

SPM Quality Care Limited

Caremark (Mansfield)

Inspection report

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17 April 2018

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19 June 2018

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 carried out an announced inspection of the service on 17 April 2018. Caremark (Mansfield) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Caremark (Mansfield) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection, 100 people received some element of support with their personal care. This is the service's second inspection under its current registration. At the previous inspection, the service was rated as 'Good' overall, however the question, 'Is the service well-led?' was rated as 'Requires Improvement'. At this inspection, they maintained the overall rating of 'Good'. The rating for the question, 'Is the service well-led?' improved to 'Good'. The rating for the question, 'Is the service effective?' changed from 'Good' to 'Requires Improvement'. This was because people had raised some concerns that staff did not always arrive for calls on time. We also had concerns that people's rights were may not be protected when decisions were made for them.

People told us they felt safe when staff supported them. Staff understood how to report concerns about people's safety to reduce the risk of people experiencing avoidable harm. There were enough staff to support people and the risks to their safety were assessed and acted on. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. The provider had processes in place to investigate accidents and incidents and to learn from mistakes.

Some people felt staff did not always arrive on time for their calls. People's care was provided in line with current legislation and best practice guidelines. Staff were well trained and understood how to support people effectively. Staff performance was regularly monitored although the frequency of these supervisions had recently reduced. People were supported to follow a healthy diet and staff supported people effectively with their meals. Information was available to support staff with caring for people. Other health and social care agencies were involved where further support was needed for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Some improvements were required to ensure all people's rights under the Mental Capacity Act (2005) we respected. .

People and relatives liked the staff and felt they treated them or their family members with dignity and respect. People were encouraged to do things for themselves and were enabled to make decisions about their care. Staff treated people with compassion and communicated effectively with people.

People were assessed before joining the service to ensure their needs could be met. People's care records were person centred and staff provided them with support in the way they wanted. People felt care staff responded effectively to complaints or concerns raised, however some felt office based staff did not always do so. People's diverse needs were discussed with them and respected.

The registered manager carried out their role in line with their registration with the CQC. They now ensured all notifiable incidents were reported to the CQC. Staff respected the registered manager with staff encouraged to carry out their role in line with provider's aims and values. High quality staff performance was rewarded. People and staff were given the opportunity comment on how the service could be developed and improved. Auditing processes were in place and these had already identified some of the issues we identified and were being acted on.

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 remains safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

There was a risk people's rights may not be protected in line with the Mental Capacity Act 2005. People felt staff did not always turn up to calls on time. Staff were well trained and supported people effectively with their meals. The registered manager had formed productive relationships with local health and social care services.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well led.

The registered manager carried out their role in line with their registration with the CQC. They now ensured all notifiable incidents were reported to the CQC. Staff respected the registered manager with staff encouraged to carry out their role in line with provider's aims and values. People and staff were given the opportunity comment on how the service could be developed and improved. Auditing processes were in place and these had already identified some of the issues we identified and these were being acted on.

Caremark (Mansfield)

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.

This comprehensive inspection took place on 17 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of an inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They carried out the telephone interviews with people prior to the office-based inspection. They spoke with 23 people who used the service. The inspector visited the office location to see the registered manager, office staff and to speak with care staff.

The inspection was informed by feedback from the telephone interviews as well as questionnaires completed by a number of people using service, relatives, staff and community professionals. We sent 174 questionnaires out and received 34 responses.

During the inspection, we spoke with four members of the care staff, the registered manager and a number of office based staff

We looked at records relating to five people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

Is the service safe?

Our findings

People told us they felt safe when staff supported them in their homes. One person said, "I'm very safe, they are all very good with me. They see me safely into the shower and support me when getting out and getting me dressed." Another person said, "Yes, I just feel safe with all of them [staff]."

People were supported by staff who understood how to identify if people were at risk of abuse or avoidable harm. Staff had received safeguarding adults training and were aware of the provider's safeguarding policy. The registered manager had a good understanding of their responsibility to ensure the relevant authorities were notified of any concerns about people's safety. This reduced the risk of people experiencing avoidable harm.

The risks to people's safety were assessed prior to them starting to use the service and then more detailed risk assessments and care plans were put in place. Risk assessments included; people's home environment, their ability to manage their own medicines and the support people needed with personal care. This enabled staff to support people safely and without unnecessary restriction. We did note a small number of risk assessments were brief and would benefit from more in-depth information for staff. The registered manager told us they would review these assessments and include further information where needed.

People told us there were sufficient numbers of staff to support them in their home. They told us staff supported them safely and this included when equipment was used. One person said, "I need two staff to help me out of bed. They ensure I am safely moved and turned supporting me as required and always ensure I am left with plenty of water to stop dehydration." Robust recruitment procedures were in place that ensured people were protected from unsuitable staff. Eighty eight percent of the people who completed our questionnaire told us staff completed all required tasks during their calls. An electronic monitoring system was used to ensure that staff carried out all tasks as agreed in people's care records. If staff failed to complete a task, office based staff were made aware and could investigate why. This ensured people received the care they needed from staff.

Many of the people we spoke with told us they managed their own medicines or had support from relatives to do so. The majority of the people who did receive support from staff told us they were happy with the way staff assisted them. One person said, "I had an eye operation and need eye drops in daily and they come and do that for me." There were processes in place to ensure people received their medicines safely. Care plans and risk assessments were up to date and reflective of people's needs. Staff who administered medicines were trained and had their competency to do so reviewed regularly. This meant people were protected from the risks associated with medicines.

Ninety three percent of the people who responded to our questionnaire told us they felt staff did all they could to reduce the risk of the spread of infection. Staff had received infection control training and a staff member told us they had access to personal protective equipment. This assisted them in reducing this risk.

The registered manager ensured any accidents or incidents that could have an effect on people's health

and wellbeing were appropriately investigated and acted on. The registered manager told us if mistakes were identified then they supported staff with learning from them to reduce the risk of reoccurrence. This helped ensure people received safe care and support from staff.

Is the service effective?

Our findings

The main concern received from people who used this service was that staff did not always arrive on time and they did not always receive care and support from a consistent team of staff. We received positive comments from people who were satisfied but others were not.

One person said, "No they don't (always arrive on time) and this is a big issue for me. My morning call is supposed to be at (time) but they can be an hour early or late." Others raised concerns that office staff did not always contact them to advise them that the staff were going to be late. People told us this left them feeling frustrated, whilst others were worried that they miss their medicines or meals.

People also told us that they were not always introduced to new staff before they came to their home. Some people told us staff who attended their homes were not the people they expected as recorded on their rotas. The registered manager told us they were aware of these concerns and they and the provider had decided to invest in a computerised log in system. This system logs when staff have arrived and left each call and their position can be monitored from the office. This then allows office staff to identify that a staff member may be late for a call, arrange an alternative member of staff to attend or to call the person and advise them when the call will take place. The registered manager told us they were confident this was already having a positive effect and they expected people's concerns to be significantly reduced in the coming weeks and months. They also told us wherever possible they tried to ensure that people received calls from the same staff. Due to holidays or sickness this was not always possible, but they acknowledged communication with people to explain any changes could and would be improved.

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. We checked whether the service was working within the principles of the MCA and, overall, we found that they were. We were told the majority of the people supported by the service were able to make decisions for themselves. Where they were not then mental capacity assessments were carried out and then the decision made was recorded. However, we found a small number of examples where MCA assessments may have been needed and they were not completed. The registered manager told us they would carry out a review of the process for determining people's capacity and make amendments where needed. This would ensure that all people's rights were protected.

The registered manager ensured people's physical, social and mental health needs were provided for in line with current legislation and best practice guidelines. Where people had health conditions that staff supported them with, we noted a variety of nationally recognised guidelines and information were in place to support staff. This approach enabled staff to support people effectively with their health and care needs.

Seventy five percent of the people who responded to our questionnaire told us they felt staff had the skills needed to support them. People we spoke with praised the approach of staff and told us they knew how to

support them. One person said, "I have no problems with the carers' skills and knowledge in dealing with my care." Another person said, "I have no training issues at all with any of them. All seem well skilled in what they do for me."

Staff told us they felt well trained to carry out their role effectively. Records showed staff had completed a wide range of training relevant to their role. This included moving and handling and safeguarding adults. Where people had developed specific health needs, records showed staff had received training to support them. For example, staff had received training on supporting a person with percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube is passed into a patient's stomach most commonly to provide a means of feeding when people are not able to consume food orally. This showed the registered manager and the provider ensured staff were trained to manage people's changing needs.

Staff felt supported by the registered manager and the provider and felt confident in their role. One staff member said, "I know I have the training and support to do my job properly." We noted there had been a recent reduction in the number of supervisions staff received. Supervisions are important to ensure that staff practice remains safe and effective. The registered manager told us there had been high levels of staff sickness recently which meant they were unable to carry out supervisions when they were due. However, they showed us records that stated supervisions were due to be completed in the next few weeks. This would ensure any development needs for staff were addressed and acted on before they affected people.

People and their relatives told us that when support was provided by staff with preparing and eating meals, this was done effectively. One person said, "Yes they get me toast with a cup of tea for my breakfast and in the evening a drink to go to bed with." Another person said, "They set me up with water when leaving after my first call and this is put on a cool bag for me. In the evening they will do me a snack if I ask for one and they will make sure that I have enough water during the day and to see me through the night." Assessments of people's nutritional health were carried out to assist staff in identifying any changes which could affect their health.

Records showed the registered manager and the care staff were aware of which health and social care agencies to contact to ensure that people continued to receive care and treatment for their current and changing health and social care needs. Referrals to health and social care agencies had been made where needed.

Most people told us they or their family members arranged visits to their GP or other health care professionals. However, one person said, "Yes they have helped when [my family member] has not been able to. They will always help if required to."

Is the service caring?

Our findings

People and relatives told us they felt staff were friendly and caring when supporting them or their family member in their home. One person said, "They are all nice, caring and polite. They will do anything I ask." Another person said, "They are nice and caring and chatty and present me with a comfortable atmosphere." All of the people and relatives we spoke with agreed.

People felt staff treated them with dignity and respect and staff ensured their privacy was protected. One person said, "I have no problems at all. They close the door and blinds and have a towel ready after my shower which they wrap me into." Another person said, "Things are fine with my personal care. They [staff] ensure I am covered up with a towel and always close the door." Staff spoke respectfully about the people they supported. A number of staff referred to people as 'family' or 'friends'. One staff member said, "I always treat people how I would want to be. This could be me in the future; I know how I would want to be treated."

People told us they were supported by staff to do as much for themselves as possible. Eighty eight percent of people who responded to our questionnaire felt staff supported them to be independent. Care plans were in place that contained guidance for staff on the support people needed to carry out daily living tasks independently of staff. This included people's ability to carry out their own personal care, make meals or to complete domestic tasks.

Staff understood how to support people living with dementia. The staff spoken with were able to explain how they enabled people lead their lives in a way where their views were respected and acted on. One staff member explained in detail how they communicated with a person living with dementia. This approach enabled people to be supported without discrimination.

People told us they were able to make decisions for themselves and staff acted on their wishes. People told us they had been actively involved with their care planning. They also said, "Yes I talk to them (staff) about them coming to do my tablets. Also about what I want them to get me to eat." Another person said, "I have input into it, with my family, and I have got a copy (care plan) here." Ninety four percent of people who responded to our questionnaire told us they were involved with decisions about their care. This meant staff took account of people's wishes and acted on them, ensuring care was provided in the way people wanted.

People's care records were treated respectfully within the service's office. Some records were stored electronically and access to these records could only be gained via password. Where paper records were in place, these were stored safely in locked areas to prevent unauthorised people from accessing them. The registered manager explained how they ensured all records were managed in line with the Data Protection Act.

Is the service responsive?

Our findings

Prior to people using the service, assessments of their health, care and support needs were carried out to ensure staff could respond appropriately when a person started to use the service. People's care records were person centred and contained information about their preferred daily routines. This included the assistance people wanted from staff with their personal care, as well as the tasks people wanted staff to complete at each call. We checked daily record logs to see if people received the support they wanted and it was clear that they did.

People confirmed staff supported them in the way they wanted. This included support with personal care but also domestic and social tasks. One person said, "I talk to the staff about when to have a shower or not, and what personal care to do when they come." Others told us they had agreed the number of visits per day they wanted and the length of the calls. Others told us although they did not mind whether they had a male or female member of staff, they had been asked for their preference. This contributed to people feeling valued and that their views mattered.

People's religious and cultural needs were discussed with them prior to starting with the service. The registered manager told us that although currently people did not have specific needs that could place them at risk of discrimination, they would ensure that if people required support in the future, this would be provided. This meant people were not discriminated against.

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us they were in the process of reviewing their documentation and how it was presented for all people. This is important to ensure that people are empowered, treated fairly and without discrimination.

Ninety-three percent of people who responded to our questionnaire told us they knew how to make a complaint. Eighty-one percent felt care staff responded appropriately to concerns raised directly with them. This number dropped to 64% when complaints were raised with office based staff. The registered manager told us they were aware of this feedback and they were in the process of ensuring that both care and office based staff responded appropriately to all concerns raised.

We looked at the log of formal complaints made. We found these had all been responded to appropriately and in line with the provider's complaints policy.

Is the service well-led?

Our findings

During our previous inspection, we noted that the registered manager had not always informed the CQC of all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. We noted improvements had now been made. The registered manager now ensured all notifiable incidents were reported to the CQC. This ensured there was an open and transparent approach to providing people with high quality care and support.

Approximately three quarters of the people and relatives who responded to our questionnaire told us they would recommend this service to others. Many of the people we spoke with agreed and told us they were happy with the service provided. The registered manager was made aware during this inspection of people's views about staff arrival times and the consistency of the staff who attended each call. They told us they understood this was an important issue for people and had been made aware of this before our inspection. They also told us they were confident that the new electronic recording process for monitoring when staff arrived and left people's homes would address this issue. This showed the registered manager and provider had listened to people's feedback and acted on it.

People told us they did not see the registered manager often; however, they were aware who the senior care staff were, and found them to be approachable and they listened to their views and concerns. Staff spoken with felt the registered manager was approachable and welcomed their views on how to improve the service. One staff member said, "I enjoy working here and the manager plays a large part in that." The registered manager told us they had recently tried to improve the quality of the performance of the staff. They told us some staff had been resistant to this, however, staff were expected to adhere to the provider's aims and values at all times. They were confident they now had the staff in place that understood what was expected of them. They told us the ultimate aim for the service was to provide people with the highest possible quality of care.

The provider recognised high quality staff performance. Many staff had been promoted to more senior roles and staff we spoke with felt able to build a career at the service. One staff member told us they felt valued and welcomed the opportunity to develop their skills and take on more responsibility. A variety of staff reward schemes were in place such as 'Care worker of the year'. Feedback recently received by the service from a social care professional said, '[Name of staff] is especially great. They go above and beyond'.

People were encouraged to give regular feedback about the quality of care and support they received. This feedback was taken using a number of methods such as telephone interviews, care plan reviews and questionnaires. Over two thirds of the people who responded to our questionnaire confirmed they had been asked for their views about the service. The registered manager told us they held regular staff meetings to discuss people's care, inform staff of any changes and to gain staff opinions on how to improve the service. Staff spoken with confirmed this and felt their views were welcomed.

Quality assurance systems were in place. The registered manager told us this helped them to improve the

performance of staff with the ultimate aim of improving the quality of service people received. They told us they would review these processes to ensure the issues raised in this report were addressed.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and their office.