

Balmer Care Limited

Caremark (Worcester & Malvern Hills)

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 inspection took place on 31 January 2017 and was announced. At the time of our inspection 47 people received care and support services in their own home. The provider employed 19 members of care staff to provide personal care to people.

The provider is also the 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 2008 and associated Regulations about how the service is run.

The provider was registered in February 2016 and has not been previously inspected.

People told us they felt safe with the staff and while they provided their care and support. Staff had received training and they understood their responsibility to report abuse. Risks assessments were undertaken in people's own homes to maintain the safety of people and staff who visited them in their own homes.

Sufficient staff were available to meet the current needs of people. The registered manager was aware additional staff were needed in order to provide a service to more people. Recruitment procedures were in place to check potential employee's suitability. Newly appointed staff shadowed more experienced staff initially as part of their induction training.

Staff received support from the registered manager and other staff as well as training to ensure they had the knowledge and skills to meet people's needs. People's healthcare needs were met as required for example through the administration of people's medicines or by contacting healthcare professionals as needed.

The registered manager was aware of the need to improve on people's experience regarding later calls and had set up systems to enable them to better monitor call times and staff whereabouts. In the event of potential missed calls these were undertaken by a member of the management team if needed.

People's consent to care and support was gained by staff who also knew of the importance to help maintain people's independence.

Management systems were in place and people's opinions about the service provided were in place. These enabled the registered manager to look at where improvements were needed to 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.

People were kept safe from potential abuse as staff had received training to heighten their awareness.

Risks associated with people's care were assessed and staff were aware of these.

People were supported with their medicines as needed to maintain their wellbeing.

Is the service effective?

Good 

The service was effective.

Staff had received training and support to enable them to meet people's needs and keep them safe.

Staff understood the need to gain people's consent before assisting them and how to support them to make informed choices.

Staff gave people the support they needed to prepare their meals and eat and drink.

Is the service caring?

Good 

The service was caring.

People found staff to be caring and had good relationships with staff who visited them.

People were treated with respect and their dignity and privacy was respected.

Is the service responsive?

Good 

The service was responsive.

People received care and support from staff they knew. Call

times were however late at times due to traffic problems.

People knew how to complain about the care provided and felt able to do so.

Is the service well-led?

Good ●

The service was well-led.

People were able to share their views about the quality of the service provided.

The registered manager used internal and external quality checks to make improvements to the service provided for people.

Caremark (Worcester & Malvern Hills)

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 31 January 2017 and was announced. The provider was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection team consisted of one inspector.

We looked at information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from the local authority who commission services on behalf of people. We used this information to help us plan this inspection.

During our inspection visit we spoke with the registered manager, who was also the provider and to the care manager. We looked at the care records of three people, staff recruitment files, staff training, accident records, complaints and compliments and records regarding the provider's quality assurance systems.

Following our visit to the office we spoke with six people who used the service, three relatives and five members of staff. This was to seek their views about the care and support provided to people.

Is the service safe?

Our findings

People we spoke with told us they felt comfortable having staff in their own homes. Everyone we spoke with told us staff were friendly and helped them which made them feel safe.

Staff told us they had received training in the protection of people from abuse and harm. Staff were confident people received safe care and were not at risk of abuse. One member of staff told us, "I believe people are satisfied with their care and the staff". Staff were aware of signs people may display if they were at risk of abuse and told us about the action they would take if they believed someone was at risk. One member of staff told us procedures were in place to, "Protect people from harm" to ensure people were "Safe in the own homes. Safe from cruelty and harm". Another member of staff told us they would, "Speak to my manager" if they had any concerns. A further member of staff told us they, "Would go straight to the manager and they would involve social services".

The registered manager and the care manager were aware of their responsibilities to inform the local authority of any actual or suspected abuse. They had previously notified the Care Quality Commission following them making a referral to the local authority about concerns they had about one person.

Staff were aware of people's risk assessments, and understood the need to follow these. They told us these were up-to-date to include information they needed to keep people safe. One person we spoke with told us their risk assessment was amended when it became apparent it was incorrect. Risk assessments were in place and covered areas such as the use of equipment in people's own homes as well as environmental risks for example trip hazards and risks associated with medicines.

People we spoke with were complimentary about the staff who visited them. The registered manager assured us they had sufficient staff members to cover the calls. They were aware they needed to recruit more staff if they wanted to take on additional calls. The registered manager was aware some calls were late however assured us procedures were in place to prevent calls getting missed. The registered manager assured us they would carry out any calls which looked as if they had been missed themselves.

The registered manager carried out checks on all new staff to confirm they were suitable to provide care to people who used the service. Copies of records to show a person's identity were held. A Disclosure and Barring Service (DBS) check was undertaken and references were also obtained. The DBS check helps employers to make safer recruitment decisions. Staff we spoke with were aware of why these checks were carried out and confirmed they checks were completed prior to them providing care and support to people.

Some people required assistance with their medicines while others told us either staff reminded them about their medicines or they looked after them themselves. Staff we spoke with were aware of who needed assistance with medicines and the importance for some people to have their medicines on time. One person told us staff would remind them about their tablets by saying, "Your down for this one". The same person told us they were pleased staff reminded them. Another person told us they were aware a member of staff from the office was due to visit them on a call to ensure their medicines were taken. Staff confirmed they

received training on the administration of medicines and they had their competency checked to make sure they were doing this in a safe way. A relative told us staff took medicines, "Seriously" and confirmed their family member received these items and their creams applied as prescribed by the doctor.

When assisting with or administering people's medicines, staff kept medicine records. These were returned to the office so these could be checked on a monthly basis. Staff told us if a new medicine needed to be administered this item would be added to the records by a member of staff from the office to ensure it was administered as prescribed.

Is the service effective?

Our findings

People we spoke with were happy with the care they received. The majority of relatives believed staff who attended their family member to have the skills needed to meet their care needs.

Staff we spoke with told us they had received an induction when they first started to work for the provider. The registered manager explained to us the induction process they had in place and how this consisted of time in the office undergoing training as well as time spent shadowing more experienced members of staff. This process was confirmed by staff we spoke with who told us they had benefited from their induction.

One member of staff told us their training was, "On-going" and told us they could speak with the registered manager about any training needs they had. Another member of staff described their training as, "Good" and told us they had undertaken, "On line training" which had, "Different modules such as mental health and moving and handling". A further member of staff told us their, "Training was really good."

Within the training room at the office we saw certificates obtained by the registered manager and the care manager on display following training they had undertaken. Staff told us they received on-going support to assist them in undertaking their role and responsibilities from the registered manager, the care manager and other staff members.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the registered manager and the care manager had undertaken training to ensure they had an understanding of the Mental Capacity Act 2005.

People we spoke with confirmed staff asked them for their permission before they assisted them with their care. One person told us staff say, "Would you like me to do anything else?" Another person told us staff always checked whether they needed anything else doing before they left. Staff told us they would ask people what they wanted them to do and would seek consent. One member of staff told us people they provided care and support to had the capacity to make decisions. The care manager told us nobody had a Court of Protection in place which would restrict their freedom or deprive them of their liberty in relation to their care. The care manager believed people who were using the service were able to consent to the care provided.

Some people required assistance with meals and drinks. One person told us staff always asked how they wanted their meal to be cooked. This person told us that was important to them as they liked their food a certain way. Another person told us, "The staff make me something to eat."

While at the office we heard a member of staff take a telephone call from a person who used the service. We heard the staff member reassuring the person by saying they had already called a doctor for them and

offered to call an ambulance if they felt they needed one.

Staff told us they had contacted healthcare professionals for people if either needed or requested. We saw a card from a relative thanking the registered manager for the action taken by staff when their family member had an infection feeling it was dealt with 'perfectly.' One member of staff told us they had sought medical advice because one person did not seem to be their normal self. Another member of staff told us they had in the past needed to call emergency services and wait for an ambulance if someone was found to have fallen. We were told in these circumstances alternative staff would be found to provide calls to other people to enable staff to remain with people until other professionals took over such as paramedics.

Is the service caring?

Our findings

People we spoke with were happy with the level of care and support staff provided for them. People were complimentary about staff and told us they liked them. One person described the staff as, "Very nice" and "Very helpful". Another person told us they liked the staff because, "Always a happy smiling face" and they (staff), "Make me feel important. I have nothing but praise." Other comments included, "Kind and caring", "All very kind", "Lovely", "Brilliant" and, "I would be lost without them .

The registered provider told us where possible people who used the service had their care and support provided by the same staff members to ensure continuity. People we spoke with confirmed they either saw regular staff or the continuity of staff had improved. Most people were able to tell us the names of staff who visited them and told us they liked seeing the same people as they got to know them. People told us about the care staff provided for them such as assisting them in getting dressed, helping with a shower or running the bath. People were happy with how these tasks were undertaken and confirmed their individual needs were met as a result. One person told us, "I am pleased with everyone I have had to help me" and added, "I am very satisfied." Another person told us, "They (staff) all do what they can for me."

Staff told us they enjoyed their work and believed the care they were providing to people to be of a good quality. Staff were aware of the importance of maintaining people's independence. People we spoke with confirmed this. People felt involved in the care and support they received. People were involved in their care plans and how these were devised for staff to refer to.

We spoke with people about the upholding of their privacy and dignity. People we spoke with told us staff were mindful of this while they assisted them with their care and support. One person described the action a member of staff took to maintain their dignity when they had a visitor call to see them before they were fully dressed. The person was complimentary about the steps taken by the staff member in upholding their privacy and dignity.

The care manager told us they had a high standard regarding people's privacy and dignity. They were aware of the need for confidentiality and for information to only be shared with others on a need to know basis. We spoke with staff and they were able to tell us how they ensured people's privacy was maintained and told us this was an important part of the care they provided for people. For example one member of staff told us they would leave people in their bathroom once they were safe until they were needed again.

A relative told us from their observation staff had an, "Excellent" approach to ensure their family member's privacy and dignity needs were met.

Is the service responsive?

Our findings

People told us they liked the staff who supported them and confirmed they had their needs met. There were some mixed comments regarding the timing of people's calls with most people telling us staff could be late at times.

The care manager was aware that calls were at times late and was working to make improvements in these areas. The registered manager had introduced new systems to assist them in the monitoring of call times and for staff logging in on arrival at people's homes. The care manager said this system gave them details so they could contact staff to ensure they were on their scheduled call. The registered manager had recorded missed calls and showed us the action they had taken as a result of someone having a call missed. The registered manager was aware of these issues and told us they were continually trying to ensure call times were maintained while acknowledging unforeseen traffic problems.

One person told us staff were frequently delayed due to traffic. However they remained pleased with the care and support they received and had no complaints about the service provided. They said, "The same people (staff) come and that's a good thing. I get to know them. It's not different people every time". The same person also told us staff who visited them, "Do a good job". Another person told us, staff had been 55 minutes late on the day we spoke with them due to the amount of traffic in the city. Another person told us staff could be late at times but confirmed they saw regular staff and they liked them. Nobody we spoke with told us of any impact late calls had had on them

Other people were more positive about call times. A further person told us when talking about time keeping, "They (staff) keep to it as well as they can. They keep to time pretty well." People confirmed staff stayed their allocated time including when they were running late unless they said they were happy for them to go to try and catch up a bit. A relative told us staff are, "Usually on time within external factors" and described the continuity of staff as, "Usually good."

We asked staff about call times and whether they were ever late for calls. One member of staff told us they, "Had no problems" with the rota they had and the time they needed to get to people. However, they accepted traffic could at times be problematic and cause delays as travel time was not always sufficient in these situations. Staff told us they regularly visited the same people. One member of staff told us this was important to them as it ensured people gained confidence and they got to know people's needs well.

People confirmed they had a care plan at their own home and most people told us they had some involvement in it. People we spoke with were confident their care plan was either up to date or was going to be amended to ensure it was an accurate reflection of their current care needs. One relative told us their family members care plan was in need of updating and had made arrangements with staff at the office for this to be done. We saw some tasks staff were undertaking recorded within the daily notes did not have a care plan linked to these tasks such as the applying of prescribed creams. This was brought to the attention of the care manager who undertook to take action to make further improvements.

Staff told us they got to know people by reading their care plans and risk assessments. One member of staff added they knew people's needs by, "Chatting with them and asking what people need." People were aware they could complain about the service provided. Although people commented on some late calls most people told us they had no complaints about the standard of the service provided. One person told us, "I have no complaints at all."

The registered manager showed us records of complaints received and the action taken to resolve the matters raised. We saw the registered manager had investigated people's concerns and taken action where required to prevent a similar occurrence in the future. We saw apologies were offered to the person who had contacted them.

The provider had a complaints procedure which was available. The procedure made reference to the local authority and the local government ombudsman. It also clarified the role of the Care Quality Commission regarding the monitoring of regulated services.

Is the service well-led?

Our findings

Staff were positive about the registered manager and the care manager and the way they managed the service. One member of staff described these people as, "Approachable". Another member of staff told us they liked working for the provider because they put people first and felt management worked very hard behind the scenes. A further member of staff described the office based staff as, "Fantastic". The care manager described the care and support they provided to be of a high standard and told us, "I think people are happy." The registered manager and the care manager told us they operated an open door policy for staff to come in and speak with them. This was confirmed by the staff we spoke with.

Staff spoke highly of the support the management team offered them to enable them to carry out their work. One member of staff told us, "Always on-going support with staff meetings and training." The same member of staff told us they were able to raise any matters regarding people's care as part of staff meetings so these could be discussed with management and other members of staff. Another member of staff told us they were able to contact each other in order to gain support and guidance.

The provider had sought the opinions of people who used the service. Comments from the customer satisfaction surveys were analysed and readily available. The comments received were primarily positive. The less positive comments were in relation to coordination between care staff and management and a lack of continuity. Despite these comments people commented they liked the staff who visited them and found them friendly, kind and caring. The registered manager had taken action to ensure one person's call times were increased as a result of comments made within the survey and was working to improve call times.

The registered manager told us they took any missed calls seriously and had taken action to address these when they had happened. These actions included informing the local authority under their safeguarding procedures..

Audits were in place which involved management reviewing care notes and medicine records once they were returned to the office. The audits for some recent months were not available for us to see or had not been completed. We saw previous months and these demonstrated the care manager had read over the records and highlighted any gaps or where improvement was needed. We saw action was taken in making these improvements and lessen the likelihood of reoccurrence such as a reduction in the number of gaps on medicine records where staff had not signed once these were administered.

Audits were also carried on behalf of Caremark. The most recent audit was carried out in November 2016 and showed the provider had 'passed' their internal monitoring. We saw documents from visits carried out by the local authority. The registered manager had prepared an action plan following the visit which showed the work undertaken to address issues identified at the time.

The provider was able to show us records of compliments made by people regarding the service they or a family member had received. These included comments such as 'I can trust them' (staff) and 'made me feel someone cares about me'.

The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified as needed when events had occurred.