

Livingcare South West Ltd

Caremark (Plymouth)

Inspection report

Office 31-32, Falcon House, 3 Eagle Road
Langage Business Park, Plympton
Plymouth
Devon
PL7 5JY

Tel: 01752349784

Website: www.caremark.co.uk

Date of inspection visit:
06 September 2016
07 September 2016
12 September 2016

Date of publication:
07 October 2016

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

The inspection took place on 6, 7 and 12 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present.

Caremark (Plymouth) is a franchise of the Caremark Group which has 84 offices in the UK and nine offices overseas (Ireland and Malta). Caremark (Plymouth) provides personal care in people's homes to adults within Plymouth and surrounding rural areas. On the day of the inspection Caremark (Plymouth) was providing personal care support to 141 older people including those with physical disabilities, autism, sensory impairments, mental health needs and people living with dementia.

The service had a registered manager in post; a registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable harm and abuse because staff knew what action to take if they suspected someone was being abused mistreated or neglected. The registered manager had a good understanding of local safeguarding procedures and had worked in collaboration with the local authority in the past, when safeguarding alerts had been raised.

People had risk assessments in place to help ensure they were protected and kept safe. The registered manager was taking steps to review people's care records to ensure risk assessments were in place relating to people's healthcare needs. Staff were protected by a lone working policy and the provider had an emergency contingency plan in place, to help in the event of adverse weather or staffing difficulties.

People were supported by sufficient numbers of staff to keep them safe and meet their needs. Staff were recruited safely, to ensure they were suitable to work with vulnerable people. People told us, overall staff arrived on time, but some had experienced delays. The registered provider told us this was an area they were continually trying to improve by listening to people's feedback. Staff said they had adequate travelling time, and told us if they ever felt that they did not, they were able to raise this and action would be taken to make improvements. People were protected by the spread of infection and people told us staff followed infection control practices, and that their homes were always left clean and tidy. People's medicines were managed safely, staff received training and people had care plans in place to provide guidance and direction as to how they would like their medicines to be administered.

People received care from staff who had undertaken training to be able to meet their needs. People were positive about the staff's ability to meet their needs. Staff were complimentary of the training and support they received. The registered manager and deputy manager were passionate about ensuring staff were trained to a high standard. People's consent to their care and support was sought. Staff had a good

understanding of the Mental Capacity Act 2005 (MCA). People were supported with their nutrition and if there were concerns that a person was not eating and drinking enough, action was taken. People were supported to access healthcare services to maintain their health and wellbeing.

People told us they received support from kind and caring staff. People were supported by a small group of staff which helped to ensure continuity of care and develop personal relationships. Staff spoke fondly of the people they supported and told us they liked to go the extra mile. People were involved in decisions relating to their care and support and people told us their privacy and dignity was respected. People were cared for at the end of their life, and staff showed compassion for people's families.

People had a pre-assessment before joining the agency to help ensure the service could meet their needs. People received personalised care, and had care plans in place to provide guidance and direction to staff. This helped to ensure the support they received reflected their wishes and preferences. People's care plans were reviewed to ensure they were reflective of their up to date care needs. People's independence was promoted and staff took opportunities to encourage people to do as much for themselves as possible. People's complaints were listened to, investigated and used to improve the service.

There was a strong management team, who were passionate about delivering a quality service. Staff felt motivated and well supported. People were asked for their views about the service. There was an open, inclusive and empowering culture within the service. There were systems and process in place so the registered manager could assess the ongoing quality of the service. The managers were open and honest, they responded professionally and promptly to the Commission and external agencies when required.

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 protected from avoidable harm and abuse.

People had risk assessments in place to help ensure they were protected and kept safe. The registered manager was taking steps to review people's care records to ensure risk assessments were in place relating to people's healthcare needs.

People were supported by sufficient numbers of staff to keep them safe and meet their needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had undertaken training to be able to meet their needs.

People's consent to their care and support was sought. Staff had an understanding of the Mental Capacity Act 2005 (MCA).

People were supported with their nutrition as required.

People were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received care and support from kind and compassionate staff.

People were involved in decisions relating to their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

People's complaints were listened to, investigated and used to improve the service.

Is the service well-led?

Good ●

The service was well-led.

There was a strong management team, who were passionate about delivering a quality service.

There was effective management and leadership. Staff felt motivated and well supported.

There was an open, inclusive and empowering culture within the service.

Systems and process were in place so the registered manager could assess the ongoing quality of the service.

Caremark (Plymouth)

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 6, 7 and 12 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present. The inspection team consisted of one inspector and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. The provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent 100 questionnaires to people who used the service, including their friends and family, 78 to members of staff and one to an external professional. We also asked Healthwatch Plymouth if they had received any feedback about the service.

During our inspection, we spoke with nine people who used the service and/or their relatives. We also spoke with seven members of staff, the deputy manager, the registered manager and the managing director. The managing director was also the provider's nominated individual (NI). A nominated individual is responsible for ensuring the services provided by the organisation are properly managed.

We looked at four records which related to people's individual care needs. We viewed ten staff recruitment and training files, training for all staff and records associated with the management of the service. This included policies and procedures, complaints, compliments and quality monitoring documentation.

After our inspection we contacted two social workers and the Plymouth City Council Commissioning team

for their views about the service.

Is the service safe?

Our findings

People who used the service told us they felt safe when staff entered their homes. One person told us, "Yes, they take good care of me. I would phone the office if I had any problems".

People were protected from avoidable harm that may breach their human rights, because staff understood what action to take if they were concerned someone was being abused, mistreated or neglected. One member of staff told us, "I would report it to my supervisor". Staff told us about the training they had received and how they had been given a copy of the provider's safeguarding policy. The registered manager also had a good understanding and shared examples of when safeguarding alerts had been raised and when they had worked in collaboration with the local authority.. Safeguarding was always an agenda point at staff supervisions and meetings, to help retain the importance of it in staff member's minds. Results from our questionnaires showed that 100% of people felt safe from abuse and or harm.

People's risks in respect of their care were managed to keep them safe and ensure their freedom was supported and respected. For example, people who required assistance with moving and handling had risk assessments in place. These provided guidance and direction for staff, to help minimise associated risks relating to the use of equipment. People also had risk assessments in place in relation to their environment and staff were able to give examples of why these were important. For example, one member of staff explained the importance of keeping a person's environment free from clutter because of the person's poor eye sight. Some people did not always have risk assessments in place relating to specific healthcare, for example diabetic care. However, immediate action was taken at the time of our inspection to rectify this.

The provider's PIR detailed how they promoted positive risk taking by helping to minimise associated risks telling us, "Planned risk management, maximises client's capabilities taking carefully managed risks". It detailed how the provider's policy 'risk managing my life' prompted staff to have "a discussion [with people] to promote independence within all aspects of their lives supporting them to manage any risks; including achieving physical, emotional, spiritual and social well-being" and "Risk assessments enable management of health and safety".

Staff had a lone working policy to protect them, and there was an on-call facility where staff could access support should they need help in an emergency; staff were complimentary of the support they received. The provider detailed within their PIR that within the next 12 months, "The provision of panic alarms to enable care workers to call for help in a difficult situation", would be implemented.

The provider had an emergency contingency plan which detailed what action to take in an emergency, such as staffing or adverse weather.

People were supported by suitable numbers of staff, who had been recruited safely to ensure they were appropriate to work with vulnerable people. Some people told us staff turned up on time, commenting, "Always on time...I think once they were late and the office told us about it". However, other people had experienced delays, with one person telling us "The one (care staff) this morning was about 20 minutes late.

It is a bit problematic". The registered manager told us, they always tried to inform people if staff were running late, but admitted that this was an area which they continually tried to improve by listening to people's feedback. Staff told us, overall they had adequate traveling time but explained if they felt they were struggling, they were listened to, and their rota was amended. The registered manager explained, "We never take a package of care, unless we have the capacity to do so".

People's medicines were managed safely. Staff received training, people had care plans in place to provide guidance and direction for staff, and the provider's medicine policy reflected the action expected of staff. Staff were confident about reporting medicine errors and were supported by managers to reflect on practice. Staff skills were reviewed and where necessary requested to undertake further training to be assured they were competent.

People were protected from the spread of infection. People told us staff followed infection control practices and that their homes were always left clean and tidy. Staff undertook infection control training and were provided with personal protective equipment (PPE), such as gloves and aprons.

Is the service effective?

Our findings

People were supported by staff who had undertaken training to meet their needs. Staff were complimentary of the training they received with one member of staff describing it as "Brilliant". The registered manager and deputy manager were passionate about delivering high quality training.

New staff received an induction to the organisation, which incorporated the care certificate. The care certificate is a national induction process, to help ensure staff new to working in care practice to the desired standards expected within the health and social care sector. People who had not worked in the care sector before, told us they felt the induction had given them the knowledge and confidence to carry out their role effectively telling us, "I thoroughly enjoyed it...the person I was shadowing was really good...I was encouraged to ask if I did not feel confident".

Staff received spot checks and supervision to ensure they were working to the provider's expected standards and to discuss ongoing training and development opportunities. Staff told us they found this supportive. The provider's PIR stated, "Staff supervision is arranged at a minimum of four per year. This incorporates direct observations of the carer's practical skills and abilities, with the customer's consent. Office based supervision reviews performance and knowledge. Supervision can be requested by a staff member if they need to discuss any issues immediately. Effectiveness of supervision is assessed using feedback from staff, during appraisal and by reviewing their continuing professional development folder. Caremark ensure all employees have their standard of practice appraised annually along with the supervision. This is a time for reflection and forward". Staff valued the registered manager's open door policy explaining that, "You don't always have to make an appointment" and staff told us they felt "listened to".

People's consent to care was obtained. People told us, "If I feel too unwell then they won't force me to have a shower. They wouldn't force anything on me" and, "Yes, I get asked all the time do you want to do this". Staff understood the importance of asking people for their permission before providing support, and in doing so, how this linked with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff received training and the registered manager had taken time to create bespoke training to help staff better understand the principles of the 2005 Act. People's care plans recorded their consent to care and their mental capacity, to help ensure staff supported them in the correct way, in order to protect their human rights.

People, when required, were supported to eat and drink enough and people's care plans provided details of what support each person needed as well as their likes and dislikes. Staff were observant when people did not eat and drink, telling us what action they would take. Such as, putting into place food and fluid charts or informing the person's family or GP, with their consent. One person's care plan showed staff weighed the person on a weekly basis, because there had been concerns the person had been losing weight.

Weekly menus were designed with people and used to help people plan their weekly shopping and come up with new meal ideas. A member of staff explained that for one person a weekly menu had helped to increase their confidence to shop in the supermarket and had improved their diet.

People were supported to maintain their health. One person told us, "If I need any help like contacting the doctor they will do all that they can". Staff told us they recorded and reported any concerns about the deterioration in people's health to managers, and explained they would support people to speak with their GP or share concerns with their family.

Is the service caring?

Our findings

People told us staff were kind and caring, and people also told us they were treated with respect. Comments included, "Very kind, [staff] that is doing the service at the moment you couldn't get a better set of young ladies to do it", "Yes they are always respectful, just the way that they talk to you", "Very kind and with great respect" and "I think she treats me just like a daughter would, she is very nice". Results from our questionnaires detailed, that 100% of people were happy with the care and support they received from this service, and 100% of people told us care staff were kind and caring.

People had taken time to write to thank the staff who had cared for their loved one, extracts from cards detailed the following, "We would like to thank (...) for her exceptional help in looking after Mum. She went above and beyond the call of duty to ensure that (...) was looked after well and made as comfortable as possible" and, "To thank the Caremark staff for their help and kindness shown to mum".

A comment from our questionnaires stated "The service from this provider is wonderful. The carers are very professional and caring, and nothing is too much trouble. I would recommend them to anyone".

Staff spoke fondly of the people they supported; they explained their kind approach when they arrived, telling us they spoke softly and cheerfully. One member of staff told us they woke one lady up by enquiring, "Are you awake sleeping beauty?" Staff told us by "listening", "taking their time" and by "smiling" people were reassured and showed their kindness and compassion.

Staff liked to go the extra mile for people to help improve people's quality of life. One member of staff told us how she went out of her way to buy one person's meat from the supermarket that they liked.

People were supported by a small group of staff which helped to ensure continuity of care and develop personal relationships. People told us, "If she (the care staff) is not available I get told what is happening and who the replacement will be" and, "We have the same three carers coming around and so far, no problems". The provider's PIR stated, "Caremark recognises the diversity of their customers, making each person unique and distinct. This is identified through the individual needs assessment, and allows the customer to tell us how they wish to be supported. Caremark then match suitable care and support workers to the needs of the customer. We will ascertain if staff have anything in common with the customer. Finding a staff member with a similar cultural background, hobbies and interests can be beneficial. This process encourages customers to express their individuality and to follow their preferred lifestyle".

People's life histories had been asked for and incorporated into their care plans so staff were able to have a meaningful conversation with people. People's individuality was recognised and staffing was adjusted to help provide better care. For one person, their first language was German, so a member of care staff who spoke German was asked to support this person.

People were shown compassion and respect at the end of life their life. One relative had taken time to write and express their heartfelt thanks and had written, "How very kind she was (the care staff), not only to Mum

but to me. She stayed the last afternoon for over an hour in her own time, as she was so concerned for Mum, and let me get all my feelings out, and gave me a shoulder to cry on, which she didn't need to do. She was so caring and thoughtful, words just cannot describe". The registered manager and the provider's PIR told us, they were looking at developing the end of life care provision the service delivered, to ensure they could meet people's needs to the highest of standards, by effectively training their staff by enhancing their skills and knowledge.

People's privacy and dignity was promoted. People commented, "Always close the door and curtains when they need to", "I go to the toilet on my own and they will close the door and wait and make sure I am okay" and, "Yes, no problems. I think they care about it more than I do".

Staff told us they always ensured people were not unnecessarily exposed during personal care.

People were supported to express their views and be actively involved in making decisions relating to their care. People told us, "Oh yes we chat and we discuss things. They make their visit a very friendly time. I look forward to them coming around you can have a chat about different things", "Yes we talk all the time" and, "She is always very friendly and we can talk freely. She is very nice".

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. The provider's PIR stated, "We provide a service which is accessible, responsive, and flexible. We are prepared at any time to adjust the service we provide to meet the changing needs and preferences of service users".

People had a pre-assessment before joining the agency to help ensure the service could meet their needs. When people joined, they were given a welcome pack with important information, such as their care plan, on call details and the complaints procedure. One person told us, "Someone came here and asked me questions" and, "There is a folder they keep here with all that in there".

People had care plans in place which provided guidance and direction for staff about how to meet people's needs. Care plans were detailed and had been written with people to ensure they were reflective of the care they would like. For example, time had been taken to record the importance of applying a person's cream gently as that's how they preferred it. People's care plans were reviewed and updated to make sure they were reflective of people's up to date care needs.

People were asked to be involved in their care plan review and they were amended in line with their wishes and preferences. The provider's PIR stated, "Caremark actively encourage the individual and where appropriate, their representative to become involved in planning their care provision; this person centred approach helps us to understand the perspective of the service user".

Staff told us they had time to read people's care plans. If they were visiting anyone new, they could speak with a care-coordinator or the on call team who could also provide key information before they entered the person's home. Staff told us they found this re-assuring.

People told us their independence was promoted. One person told us, "Before I was getting into a rut and didn't want to go outside. They encourage me now to go out. Saying things like it's a nice day outside why don't you go for a walk". Staff told us the importance of not doing things for people that they could do for themselves, for example getting people to carry out aspects of their own personal care.

People were given a copy of the complaints policy and told us they knew who to complain to commenting, "There is a list in the front of the booklet that says who to contact", "I would talk to someone in charge", "I have a list of numbers to use to call the office. I would phone someone", "I would contact the company and talk to the supervisor" and, "I would report it to the company, just ring them up". A social worker told us they had been impressed by the way in which the provider had managed a complaint. They explained the person had had a preferred way of communicating and that the agency had respected this. They also told us that the person had been asked if they had been satisfied with the response. The provider also had a pictorial copy of their complaints policy, so people who may not be able to understand the written word were still able to understand how to complain.

There was an open and transparent culture regarding complaints. The provider stated, "We all make

mistakes" but, explained it was how they learnt from them which was important. Complaints were investigated and the provider adapted to help ensure concerns of a similar nature were not raised again. For example, one person had decided to alter their visit times, but this had not been effectively communicated amongst the staff team, so it had resulted in the person missing a visit. So this had now resulted in all major changes to visit times being signed off by a manager. At the time of our inspection, the provider had received one complaint which they were handling in conjunction with the local authority; documentation showed the provider had sent an apology letter.

Is the service well-led?

Our findings

There was a management structure in place, which included the managing director, registered manager and the deputy manager.

The management team told us they were all passionate about providing a high quality service. They displayed passion for effectively supporting staff so people using the service received a high standard of care by commenting, "If you want staff to achieve the best, you have to give them the best". The management team worked collaboratively in order to achieve the aims and objectives of the service which were to achieve "The mark of excellence care, to achieve greatness in the provision of domiciliary care".

The provider had quality monitoring systems in place to help ensure the service people received was of a high standard. The auditing and monitoring checks also helped to improve the service, by identifying when action needed to be taken. For example, the registered manager had taken action to update and improve the customer annual survey and interview questions to ensure they reflected the Commissions regulations. The provider's PIR stated, "Response times are audited to ensure specification time scales are met" and "Exit interviews ensure monitoring of reasons for leaving".

Staff described managers as, "open, honest and trustworthy". Staff liked the open door approach to the organisation, and felt supported and empowered to raise concerns at any time. One member of staff liked the way in which she was contacted on a Friday, to make sure her rota was okay and if she needed to share any concerns before the weekend.

People were asked for their views about the quality of the service by the completion of an annual survey and quality care review visits. The results of the provider's 2015 customer annual survey showed that 33 out of 35 people would recommend Caremark (Plymouth) to others. At the time of our inspection, the 2016 survey was being distributed.

External professionals told us they felt the service was managed well, commenting "Caremark I feel are well managed and the times that I have spoken with them have found them to be professional and courteous" and, "Professional, helpful and reliable. I would recommend".

The provider's PIR stated, "A third party website obtains and displays client feedback. Survey cards are posted to www.homecare.co.uk. Results are published on their website providing an independent data source to new and existing clients. With 98% client feedback score we are the highest rated care provider in Plymouth. We were awarded a 'Top 10 in the South West' regional award from them, the only one in Plymouth, and one of only four in the whole Caremark network of over 80 offices". The provider's PIR also showed that in the last 12 months the service had received 38 compliments.

Managers felt supported and continued to enhance their own knowledge and skills. The provider's PIR stated, "Our registered manager has achieved her registered managers award, but will be enrolling for level 5 in leadership in health and social care to further enhance her knowledge and experience. Deputy manager

to enrol for Award in Education and Training to enhance our training delivery".

The managers were open and honest, they responded professionally and promptly to the Commission and external agencies when required. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager understood when they needed to notify the Commission of significant events in line with their legal duty and when working with external agencies was required.

The provider had plans for the future, and told us in their PIR that within the next 12 months they would like to "Develop a newsletter which will notify clients of upcoming events and outings and include developments within Caremark, staff profiles, results from surveys, staff news and achievements". They also told us, "Our carer's are our most valuable asset and to continue to enhance their personal development, skills and give additional learning opportunities we are continuing to develop our current in-house training program".