

Caremark (Leeds)

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection was announced and took place on 15 April 2015.

Caremark (Leeds) provides domiciliary care services to people in their own homes in Leeds. At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with 16 people who used the service and several told us staff were often late or were unable to stay the full length of time allocated. There were various reasons for this including, traffic and having to stay longer

Summary of findings

at their previous call. Some people did not mind staff being late and others did. One relative had raised concerns with the registered manager; however, this was yet to be resolved.

Not all staff had received up to date appropriate training to enable them to deliver care and support to people who used the service safely. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Some staff had a basic understanding of the MCA 2005; however, others were unsure what it was. We found there was no specific training on MCA 2005 and staff we spoke with told us it was not covered in safeguarding training.

People who used the service and their relatives told us they felt safe with Caremark staff.

Medicines were administered as prescribed and the records we saw confirmed this. Staff told us they felt confident they were able to administer medicines safely.

Risks were identified in people's care plans and had been updated regularly. We saw evidence of changes to

people's care plans when there had been changes in people's health care needs. People were supported to maintain nutritional needs. People we spoke with told us staff were kind to them and said they were always treated with dignity and respect.

Care plans contained detailed information to assist staff in delivering care to people effectively. We found care plans were up to date and where possible had been written with input from people who used the service.

The provider had systems in place to monitor the quality of the service and people who used the service were given the opportunity to express their opinions of the service by completing surveys and telephone reviews.

During the inspection we identified some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

Staff often arrived late and on some occasions calls were missed.

Suitable arrangements were in place to ensure the right staff were employed at the service.

People who used the service and those acting on their behalf told us they had confidence in the staff that supported them and they felt safe.

Requires improvement



Is the service effective?

The service was not always effective. Staff training was not always up to date which meant they may not have the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard or to meet people's needs. Staff received effective induction, supervision and appraisal.

Mental Capacity Act (2005) legislation was not always taken into account when providing care to people.

People were supported at mealtimes to maintain their nutritional and fluid intake.

Requires improvement



Is the service caring?

The service was caring.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

People told us they were treated with kindness and consideration by staff.

People's privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive.

People's care plans reflected current information to guide staff on the most appropriate care people required to meet their needs.

Care plans had been reviewed as changes in people's circumstances had changed.

Most people were confident their complaints would be listened to, taken seriously and acted upon.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The provider completed a number of checks to ensure they provided a good quality service.

There were systems in place to obtain feedback from people, their relatives and staff.

Staff we spoke with said they felt very supported by their field care supervisors and some said they felt supported by the registered manager.

Caremark (Leeds)

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 was announced and took place on 15 April 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to speak with.

The inspection team consisted of two adult social care inspectors and an expert by experience in people living with dementia and older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visit we spoke with seven members of care staff, the registered manager and the compliance manager. We spoke with 13 people who used the service and nine family members. We looked at the care plans of five people who used the service and looked at documentation relating to how the service monitors the care delivered. Before our inspection we reviewed the information we held about the service and we contacted the local commissioning authority.

Is the service safe?

Our findings

A number of people told us care staff were late in reaching them. Some of the reasons we were given were; traffic problems and the previous person needed more help. Staff lateness would vary from a few minutes to half an hour. One family member told us there had been one missed call which they dealt with by attending to their relative themselves then reported the matter to the office. We received several comments about this subject, including; “It is ridiculous. The carer who comes here has to go six miles to her next call, no wonder she is late.” “It does not bother me her being late, I am not going anywhere, just stay in here. Sometimes she is late.” “When my carer is not going to be here at her usual time, then she gives me a ring and tells me she is going to be late.” “We get a rota with the times on but they don’t or can’t stick to it. I don’t grumble because she is so willing to help me” And “No not on time, the office don’t organise the travelling time needed to get from one person to another.”

We asked people if staff stayed for the agreed length of time, comments included, “No not always. They have to leave 20 minutes or so, early. They do their best and they are very good. They have to hurry around so they can get finished.” “If they get finished early then they go. I don’t mind at all.” “I am just grateful for the help I get. Sometimes they go early but they always ask if I need anything else before they leave.” “No she never goes early, always stays her full 45 minutes” and “She often goes early, I don’t like to make a complaint because I need the help and she does help me a lot.”

Staff we spoke with told us they were not allocated travelling time and whilst in some cases people’s calls were close together others were not and this often meant that staff were late for calls. Some staff told us they would always stay the allocated time and others said if they had completed everything the person wanted they would ask if it was ok to leave early. We were told the times they arrived and left were always documented. One member of staff said, “We are playing catch up all day.” Another member of staff said, “We have calls one after the other, we have no travelling time which means we have to cut the clients time down.”

We concluded this was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they felt safe. Everyone we spoke with told us they felt safe with staff who delivered their care. One person said, “Oh yes, lovely girls. I have never had any worries, or fear, of anyone who has come here to help me.” Someone else said, “No problems at all. I feel very safe with the girls” and “I have always felt well safe and protected by the girl who comes to help me.” A family member told us, “I would not have anyone go into mum’s home if I felt they would mistreat her in any way.”

Some members of staff told us they were up to date with safeguarding training, and others said they had not had safeguarding training for quite some time. The training records we looked at showed that some staff were overdue safeguarding training. Staff were able to confidently talk about the signs of abuse and what they would do should they suspect abuse had occurred. One member of staff told us about a situation where they had reported an incident to the manager. They said it had been referred to the local authority adult social care team and an investigation took place; they said at the end of the investigation the manager had given them feedback.

We saw there was clear guidance for staff to follow both in the Caremark (Leeds) safeguarding policy and where to find information about safeguarding in the care and support worker handbook for staff which also covered what staff should do if a call was missed.

Staff we spoke with told us they ensured people’s medication was administered safely and in line with how it was prescribed. One member of staff said, “I feel confident administering medication, I just record what I’ve done on the MAR (medication administration record), if there were any problems I would just speak to my supervisor.” Someone else said, “If a person’s repeat prescription hasn’t arrived we will contact the chemist to check what’s happened, I always try and makes sure people have the medication they need.” Staff told us they would always make sure there was the appropriate amount of time between the administration of people’s medication; they said they would write the time a dose of paracetamol was administered so that the next member of staff knew when it was safe to administer a further dose.

We saw detailed information in people’s care plans about their medication, for example, in one person’s care plan it said, ‘The pharmacy deliver my medication in a dossett box every month’. We saw there was a medication risk assessment and information for staff to follow, which

Is the service safe?

included asking staff to ensure the medication was addressed to the correct person and was in date. In another person's care plan we saw they were allergic to several medicines which were clearly identified.

We saw a copy of the services training matrix and found some members of staff's medication training was overdue, however, we were told by the registered manager that some staff were due to have medication training the week after our inspection.

In the care plans we reviewed we saw various risk assessments were carried out before people started to use the service, these risk assessments were then reviewed on an ongoing basis. These were recorded on an individual risk assessment management form, some of the areas covered were, moving and handling, environment,

infections and medication. Where there were changes in people's needs we saw a new risk assessment was completed. This meant people received care and support appropriate to their needs.

Caremark (Leeds) had a robust recruitment process in place. Before staff began employment appropriate checks were carried out. Staff files we looked at showed the provider had sought two references from previous employers, carried out Disclosure and Barring service (DBS) checks. DBS checks include checking for any criminal convictions and that people are not barred from working with vulnerable people. We saw there were copies of people's identification records which included passports, driving licences and also where applicable a copy of their motor vehicle insurance. Staff had signed a confidentiality agreement and a service agreement.

Is the service effective?

Our findings

People were not always supported by staff who had up to date training to meet their needs, we saw several instances where training was overdue. The registered manager told us it was difficult to get staff to come in for training and also they were not always able to take staff off their shifts to come in for training due to staff shortages. The training matrix showed that around 20 per cent of staff required updates on their mandatory training. This did not comply with the Caremark (Leeds) training and development policy which states, 'Caremark then have a responsibility to refresh the training annually unless certification on a course states otherwise. Caremark must ensure that skills are current and up to date'. The training matrix showed that one person's Caremark (Leeds) training for 'managing medication in domiciliary care, safeguarding of vulnerable adults, infection control, food hygiene, fire safety in domiciliary care and first aid awareness' had expired in September 2014 and others in October, November and December 2014. Other than the medication training which was planned the week following our inspection we were not provided with any further planned dates for training.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). The MCA is legislation that sets out the requirements that ensures where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. Some staff had a basic understanding of the MCA 2005; however, others were unsure what it was. We found there was no specific training on MCA 2005 and staff we spoke with told us it was not covered in safeguarding training. This meant people were not always supported by staff who had received the necessary training to carry out their role effectively.

We concluded this was a breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they thought the induction was very good. This was carried out over two days and covered all mandatory training which included, moving and handling, safeguarding, medication, food hygiene, fire safety and first aid. We saw evidence of induction workbooks in staff files, this covered for example, person

centred approach, development and safeguarding. We were told by the registered manager the induction had recently been increased to three days and would cover extra subjects including dementia.

People were supported at mealtimes to maintain their nutritional and fluid intake, where appropriate we saw food and fluid charts had been instigated. In one person's file we saw it said, 'I like to have a healthy, nutritional, balanced diet'. Staff told us they would prepare meals from the ingredients in people's homes and after discussion with the person. We were told by staff they would always write down what they had prepared for the person even if there was not a food and fluid chart in place. We saw this evidenced in people's care files we looked at.

We found people had signed an agreement to say they consented to the care being delivered; if the person was unable to do this the agreement was signed by a family member or advocate. Staff told us they would always ask for consent before delivering any personal care to people, one member of staff said, "Even though the care plan tells us what care we need to give people, we always ask people too. If someone is supposed to have a bath and they decide they want a shower and it's safe for them I always go with what they want." A relative we spoke with said, "Mum has Alzheimer's so she needs help with washing & dressing. The carers are good with her and help to shower her about three times a week or when she asks. They are very helpful."

Staff told us they had regular supervision and staff files we saw confirmed this. A member of staff said they had supervision every two months and if there was anything that needed to be discussed in between a supervisor would come out and see them. There was also an annual review process which we saw recorded in staff files. Staff told us it was a good opportunity to discuss how they were doing and a supervisor thought it was good way to show support for care staff.

Staff we spoke with told us should a person require medical assistance they would wait with them until help arrived. Staff said they would ensure any information received from health professionals would be updated in people's care plans. In one person's care plan we saw instructions from a physiotherapist to assist staff with helping the person carry out their exercises.

Is the service caring?

Our findings

Most people told us staff were kind and respectful, comments included, “My carer who comes to me regularly is absolutely wonderful, I would never want to be without her”, “I have always been treated with kindness and respect. I can’t praise my carers too highly”; “If anyone grumbles about their care then I don’t know what they expect. Mine are great, caring, kind, will do anything you ask” and “They will do anything I want them to do. They are very kind and good people.” A relative told us, “I am very pleased indeed with the way the carers act towards mum. They are kind and thoughtful and do the best they can for her.” Another relative said, “I feel that they do their best to keep mum happy. Mum chooses what she wants to wear and she is helped with dressing and bathing. The staff are very good and helpful.”

Staff told us that wherever possible they tried to promote people’s independence, one person said, “I do a lot of prompting, I ask people if they would like to wash their face and then I can help with the rest of their body.” A person who used the service told us, “They call in three times a day to give me my tablets. They help me have a shower or a wash when I ask, but I can do most things for myself.”

We asked people if they had been involved in the writing of their care plan, one person said, “Yes, when I came out of hospital the manager came from Caremark and I said what I needed help with. I get the help I need now.” Someone else said, “Yes, my son made arrangements and when I decided what would be the best help for me, we agreed, and now I get it.” Another person said, “I have just had my plan reviewed a couple of weeks ago. I am going to continue to have the same help as I get now, I can manage.”

Everyone we spoke with told us they thought their dignity was maintained, staff told us they would always ensure doors were shut and curtains closed whilst delivering personal care.

Care plans we looked at were written in a person centred way, they contained information about people’s family relationships; however there was no life history information which would help care staff get to know new people quicker. Staff clearly knew people well and spoke enthusiastically about the people they delivered care to. One member of staff said, “I love my job, I love being with people and meeting new people.”

Is the service responsive?

Our findings

Before people started to use the service their requirements were assessed to ensure the service could meet their needs. We saw a detailed assessment of needs which was backed up by an adult social care assessment which was carried out by care co-ordinators. We saw the information in people's care plans matched the information contained in the adult social care assessment.

Care plans we looked at contained good information about the needs of the person. Each care plan gave good guidance on what type of care a person needed and how that care should be delivered. For example, in one person's care plan it said, 'because of reduced mobility the person should be assisted to mobilise by two members of care staff at all times'. Care plans we looked at contained a picture of the person receiving the service, there were sections for getting up and going to bed, moving and handling, personal care needs, food and drink, medication and we saw daily log sheets which staff completed with information about what they had done for the person.

We found care plans were regularly reviewed. People's changing needs were monitored and the package of care adjusted to meet those needs. In one person's care plan we saw they preferred a slightly later call so their call times had been changed from 8 a.m. to 8.30 – 9 a.m. We saw where possible reviews were carried out with the person who used the service or their relative. In one care plan it said, 'happy with the service' and this had been signed by the person using the service and the supervisor carrying out the review.

We asked people who used the service if they thought staff understood their care plan and were able to assist them in the way they wanted, one person said, "Yes, they do know what they are doing. They have been coming to me for a long time now. They help show new ones who come, what they have to do. I don't need to." Someone else said, "Yes, they do very little for me but they know how I like things. They check my medicines because I take a lot." Another person said, "If I get a new girl I have to point out what has to be done. Everybody has to learn. I don't mind but I do prefer to have the same one come." A relative told us, "We have a team so they know what to do. On every occasion there are at least two who have been here to help mum, and of course there is the book they can look in."

People we spoke with told us Caremark (Leeds) had arranged call times where possible to suit their needs, people said, "Yes, the times are alright by me. I manage most things myself and don't like being a nuisance." "We agreed times when we first had services from Caremark. I like them the way they are." "If the times did not suit me I would ask for them to be changed, but they are alright." One person's relative said, "I have asked for a change in times but they cannot manage to help me at the moment." Another relative said, "I made arrangements for 7.00.a.m. it has got to 8.00.a.m. for getting up, bathing, dressing, breakfast etc. and lunch times early 11.00.a.m. I have taken this matter up and we are now going back to our original times."

We asked people if where possible they had the same team of care staff visiting them, we were told, "Yes, if staff (staff names used) are on holiday the other one comes and brings a new one with them." Someone else said, "I accept people have to have holidays. I always get someone coming along to help me." Another person said, "When my carer is on holiday then her mate comes, I always have two people help me."

People who used the service told us that if a new member of staff came to deliver their care they were not always introduced first although they would usually be told either by a member of care staff or the office if a different person was going to come. We asked people if new members of staff knew how to assist them, one person said, "Yes, they do know what to do but there are times when you have to guide them." Someone else said, "They get training but they don't know everyone's home do they? They have to ask questions to find their way around." A relative said, "You do have to say what they should do, but the majority of them are so willing, and they soon learn." Another relative said, "I think they know the job well enough. In any case they can find out by looking in the book."

We asked people if they knew how to complain, we were told, "Yes, I certainly do know how to make a complaint. If I was unhappy with anything I would contact the manager and ask her to come out and see me." Someone else said, "I have had nothing to complain about, so far. If I did have a complaint I would go and see the manager to straighten things out." A relative told us, "If I had any concerns then I would address them. I would contact the manager." Someone else said, "I have made a complaint in the past but got no response. It was about staff not turning up when

Is the service responsive?

they were expected. Time and the rota times were all over the place. It is better now than it was but being on time is still not a hundred per cent.” We asked the registered manager how many complaints there had been about the service and we were told there had been one complaint recently and five informal complaints, there had also been

10 compliments received. Prior to our inspection we were aware of some complaints made about the service. We asked the registered manager to investigate these complaints. We saw evidence these complaints had been responded to appropriately.

Is the service well-led?

Our findings

We looked at how the service ensured a good standard of care was being delivered. We found supervisors conducted spot checks and observations of staff whilst delivering care. These checks included observations of the care given, standards of hygiene, moving and handling techniques, communication, uniform and time keeping. Any concerns raised during the spot checks were then discussed at the member of staff's next supervision meeting.

Most people we spoke with told us they had not met a member of the management team, comments included, "No, no one from the office has ever been to see my carers do their job. They all know their job so there is no need." "Can't say there has been anyone come and supervise any carers I have had. No not ever." "None that I can recall. The supervisor once stood in because my regular carer was poorly, but that is all." One person said, "Yes, it was some time ago but the manager did come out with a new carer and I was given personal care. It went well, at the time."

The provider carried out satisfaction surveys and we saw the results of the most recent survey which had been analysed to look at any themes and trends emerging. The results showed most people were happy with the care they received. One person said "My regular carer goes above and beyond my daily care routine and I enjoy her visits very much." Someone else said, "Fabulous, kind very caring", another person said, "I find that the care workers are extremely kind and caring and cover all aspects of the care required by my husband to an extremely high standard." We saw some people were less happy, a person had said, "Nobody informs me of any changes of times and carers, never introduce new carers, they just turn up." Someone else had said, there had been a problem with staff arriving late but it had been dealt with. It was clear from the survey results that people were unsure of who the registered manager was and had little involvement with field care supervisors. We found where concerns had been raised in satisfaction surveys the provider had acted upon the

concerns and put measures in place to try and rectify the issue. Actions were to conduct more spot checks and also for the management team to make themselves known to people by means of telephone monitoring or home visits.

People we spoke with told us they had been contacted to ask their opinion of the service, one person said, "Yes, I was asked over the phone if I was satisfied with the help I was receiving. said I was." Another person said, "Yes, quite recently I was asked. I am very satisfied with the support I get. I can manage now, quite well." Someone else said, "I believe I was, some time ago. I think I got a form to fill in." A relative we spoke with told us, "Yes, just about three weeks ago mum got a form to complete."

Staff we spoke with said they felt very supported by their field care supervisors and some said they felt supported by the manager. Others said the manager was ok with them but maybe not with others. One member of staff said, they thought the supervisors were 'overworked' and that when concerns were raised the manager sometimes came back with an answer. Staff said if they had any concerns their field care supervisors were always available to assist them and they would have no hesitation in calling them.

We saw the February 2015 care staff meeting minutes. Topics covered were, safeguarding, medication, communication and professional boundaries. We saw staff were able to contribute to the meeting and topics staff wanted to discuss were under 'any other business'. The provider had also conducted meetings for office staff, the most recent one had been in February 2015 this included information about travelling time for care staff, communication and what to do should a member of care staff call in sick.

We had been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated he was aware of when the CQC should be made aware of events and the responsibilities of being a registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>People who use services and others were not protected against the risks associated with the ineffective deployment of staff.</p> <p>People who use services and others were not protected against the risks associated with ineffective staff training.</p>