There were arrangements in place for staff to review their performance and discuss their future development. Staff told us the supervision sessions also provided them with an opportunity to discuss any concerns they had. One member of staff told us, "You can talk about anything at all. The management are supportive and I'm encouraged to tell them my ideas".

People told us that staff gained their consent and provided them with choices before providing care. One person told us, "The staff encourage me to make choices". 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. Staff we spoke with were aware of the Act and what it meant. One member of staff said, "It's about people's right to choose and if they can't, doing what's right for them in their best interest".

People were provided with food that met their preferences and were offered sufficient drinks to maintain their wellbeing. Some people needed support with their meal preparation. One person told us, "I'm always asked what I would like to eat and drink and a relative said, "The carers always make sure my relation is left with a drink". People's food and drink preferences were recorded in their care plans. One member of staff told us, "One person likes to have their favourite snacks left close to them when we leave. We know exactly what they are". The information from the carer corresponding to information we read in the person's care plan which demonstrated that staff had a good understanding of people's food likes and dislikes.

Staff maintained relationships with other healthcare professionals. We saw that people were asked if they needed support with making routine appointments with their doctor and for their permission before staff were able to liaise on their behalf.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the staff and positive about the care they received. One person said, "They are very caring staff and can't do enough for me". Another person said, "All of the staff are very caring and understanding". People told us that staff showed an interest in them and listened to them. One person told us, "The carers and the office staff always listen to me and try and help me".

People's dignity was protected by staff who respected them. One person told us, "The staff respect me and my home". Another person said, "All of the staff show me respect and talk to me in a lovely friendly manner". Staff we spoke with knew people and their families well and were able to provide us with information about them to support this. People we spoke with told us that they had a care plan in their home and staff referred to it. One person said, "My care plan is in my home and the staff read it". One member of staff told us, "If I go into someone I don't know I always read the notes in their care plans for the last couple of visits to make sure I'm up to date. I believe in looking after people".

Staff demonstrated their concern for people's welfare. We heard a member of staff on the telephone to the office staff as they were unable to get an answer from a person they were visiting. A member of the office staff also tried to contact the person without success so drove to their home to check and confirm they were well; we heard them arrange for the member of staff to return to complete the visit.

People were involved in making decisions for themselves and planning their care. One person told us, "My care planning was sympathetic to my needs". Another person said, "The care plan is very good. I was involved in all the planning". The registered manager told us, "We always ring people after about a month to check they are happy with the care package they have in place". This demonstrated that people's views on their care were sought.

Is the service responsive?

Our findings

People's care and support was planned to meet their needs. People we spoke with said staff understood their preferences for care because they had been asked to provide the information before their care started. People told us they had been visited by a member of staff from the service to discuss how they would like to be supported. One person told us, "They listened to me and took note of my likes and dislikes". Another person said, "If I don't like something, they listen. I asked for a different carer and they changed them. It put my mind at rest". We saw people's care plans contained information for staff about their past life, health conditions and family relationships. We saw that care plans were reviewed regularly to ensure the care provided still met people's needs. People were asked if they wanted to have a member of their family or a friend to sit with them when their review was completed. One relative told us, "I'm involved in my relations reviews".

People who used the agency made comments that indicated the service was responsive to their comments and needs. These comments included, "I receive feedback forms to complete", and "They listen and always try and help". One person added, "They know how important it is for me to go out and they take me". This indicated that people's views and requests were listened to.

People and their relatives were supported to raise any concerns, complaints or compliments they had. One person told us, "If I have any complaints I call the office". Another person said, "I've not had any complaints but if I did I am confident that the office would help me". Both staff and people who used the service were provided with information to enable them to whistle-blow about the service if they wanted to raise concerns, anonymously if they preferred. A member of staff told us, "We have whistle-blowing information in our handbooks and people we visit have the same in their folders". This meant people and staff were supported to raise concerns.

Is the service well-led?

Our findings

Appropriate action was not always taken to inform the local safeguarding authority of incidents which occurred in the service. We read the log of incidents and accidents which had affected people. We saw there was an incident reporting system which staff used to describe what had happened and these incidents were investigated by the registered and care managers. However some of the incidents met the criteria for referral or discussion with the local safeguarding authority or us and this had not been done. We discussed this with the registered and the care managers who recognised that whilst staff had taken the correct action they had not fulfilled their responsibility to report as safeguarding concerns. The registered manager told us they would refresh their training to ensure this did not happen in future.

There had been a significant increase in the number of people receiving care and support and the number of staff employed since our last inspection. Staff told us that according to the company's handbook they would be introduced to new people when they started receiving care however one member of staff told us, "This doesn't happen and it should." One person told us, "Continuity can be a problem. I get a rota but there are lots of new staff". Another person said, "I think they should introduce new staff to me". Staff felt that communication within the company needed improvement to keep them up to date and inform them of changes which might affect them. One member of staff told us, "Communication could be better. Sometimes things aren't passed on". Another member of staff said, "Meetings would help with communication and would mean you could solve problems there and then". Staff told us they received text messages to alert them of short notice changes, for instance if someone was admitted to hospital and did not need to be visited. The registered manager and one of the providers told us they recognised that communication needed to be improved and said they had recently setup weekly management meetings.

People were asked to provide feedback about the service and support they required. People told us they were very happy with their care and felt it worked well for them. One person said, "I have received feedback forms to complete". Another person said, "Caremark is very open to listening to you". We saw that improvements were made in response to people's comments. For example, we saw that people had asked for the names of people working in the office and we saw that action had been taken on this.

The quality of the service was monitored. We saw that there was an audit programme in place which checked on the accuracy of people's care plans. The provider told us and staff confirmed that spot check visits were undertaken to ensure staff were providing the care which had been planned for people. Staff told us they were given 15 minutes travel time between calls and this could be extended if the journey regularly took longer. Confirmation of call visits was provided by people who signed to corroborate the time staff arrived and left their home however the provider told us they were looking at purpose built electronic systems to replace this. This meant the provider was looking at ways to improve the monitoring of the service.