

SVK Care Ltd

Caremark Hinckley Bosworth & Blaby

Inspection report

Unit A Best House, Grange Business Park
Enderby Road
Whetstone
Leicestershire
LE8 6EP

Tel: 01164291100

Website: www.caremark.co.uk

Date of inspection visit:
14 June 2016

Date of publication:
16 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 14 June 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care; we needed to be sure that someone would be in.

Caremark –Hinckley, Bosworth and Blaby is a domiciliary care agency that provides personal care to people in their own homes. On the day of our inspection the service was supporting 60 people.

The service had a 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 and associated Regulations about how the service is run.

People felt safe in their own homes. Call times were monitored to ensure that people received their care at agreed times.

The registered manager had assessed the risks associated with providing care in the home environment. Risk assessments were reviewed periodically in line with the provider's guidelines. Risk assessments were under review at the time of our inspection.

Staff understood how to keep people safe and report concerns if needed. Where concerns had not been raised at the time with relevant outside agencies the registered manager had identified this and notified them retrospectively. Staff had undergone relevant employment checks.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to do their role was regularly assessed.

Some people had the capacity to make decisions about their care and the support they received. These people were involved in the planning of their care and their opinions sought and respected. The service did not follow the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards DoLS), best interest decisions had not been made in line with the Act.

People were supported to maintain their health and wellbeing. They were promoted to take their medicines by staff. People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have sufficient to eat and drink.

People were treated with kindness and respect. People's independence was promoted and choice making encouraged. Staff knew people well and treated them with kindness and compassion. People received a consistent level of support.

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals. People were

involved in the planning of their care and their feedback was sought.

Staff felt supported by the manager. They were clear on their role and the expectation on them. Most people who used the service and staff felt that they could talk to the manager and had confidence that they would address issues if required. People told us that they knew how to make a complaint if they needed to. Relatives found the registered manager to be approachable.

The registered manager had implemented systems to monitor the provision of service. There were effective systems for gathering information about the service, identifying areas of concern and to drive improvement. The registered manager had taken action to address concerns.

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 felt safe. Staff understood how to keep people safe and report concerns. Call times were monitored to ensure that people received their care at agreed times. People were prompted to receive their medications however records were not accurately maintained.

Is the service effective?

Requires Improvement ●

The service was not effective

Staff had received all the training that they needed to carry out their role. The service was not working to the requirements of the Mental Capacity Act 2005. People were supported to maintain their health and wellbeing. People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring

Staff treated people with dignity and respect. People were supported to maintain their independence. People received a consistent level of care from staff who knew them well.

Is the service responsive?

Good ●

The service was responsive

People's support was centred on their individual needs. Care plans included comprehensive information about how people would like to receive their support. People contributed to their support planning and reviews. People told us that they knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well-led

Staff felt supported by the registered manager and were clear of their role and the expectation on them. There were systems in place to monitor the provision of service and effective systems

for gathering information about the service to drive improvement and resolve concerns identified.

Caremark Hinckley Bosworth & Blaby

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 checked 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.

We inspected the service on 14 June 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care for people requiring personal care; we needed to be sure that someone would be in. The inspection team consisted of two inspectors, one of whom made telephone calls to people who used the service.

Before the inspection visit the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the visit we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority who had funding responsibility for some of the people who used the service.

We telephoned eight people who were using the service as part of the inspection to ask them about the support that they received. We also spoke with four relatives of people who used the service. We spoke with three care workers, a field care supervisor and the registered manager.

We looked at the care records of three people who used the service, people's medicine records, staff training, staff recruitment files and other documentation about how the service was managed. This included policies and procedures, staff rotas and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us that they felt safe. A relative of someone supported by the service told us, "[Relative] is very safe, I'm confident."

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would go to the manager or someone higher, it's all in the hand book we were given." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided people using the service, relatives and staff, with details of how to report concerns and who to. Clear records were kept to evidence what actions had been taken when a concern had been raised. We saw that the registered manager had identified concerns and made the appropriate authorities aware. They had audited records and checked actions taken while they had been on extended leave when they suspected that concerns had not been addressed in their absences. This meant that people were protected from abuse.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that all the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed. The registered manager told us that they intended to audit all of the recruitment files to ensure that safe recruitment practices had been followed during a period that they had been on extended planned leave.

Most people told us that staff arrived at the agreed times to support them and stayed for the agreed amount of time or even longer. One relative told us that there had been times when staff had stayed for longer than they were expected to as their relative required additional support. They said "I know they go over their time, they always make [relative's name] a priority." Staff were given their rota in good time and were clear of the times that they were expected to provide care calls. One staff member told us, "They are quite good. You get your rota on time. It is emailed to me. You have to have a password to open it so it is secure." Call times were monitored to ensure that people received their care at agreed times. We checked the times that people should have their care calls against the log in times that staff had recorded and found these matched. This meant that people received their support at the agreed times and as expected.

We reviewed people's plans of care and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. These assessments enabled staff to identify risks to people's care and provided the guidance for staff to minimise the impact of these risks. We found that some risk assessments were specific to individuals and person centred, for example one required staff to check that a person's blanket was not on their pressure cushion as this would reduce the cushions pressure relieving qualities. People's risk assessments were in the process of being reviewed. The registered manager told us

that they planned to make improvements to the risk assessment process.

Staff were required to support people to take their medicines. The support that people needed to take their medication had been assessed and guidelines for staff to follow were recorded in people's care plans. We saw in one person's care plan that staff were given advice as to how to support someone who may refuse to take their medication. We saw that this was to be respected and gentle prompts to be offered later in the day. Staff told us that they were informed if there were changes to people's medications that they needed to be aware of.

Staff were required to record when they had prompted someone to take their medication. People confirmed this. We checked people's medication records and found that the records were not accurately maintained. We saw that on one occasion the record had not been completed. We made the registered manager aware of this and they told us that they would investigate what had happened. We were satisfied with the outcome of their investigation.

Staff were clear on the action they should take to response to accidents or incidents. One staff member explained what they would do if they discovered that a person they were supporting had fallen and injured themselves. We saw from the on call record that staff had contacted the on call staff member to inform them of incidents that had occurred. Accident forms were completed in line with the service policy. For less serious incidents these were recorded in people's daily notes.

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. One person said, "Staff are competent and know how to do their jobs." Another person told us, "The staff we have at the moment are high quality." A relative told us, "They know what they are doing." Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. Training included manual handling and health and safety training. We reviewed the training records and found that staff had received the relevant training. We saw that staff's understanding of the training materials used had been assessed. Staff were required to complete knowledge based evaluations after they completed training sessions to demonstrate their understanding. The registered manager was in the process of identifying where staff required refresher training and ensuring that they received this.

Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they supported people on their own. One staff member told us that they had completed practical training using a piece of equipment to support people with their movement. They said, "Once you have experienced the hoist yourself it gives you an understanding." We saw training records that confirmed this and records to confirm that staff had shadowed more experienced staff before they supported people on their own. New staff were required to complete induction workbooks to show their learning. We saw that some staff had received additional training to enable them to meet specific health care needs of people. For example where people had had an operation to help them with their bowel movements staff had received specific training around the management of this.

Staff had access to support at all times via an on call telephone. Records showed that staff used this system for support and advice. Staff confirmed this, one staff member said, "I would ring up and speak to someone if I had a problem." Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. During supervision meetings staff were asked to review their performance and any issues regarding the support of people who used the service were discussed. Their knowledge around safeguarding policies and procedures was also checked.

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.

The service had a policy regarding the MCA to guide staff and they had received some training on the subject. The registered manager told us that further training was planned. Not all of the staff members we spoke with had an understanding of their role in ensuring that people were supported to make their own decisions in line with the Act. We were told that one person's consent had not been gained with regard to the information about them being shared with their family. After the inspection the registered manager told

us what action they had taken to ensure that this person's capacity had been assessed and that best interest decisions were taken if required.

Where people had capacity to give it, staff gained consent from people. One staff member told us, "I ask." Another staff member told us, "I explain what I'm doing." We saw that some people had signed their own care plans to indicate that they agreed with the content and the support that they would receive. We discussed with the registered manager how they could further involve people in confirming their consent and the need to ensure that if people's capacity to consent was in question the actions they should take in line with the MCA. The registered manager told us that they would do this. After the inspection they contacted us with details of their plans to ensure informed consent is given. We were satisfied with this.

We saw that people were being supported to maintain good health. Health professionals were contacted in good time when required. One person confirmed this and said, "Recently the staff found me ill in bed, they called an ambulance and informed my [relative]. The staff member did a very good job." Another person who we spoke with told us that a carer had encouraged them to contact their doctor as they had not been feeling well for the last couple of days." Staff knew how to support people to access emergency medical support. One staff member told us that they had contacted emergency service when they arrived at a person's home to find they had fallen. The records that the service kept with regard to health professional input were clear. Staff understood the information within these records and used them to ensure that people received the medical care they required.

People were supported to have sufficient to eat and drink. Staff explained how they prepared meals for people and ensured that they were available to them. One said, "We always leave drinks for them." They told us, "I ask what they have had today and if needed encourage them to have a bit more." We saw that the food that people prefer to eat was recorded in their care plan to guide staff.

Is the service caring?

Our findings

People told us that they were treated with care and that staff listened to them and made them feel like they mattered. One person told us, "The staff are very caring and keep me well informed." One relative told us, "They are happy to help." Staff told us that they enjoyed providing support to people. One staff member said, "It's the best job I've ever had, knowing that I'm helping people."

People told us that staff always respected their privacy and dignity and do things in the way they prefer. One person said, "Staff are competent and do things the way you want them to." Staff members were able to tell us about how they ensured people's dignity was maintained. We saw that care records were written in a manner that was respectful and required staff to ensure people's dignity was promoted.

People were given choices about the care they received. Care plans made clear that staff should offer people choices and how best to do so. People's preferences were recorded. For example, around how often people wished to have their personal care attended to. Staff were aware that people had the right to refuse care or may prefer support to be delivered differently depending on their mood or health on a particular day.

People's independence was promoted. One person told us, "I am able to do as much as I can for myself." A staff member told us that supporting people was about, "Helping them care for themselves, get them to do as much as they can." Care plans made clear what people were able to do for themselves and the level of support that they required from staff.

Staff told us that they supported people at a pace that suited the individual and took time to listen and talk with them. One person told us, "Very good girls. They have done everything we wanted and have been a great help when we needed it." One staff member told us, "Just being there for a bit of company is important to some of them." One relative told us, "[Relative] feels comfortable with them." This meant that people felt that they mattered.

Staff knew people well and understood what was important to them. Staff told us that they had opportunity to meet with people before they were required to support them so that they could get a chance to know them. One staff member told us, "We are arranging a time when I can go out and be introduced." Senior staff employed by the service regularly met with people to check if the support they were receiving was as they wished it to be and if anything needed to change.

The provider had access to policies, procedures, information and care plans in a variety of languages or easy read versions that they were able to share with people whose first language was not English or for those who might require additional support to understand the information.

Is the service responsive?

Our findings

People were asked about the care that they needed and contributed to the assessment and planning of their care. One relative told us, "All of us sat and it was a discussion about how the day should go, how [relative] wants their care. They spent time sitting with [relative], they stuck to it." People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. People told us that staff understood their needs. One person said, "They know exactly what to do". A relative told us "They know how to look after [relative] very, very well." We saw that the level of detail in the care plans ensured staff had all the information they needed to provide care as people wished. Care plans made clear reference to risk assessments so that staff were made aware to follow these.

We saw that senior staff had met with people regularly to review the care that they received and check if it was meeting their needs. We saw that people's support plans had been changed as a result of these review meetings. The service had reviewed people's support needs and responded appropriately to enable people to be discharged back to their homes with appropriate care packages to meet their changed needs. We saw that there had been occasions where people had requested support at different times and this had not always been agreed. The registered manager told us that they were checking all of the reviews to see if all the actions that should have been taken had been and ensure that these were facilitated.

Staff were required to record the support that they provided in people's daily notes. One relative told us, "The notes reflect mums care." We saw that these records were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing, such as how much they had to eat or how much urine they had passed, staff were aware of the need to record these. These records were checked by senior staff at the service to ensure that they were accurate and completed as they should be.

People told us that they knew how to make a complaint. One relative told us, "If there was a problem I would speak to [Field care supervisor]." Another person told us, that they had raised a complaint about a lack of continuity in staffing. [Field care supervisor] went out to see him and had since taken action. For the last month they had continuity in staff members. However other people told us that they did not feel that the registered manager would take their complaints seriously if they made them. We were made aware that the registered manager was meeting with everyone who used the service to check if they were happy with the service and if there was anything that they were unhappy with. People were provided with the service complaints procedure when they started to use the service. Senior staff checked periodically that they knew where it was and that they could use it if required. We saw records that showed what action had been taken when a complaint had been made and that a full investigation had taken place and actions taken to address the concerns.

The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. It was not clear from the results of the survey what action needed to be taken to make improvements. We discussed the out comes with the provider who told us that they planned to make

changes to the way the results were presented and share these with people who used the service and their relatives. The provider also told us that they planned to implement a newsletter for people to provide information about the service to people in a different format and encourage feedback.

Is the service well-led?

Our findings

Most people told us that the service was well-led and had faith in the registered manager. One person said, "The manager is contactable and will listen and take action." A relative told us, "[Registered manager] is always checking. She has never let me down. "

Staff told us that they felt supported by the registered manager. We saw that there were systems in place to ensure that staff were offered support and reassurances in their duties. We were told that one staff member was offered a phased return to work after they had had an extended period of time off sick. This enabled them to return to their duties at a pace that suited them and aided their recovery along with reducing the likelihood of them needing additional time off in the future.

Staff had access to policies and procedures and understood how to follow them. The registered manager had ensured all staff had received the employee hand book. This was to make sure that staff were clear on their role and the expectations of them. Staff confirmed that they had received them. One staff member told us it provided guidance on, "What to do in certain situations and who to contact." Staff told us that they had been offered additional support after the person that they had been caring for had passed away.

The registered manager ensured staff meetings took place regularly. During these the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. The registered manager had called a responsive staff meeting to offer reassurance and support after they had identified that staff had a number of concerns to raise regarding a particular incident. The office staff met regularly. This was to support the smooth running of the service and ensured that the registered manager and senior staff were kept up to date with events that had happened.

The registered manager had implemented systems to monitor how staff provided care. People's daily notes were collected monthly and checked by senior staff members to ensure they were completed correctly. We discussed this time scale with the manager who felt that this was sufficient. This was because senior staff conducted informal checks of daily notes when they had visited. We saw that when these checks had identified where staff had not completed them correctly, action had been taken to address this with them. We identified where a check had not picked up an error in recording. We brought this to the registered manager's attention who reassured us that they would ensure that this was address immediately.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain events or incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about events and incidents that had happened. From the information provided we were able to see that appropriate actions had been taken. The registered manager had taken planned extended leave in 2015 and 2016. They had informed the Care Quality Commission (CQC) of their plans in line with the requirements on them. They had ensured management cover was in place in their absence.

During the registered managers planned leave some of the systems that had been in place to ensure smooth

running of the service had not been followed and as a result concerns had been raised about the service. The registered manager returned to their post sooner than they had planned and conducted a full investigation. The registered manager provided CQC with the outcomes of the investigation and told us what actions they had taken to address the concerns that had been raised. We were reassured by the actions taken and the registered manager's action plan to address issues moving forward. This included meeting with each individual person using the service and staff member to ensure that they were happy with the support that they received and to check if there were any further concerns that needed addressing. We saw that where appropriate people had been issued with a written apology.

The registered manager demonstrated that they were reviewing the service that they provide and were striving for continued improvement and development. They had asked the local authority to support them with regard to care planning and risk assessments when it had been identified that these could be more robust.

The provider had access to a regional support manager who visited the service regularly to audit the service's records and systems. They then produced an action plan for the registered manager to follow to ensure any actions required had been addressed. The registered manager was required to feedback important pieces of information about the running of the service to the provider, such as the number of support hours provided to people. The provider had demonstrated that they were committed to measuring and reviewing the delivery of care and effective quality assurance processes were in place.