Liberty Carers Limited

Caremark (Redbridge)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced comprehensive inspection took place on 21 March 2017. We gave 24 hours' notice of the inspection to be sure the service manager and other people we needed to speak with would be available. This was our first inspection of the service at its current location, where it has been registered since 2015.

The service is a domiciliary care service that provides personal care to people living in their own homes. At the time of our inspection there were 112 people using the service. The service is required to have a registered manager. The service had two registered managers 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.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they suspected any abuse or had other concerns. They were confident that the registered manager would address any these.

Risk assessments were undertaken and staff knew what actions they needed to take to keep people safe and minimise any potential risk of accident and injury. People were protected by the provider's recruitment process which ensured staff were suitable to work with people who need support.

Adequate staffing levels ensured that people received a consistent service from staff who they were familiar with, knew of people's individual circumstances and could meet their needs. Appropriate systems were in place regarding medicines management so that people were supported to take their medicines as appropriate.

Staff received induction training and the support they needed when they started work. This ensured that they did their job safely and they provided support to people in the way they preferred. Staff told us that they had received training that was required to meet people's needs and to keep them safe.

People and their families were involved in making decisions about their care and how it was delivered. People were supported and encouraged to make choices about all aspects of their care and support. Staff supported people, where required, to have drinks and meals that they enjoyed.

People were cared for and supported by staff who were kind and caring. Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks. The service had a system in place for receiving and responding to complaints. People who used the service and their relatives were aware of the complaints procedure and knew who to speak with if they had concerns.

Systems were in place to evaluate and monitor the quality of the service in order to make continuous improvements to the service.

People, relatives and staff had confidence in the management team and the service. People we spoke with told us that the quality of service was good and that the management were approachable and helpful. The provider had quality assurance processes in place to improve the service.

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.
Risks were assessed and managed in a way that promoted people's freedom and choice.

Staff understood their responsibilities in relation to safeguarding adults from abuse.

There were sufficient suitably skilled staff on duty to provide care safely and effectively. Recruitment systems were robust.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.
Staff were supported through learning and supervision to maintain and develop the skills they needed to perform their roles effectively.

People's rights were respected because staff worked in a way that was consistent with the requirements of the Mental Capacity Act 2005.

People were supported to manage their health and where their care package covered assistance with preparing and eating meals, to meet their nutritional needs.

Is the service caring?

Good

The service was caring.
People received care and support from a team of regular staff who knew and understood them.

People were treated with compassion and respect, and their privacy and dignity was upheld.

People were given the information and explanations they needed, at the time they needed them.

Is the service responsive?

Good

The service was responsive.
People's care and support was planned proactively in partnership with them and where appropriate, their relatives.

The service was flexible and responsive to people's individual needs and preferences. People and their relatives praised the care they received.

Is the service well-led?

Good

The service was well led.
People, relatives and staff were confident to raise issues of concern with the service, and when they did, these were openly and thoroughly investigated.

There were robust quality assurance processes in operation.

The management team led by example and were available to staff for guidance and support.

Caremark (Redbridge)

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 21 March 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the service manager and other people we needed to speak with would be available.

The inspection was undertaken by two inspectors and two experts by experience who conducted telephone interviews to seek people and their relatives' views about the service. 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 CQC held about the service. This included notifications about important events the provider is required to tell CQC about by law, and the result of interviews conducted by the expert by experience.

The provider had completed a Provider Information Return (PIR) in January 2017. 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.

During the inspection, we spoke with six care staff, the administrative and management teams at the office. We viewed ten people's care and medicine records in the office. We also checked records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records.

Good

Is the service safe?

Our findings

People and their relatives all had very positive feedback about the staff who worked with them. There were no concerns expressed about people's safety. Comments included, "Oh yes I feel very safe, they are very polite and caring." And, "Yes I am safe. They really do their best." Relatives told us "Yes [the person] feels safe, has the same carer whom [the person] really likes and trusts, they get on well and [the person] is happy with her." Another relative said "They look after my [the person] really well. They are tremendous and [the person] is totally safe with them. [The person] can be unpredictable at times but the staff know how to handle him.'

People were protected against the risks of abuse and neglect. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. All staff were trained in safeguarding adults (and children, when they supported children) as part of their induction, and annually thereafter as part of the Caremark mandatory annual training. Staff knew what to do if they were concerned about a person. Each care worker we spoke with told us they would report any concerns immediately to the office, record any pertinent information and knew who else they could report concerns to, such as the local safeguarding authority or the Care Quality Commission.

Risks associated with people's support were assessed and plans were in place to assist staff to mitigate those risks. We saw that each person's personal care and support records contained risk assessment documents which clearly outlined what staff needed to do to support the person safely. For example, we saw one person had been prescribed oxygen to help them to breathe, and their risk assessment included measures to ensure this was used safely.

The service also ensured staff were aware of the risks associated with providing support in people's own homes. People's personal care and support records included a risk assessment of the premises, with detailed information about hazards, strategies to mitigate these and information required in an emergency such as where the gas and water stopcocks were located.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Care staff reported accidents and incidents to the office or on call supervisor and recorded these on an accident/incident form. The forms were reviewed by the management team to ensure all necessary action had been taken to ensure people's safety. The provider's management team monitored accidents and incidents for any developing trends that might indicate the need for further changes.

Peoples' medicines were managed and administered safely. People's care records contained clear information about their medication needs and whether staff were responsible for administering prescribed medicines. Staff had annual training in administering medicines. The service had recently appointed a medication officer, a care worker who had additional responsibility pertaining to how medicines were administered by the staff of the service. The medication officer visited people's homes and conducted audits of the medicine administration system they had in place, such as checking all medicine administration

records (MARs) and checking that the stock of medicines held in the person's home matched the records. Comments included, "Yes I get help with my medication, the carer makes sure I take them and will record this too. I have a colostomy tube but they change the bags, they know what they are doing." And, "They visit me three times a day and I need a nebuliser for my breathing. They give me my tablets and I can take them myself, they watch me as I take them."

Missed visits were recorded, with the reasons why and action taken. The records showed four missed visits during 2016. Action was taken to reduce the risk of this being repeated. For example, monitoring staff members where this happened persistently to understand the reason why and take corrective action. Where staff were unable to gain entry when they turned up at people's homes, they had a clear procedure to follow to check people were safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. They had continuity through regular teams of care staff, who they said stayed for the full length of the call and generally arrived on time. Staff confirmed they were able to fulfil their responsibilities in the time allocated and said they were encouraged to tell the management team if not, in order that the care could be reviewed.

The service had recently changed its staffing structure to implement teams, based in a certain small geographic area to reduce travelling times between calls. To facilitate this, the service had developed a spread sheet noting the travel time between every home visited and used this to inform the staff rota. There was a computerised duty management system, which highlighted any calls not covered, for example due to sickness or leave. This was constantly monitored by the staff responsible for planning, who showed us there were sufficient staff during the week of the inspection to cover the gaps. Where necessary, staff worked additional hours or gaps were filled by relief staff, but no use was made of agency staff. As a last resort, office staff were trained in care and were able to support people.

Safe recruitment procedures ensured that people were supported by staff who were of good character and suitable for their role. Staff files included application forms, records of interview and appropriate references. Criminal records and adults barred list checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work in care.

Good

Is the service effective?

Our findings

People received individualised care and support from staff who had the skills, knowledge and understanding needed to carry out their roles. Comments included, "Yes they are very efficient and good at what they do." And, "'They do everything, I'm quite surprised at how good they are, they do whatever I ask them to do. It's not an easy job. I need help with my colostomy bag and hoisting me out of bed and into bed. The hoist needs changing properly and I don't think they get that much gratitude." Relatives told us, "[The staff member] takes her shopping, does her exercises, takes her out for a walk, she really likes her. We've asked that she only gets her, she's well skilled and well trained." Another said, "I can't fault them at all. They know what they are doing, they do his personal care and his meals and medicines.'

People were supported by staff who had appropriate training to meet their needs. The service had an induction programme for the staff, which involved two full days of classroom training and at least three days of shadowing more experienced staff. Each staff member completed the Care Certificate within a few months of starting work, and we saw that Caremark required staff to undertake mandatory annual training on topics such as moving and handling, medicines administration, infection control and first aid. Most of these topics also included a practical assessment to ensure staff were competent before providing care. The compliance officer kept a detailed training matrix which showed what training staff had completed and highlighted training that was due in the colour red.

We also saw that staff who supported people with complex needs had appropriate training in areas such as epilepsy awareness, challenging behaviour and diabetes awareness. The compliance officer told us that if staff did not complete the required training by the due date, they were not able to work until they had completed the training. A care worker said, "We get a lot of training, we're not asked to do anything until we can prove we are competent."

Records showed that most staff held relevant qualifications, such as the Diploma in Health and Social Care to level two or three. Where they did not already have such a qualification, the service supported them to attain one.

The service also supported staff through regular supervision and annual appraisal of their work. We saw that the staff had supervision meetings with their line manager around every three months, in which they discussed the support they provided to people and any areas of concern, their own learning and development and also provided staff with an opportunity for feedback and to present ideas they may have for improving the service. Most supervision meetings also included a spot check or observation of practice to provide feedback to the staff. They confirmed they were able to discuss any training needs or concerns they had about their work at scheduled supervision meetings with their line manager, or if they called in to the office to request support. Staff had an annual appraisal to review their performance in their role and consider their future development.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). The 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, and found that they were, most of the time. All staff had been trained in the MCA as part of their induction and annually thereafter as part of the Caremark mandatory annual training.

People and their relatives were involved in decisions about their care and it was only provided where they accepted this. The care staff and service manager had had training about the MCA. They recognised the importance of involving people as far as possible in decisions about their care and not assuming that living with dementia automatically rendered people unable to make decisions. They understood they could not force care on people. If people declined care, staff offered this again later; if people persistently refused, staff reported this back to the office, who would liaise with the relevant care professionals. Where there were concerns about people's mental capacity to consent to aspects of their care, mental capacity assessments and best interests decisions were made through the care management process.

Each person's personal care and support records contained a document titled 'consent form', which most people, or their appropriate representative, had signed. However, we noted that, of the 10 people's records we looked at, one contained a consent form that was signed by the person's relative, when their needs assessment and care plan stated they had "no capacity issues" and there was nothing in their records to indicate that the relative had legal authority to consent to care on their behalf. We recommend that the provider reviews their use of the consent form to ensure that only people who are legally authorised to do so consent to care on a person's behalf.

Where people received support with meal preparation and eating and drinking, people and their relatives we spoke with were happy with the support they received. Comments included, "Yes with all my meals. I have a choice, it's usually a ready meal which is heated up in the microwave." A relative told us "They really have [the person's] welfare at heart. [The person] has tremors which means they can't eat very well because of the shaking but the carers are great. They help [the person] to eat and make sure [the person] has enough to drink as well.'

People's changing health needs were monitored to make sure they were responded to promptly. Relatives told us the service contacted health professionals promptly if the need arose and kept them informed of this.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the caring nature of the staff and some talked about them in terms of going 'above and beyond' when providing care and support. Comments included, "They are very good, yes very much they are caring and respectful, they always help me." And,
"I am really looked after, I am happy." A relative told us "[My relative] is very happy. The carers are very good and kind. They work as a team and they do include family in that.'
We also observed staff in the office speaking with people and their relative on the telephone speaking in a clear, calm and friendly manner.

People had the same staff visit them, most of the time. The service achieved 93% continuity in 2016, which meant that 93% of visits were by the person's usual group of care workers. The service was proud to have achieved a continuity rate of more than 90% for each of the last five years. A relative told us, "Yes it's the same carer. We asked for a regular carer, due to dad's memory loss. They've been good with this. It's important that he knows who is coming, there is only a new carer when [staff member] is on leave."

The service provided people with a 'service user guide' when they started receiving support from the agency. The service user guide included the person's care plan and important information about their support, as well as information about the service such as contact details and a service structure chart, how to make a complaint, what they could expect from their care worker and fees payable.

The service also provided people with a quarterly newsletter to pass on information and any changes about the service, general tips such as safety advice and information about scams operating in the local area, and to introduce new staff.

Staff respected people's and their relatives' individual needs around privacy and dignity. Relatives talked about how the staff understood them as a family, respecting their needs as well as the needs of the person who was receiving care. People received a service from staff who were mindful of their privacy and dignity when providing support. One staff member told us, "When I am supporting a person with personal care, I always check to make sure the curtains are closed and, if they live with family, I use my body to shield them so they can maintain their dignity even with their family member present."

People were treated with kindness and compassion. Staff developed positive, caring relationships with the people they supported. One staff member told us "You get so attached to people, and them to you. It's how you interact with them – often they don't see anyone but us. You have to give them time to stop and chat, to develop and build those relationships." We saw that the management team facilitated positive relationships by reminding staff of the service's values and the importance of positive language. For example, one monthly newsletter for care staff reminded them that "If a client does not wish to take your support it is best to say they 'declined' rather than 'refused'."

Good

Is the service responsive?

Our findings

People told us that staff involved them in care planning so they could decide how they wanted their care and support to be delivered. People who use the service told us, "Yes there is a detailed care plan, it is reviewed and I am involved with this. It is looked at regularly. They do listen to me." And, "Yes there is one, someone from the office comes once a year to ask me questions and to see if everything is okay." Relatives told us, "Yes there's a care plan, it's checked every three or six months. [My relative] has mental health issues and learning difficulties, speech is not clear. So, I help, I make sure that I am listened to." And, "[The staff member] is very uplifting and positive, she's definitely good with mum. She's like a friend, open and honest and lifts mum's mood. Mum gets excited to see her." A staff member told us, "I would definitely recommend Caremark (Redbridge) to my friends interested in care work, and hope to find an agency like this when I eventually need support."

People's care and support were planned proactively in partnership with them and, where appropriate, their relatives. There was a thorough assessment of people's needs before they started to receive a service, information was sought from the person, their relatives and professionals involved in their care. Once the person's needs and interests had been identified, the service matched them with compatible and suitably skilled staff who worked in their locality.

People's needs were assessed when they were first referred to the service. Care and support plans were developed based on those needs. The provider had a 'three-day rapid response' system for people who were referred in an emergency. Records showed that assessments for these people were carried out quickly, within the three days stated by the service. Care plans were highly detailed, personalised and included people's preferences and wishes for their support. Care plans contained important information for staff, with especially important information, such as any allergies the person might have, highlighted within the care plan document in bold. Where people needed support with health conditions, care plans contained information for staff about the condition and any signs and symptoms they should be aware of. For example, when supporting people with diabetes, epilepsy or dementia, staff were aware of how to recognise the signs and symptoms of hypoglycaemia or hyperglycaemia and what to do if someone had seizure.

People's care plans also indicated the level of support they needed with each task, on a four point scale and promoted independence through clearly noting which tasks people did not need support with and how staff facilitated this. For example, one person's care plan stated they washed their face independently, and staff supported them by preparing a flannel, bowl of water and towel, and placing these within reach of the person.

Care plans were reviewed regularly and when people's needs changed. We saw that each person had a review within three months of receiving a service, and around every three months thereafter. A staff member told us they "always read the care plan and the daily notes, every shift, just in case anything has changed and to remind myself if they have any allergies or special needs."

Care provided resulted in positive outcomes for people. We saw that one person, who had support to

maintain their mental health as well as practical support for daily living tasks, had gradually increased their independence and was now living in a safer, less hazardous environment. A professional involved with their support told us, "[The person] has such a great relationship with their care and support worker, they have really made such a difference to their health and well-being."

The service had a system in place for receiving and responding to complaints. One of the registered managers told us, "We take complaints very seriously. We always try to reflect on complaints and learn from them." Complaint records showed that complaints were acknowledged and responded to, and action taken as a result. For example, refresher training had been identified as a need resulting from one complaint and this was now required annually. People who used the service told us, "I have no complaints at all, I am happy here, they check on me and help me to stay independent." And, "No I don't think so, nothing to complain about really, they are helping me and looking after me." Relatives commented "No complaints." And, "No complaints, we have not had any problems yet, mum's happy so far and I'm happy."

Good

Is the service well-led?

Our findings

People and their relatives valued the quality of the service. Comments included, "It's a good company, I would recommend it." And "I can call the office if I need anything. They will listen to me, they are good. I do ring the office and they do what I ask them to, I'll call if they are late or they will call me, it's mainly due to traffic." The registered manager told us, "Our approach to mistakes is to learn from them. There is no such thing as a perfect company."

Records were kept confidentially and were easily accessible when needed. The service maintained people's personal care and support records on a shared computer drive that was only accessible to the staff in the office. People's care plans and important information about their support, including their specific preferences, were available to the staff on the rota.

The registered managers had systems in place to check the quality of the service people received, and took appropriate action to improve the service when necessary. We saw that quality assurance checks took place at each review of a person's care needs, where the reviewing officer conducted an audit of the information in a person's home including their care plan and risk assessments, and daily notes. The compliance officer told us, "The quality assurance checks are signed off by me, once all of the actions are completed." We saw this was the case in the records we looked at.

There was also an annual survey for people who use the service and their relatives to provide feedback, as well as an anonymous annual survey for staff. We saw that the responses to the surveys were collected and collated by an external agency, who then provided the registered managers with a report. We saw that action was taken as a result of these surveys, such as producing and distributing a structure chart for the service, so people knew who was who when they phoned. The registered managers had also developed an 'improvement charter 2016', based on ideas from care staff about how to improve the service, and we saw that most of these ideas had been implemented and were now in place. One staff member said, "I like the work and I can challenge anything I think can be better, and they ask me for my ideas. I wouldn't like to work anywhere else." Another staff member told us, "They listen to us, are helpful and go above and beyond to support us."

Additionally, the service had a system in place for recognising the achievements of care staff. Each month there was a 'carer of the month' identified, who was mentioned in the monthly newsletter for staff and their photo placed on an achievement wall within the office. The registered manager also told us about how they managed compliments towards care staff, through "passing the compliment on and trying to make a big deal of it. We give carers lots of little incentives such as cards and vouchers to recognise their good work and achievements." There were other ad hoc awards for care staff as well, such as 'positive impact award' and 'most reliable team member', and we saw that the management team nominated staff for awards with broader scope than Caremark (Redbridge), such as the general Caremark awards and the Care Awards 2017, when they felt they had done something particularly noteworthy.

The registered managers ensured there were opportunities for professional development and promotion

within the service. They had recently changed the staffing structure to implement the role of 'team leader'. These were senior care workers who were responsible for the support received by the people living in a specific geographic area, and for managing and supervising those care staff working in that area. One team leader told us, "I like that I have taken some of that responsibility away from the people in the office, as they just had too much to do!" Most of the office staff had been promoted from within the service.

The registered managers were open to trying new ideas to see if they worked for the service. For example, Caremark head office had introduced a new set of forms for recording medicines. The registered managers found that these did not meet the needs of the people who used the service, or the staff, so they revised the forms to better meet people's needs. The new forms were being trialled at the time of our visit, and were much clearer and ensured staff knew who had taken what medicines and when.

The service operated an on-call system to provide support to staff and people who use the service outside of regular office hours. Responsibility for this was shared amongst the office staff. A staff member told us, "Yes, I have phoned the on-call. They always respond and are very helpful, even late at night. I have never been left feeling I am alone and with no support."

The registered managers had identified that recruitment of staff was a difficulty and this was more difficult at certain times of the year. As a result, they implemented a system of 'values-based recruitment', where applicants for care worker roles were assessed based on their values rather than their work experience, and changed their strategies for recruitment at the more difficult times of the year. A staff member who assisted with recruitment enquiries told us, "People are very surprised at the questions – they focus much more on who you are rather than what you've done. We use these as a screening tool and some people really don't like that as it's unusual and makes you reflect." One of the registered managers told us, "Staff retention has improved significantly since we changed our focus when recruiting." The service's values were clear and staff told us they appreciated this. A staff member told us, "I love the job, I adore it. We are all on the same page here, that you treat people as you want your mum or dad to be treated. Each person is an individual and unique."