

I & M Healthcare Limited

Caremark (Brentwood & Basildon)

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

Caremark is a domiciliary care agency (DCA) which provides care and support to people in their own homes. At the time of our inspection there were 16 people using the service.

The inspection was announced and took place on 8 June 2017 with follow up visits on 9 June 2017. We gave the manager 48 hours' notice of the inspection because we needed to be sure that staff and people using the service would be available to speak with us. At the time of inspection there was 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 and associated Regulations about how the service is run.

People were protected from harm by staff who understood their safeguarding responsibilities. Staff recognised the signs of abuse and knew what action to take if abuse was suspected. Staff were aware of the whistle-blowing policy and were confident that if they raised concerns these would be listened to and actioned appropriately.

People had risk assessments and management plans in place which provided guidance to staff on how care was to be provided in order to prevent or minimise the risk of people coming to harm.

People who required support with medicines were assisted by staff who were trained and assessed as competent to give medicines safely.

Robust recruitment processes were in place to ensure the safe recruitment of staff. There were sufficient numbers of staff deployed to safely meet people's needs.

Staff received a comprehensive induction and on going training to equip them with the knowledge and skills to care and support people effectively. Supervision and spot checks were regularly carried out to monitor and assess staff competency.

The legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make specific decisions about their care. 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 service supported people with decision-making and involved people's family members or representatives in the decision-making process.

Where people were assisted at mealtimes, they were supported to have enough to eat and drink which reflected their preferences and met their health needs. The service worked with health and social care professionals when staff had concerns about people's health and wellbeing.

Staff were kind and caring, knew people well and treated them with dignity and respect. The service adopted a person-centred approach and care was tailored to meet people's individual needs.

Care plans detailed how people wished to be supported. People were involved in the care planning process and in decisions about their care and treatment.

There were systems in place to support people to make a complaint or raise concerns about the service. Feedback from people who used the service was actively sought and the information was used to improve the service people received.

Staff enjoyed working at the service . They were supported by the registered manager who they described as approachable and accessible.

There were systems in place to monitor the quality and safety of the service and action was taken to make any necessary improvements to develop 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.

Risks to people were assessed and staff were aware of any risks to people and how to manage them. Staff were recruited safely in sufficient numbers to meet people's needs. Where people required support to take their medicines this was provided by staff who were trained and assessed as competent to do so.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training required to be competent in their role. People were supported to make decisions about their care and support. Staff helped people to have enough to eat and drink and to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people with dignity and respect. People were listened to and consulted about how they wanted their care and support delivered. Independence was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People had care records which detailed people's likes, dislikes, routines and preferences and these were understood and respected by staff. People knew how and to whom to make a complaint, and any complaints were dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided clear leadership. The culture of the service was open and responsive. There were systems in place to monitor safety and quality and drive improvements. □

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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.

The inspection took place on 8 and 9 June 2017 and was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Prior to the inspection we reviewed all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager, the training co-ordinator and three other members of care staff. We received feedback from four people who used the service. We looked at four people's care plans and associated records, four staff recruitment files, staff training records, the staff supervision and competency checks. We reviewed a number of other documents relating to the management of the service including policies and processes relating to aspects such as safeguarding, handling complaints, incidents and accidents and medicine management.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel content and safe; when you are not used to having carers come into your home it takes a while to get used to it but they have put me at my ease." People said that new staff were always introduced to them by existing staff or the registered manager. Staff wore identity badges and used safe infection control practices such as wearing disposable gloves and aprons all of which helped people to feel safe.

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. The registered manager was vigilant regarding risks to people and shared information with the appropriate professionals or authorities to protect people from the risk of harm. For example, where it had come to their attention that a person was frequently falling, they had contacted the local authority to request a review of the person's needs to ensure they received the right level of support to keep them safe.

Risk assessments were carried out to identify any risks to people when providing care. Identified risks were incorporated into the care plans and included a management plan for staff on what to do to minimise any potential or actual risk. We saw that risk assessments were personalised and specific to each person. For example, where a person had a catheter, detailed guidance was in place for staff on the signs of infection and when to consult the relevant health professional. We saw that the registered manager had also discussed the guidance with the person's family member so they were aware of the risks to support the person to stay safe.

The service assessed the environment and premises for risks to the safety of people who used the service as well as staff who were providing the package of care. Staff demonstrated a good awareness of the risks to people and how to manage these. For example, one staff member told us, "When [person] is wobbly on his legs we only walk short distances. I look at how he is standing; when he is shuffling I know he can't go far that day."

Safe recruitment processes were in place for the employment of staff. All of the relevant checks had been completed before staff began work. This included taking up satisfactory references and obtaining a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There were enough staff employed to ensure people received the care they needed in line with their support package. Staff told us there were enough staff and that they had time to spend with people. People told us that they had never experienced a missed visit though sometimes calls were late. However, people said that the majority of time calls were on time and if not they would be notified by phone to let them know if staff were going to be late. The registered manager advised that they audited people's daily records to monitor call times and check people had received their visits as scheduled.

Some people required support with taking their medicines. Staff who administered medicines had received training and had their practice observed by the registered manager to ensure they were competent to administer medicines safely. Where people were supported to take medicines, staff recorded what had been given on a medicine administration record (MAR). We looked at two people's MAR sheets and saw that people had received their medicines as prescribed. The registered manager completed regular audits of people's MAR to check people were receiving their medicines safely. Where gaps were noted on the MAR the registered manager investigated the reason why and took the appropriate action, for example, providing additional training and support for staff.

Is the service effective?

Our findings

People told us that Caremark was a good service and they would recommend it to other people. Comments from people included, "They are very good," And, "I would recommend the service to others, the staff know what they are doing."

When new staff joined the service they received a comprehensive induction which provided essential training, based on the care certificate. The care certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life. The training provided took place over five days and was face to face with the organisation's in-house trainer. Staff told us the training was of good quality and gave them the skills and knowledge to be competent in their role. One staff member told us, "[Named] the trainer was fantastic, explained things to you so you could understand." Staff told us they did not start work until they had completed the training programme. The induction process also included the opportunity for staff to shadow more experienced workers so they could be introduced to people and get to know their needs and preferences.

The registered manager advised us and staff confirmed that they received regular competency checks to ensure staff continued to have the skills and knowledge required to meet people's needs. We looked at written records which showed that spot checks had been completed and staff had been provided with constructive feedback to improve their practice. We spoke to a new member of staff who told us about their experience, they told us, "I did all of my training before I started then went out shadowing; they have been checking up on me a few times; the registered manager has turned up to spot check me; they told me that I needed to speak more to people."

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 saw that staff had received training in the MCA and all of the staff we spoke with understood how to apply the principles of the act in practice. For example, communicating with people in ways they could understand, showing people options and not giving people too many choices to help people make their own decisions. Staff understood the importance of asking people for consent before providing any care and support and we observed staff asking people's permission before helping them.

We looked at four people's care records and saw that the registered manager had a good awareness of the Mental Capacity Act and had given consideration to people's capacity to make decisions during their initial assessment of each person's needs. Where people experienced difficulties and had appointed a representative to make decisions on their behalf this was recorded in people's care records so that they could be consulted in any best interest decisions.

Where required people were supported to have enough to eat and drink which met their preferences and any health needs. People told us they chose what meals they wanted and care staff prepared the meals for

them. During our inspection visit we observed staff encouraging people to eat and to drink plenty of fluids to help them remain hydrated and in good health.

We saw that the service worked with health care professionals to support people to maintain their health and wellbeing. For example, one person had a catheter so the registered manager who was a qualified nurse, worked with the district nurse to ensure the person received good catheter care. The registered manager also provided staff with on the job training in catheter care and completed observations of staff competence.

People told us staff were good at noticing if they became unwell and getting them the help they needed. One person told us, "one time a carer walked in and said I'm phoning an ambulance, she had noticed that I looked very poorly; she sat and waited with me until my family arrived."

Is the service caring?

Our findings

People said that staff were caring. One person told us, "They [staff] are very polite, very caring." Another said, "They are all friendly and helpful." Staff spoke in a warm and caring way about the people they supported. One staff member said, "The best thing about working here is the people, they are all lovely." Another member of staff told us, "I treat all the ladies as if they were my mum and all the gents as if they were my dad, they always come first."

We observed two separate care visits made by staff to people and found that the care staff were warm and friendly in their approach. They chatted in a familiar way with people, putting them at their ease and asked how people were feeling. We saw that staff were very attentive to people's needs and made sure they had everything they needed before they left them.

People were supported by a small and stable workforce which included the registered manager. This meant that people received consistent care and support by staff who knew them well. A staff member told us, "We have good relationships with people because we are a small company." This sentiment was echoed by people who used the service. One person told us, "We have lovely staff, they know me very well; they do the things I want and are very helpful and I like them all." Another person said, "Now I've got carers that I have got to know, I have three, I know them all. They do what I want, I tell them what I want and they do it."

Staff were able to demonstrate that they listened to people and provided care and support how they wanted it. One staff member told us, "[person] likes reassurance; they don't like being asked if they are ok constantly, I have learnt this about them through talking with them."

After each visit staff recorded the care and support they had given in a daily record sheet. The daily notes were written in a kind and personalised way. For example, in one entry we saw a staff member had written 'Had a nice chat, [person] was in good spirits.'

Independence was encouraged and discussed at care reviews where people had the opportunity to talk about any future goals. Staff were aware of the importance of supporting people to be as independent as they could be and used creative ways to motivate people. One member of staff told us, "I mimic getting dressed and putting pull ups on, to motivate [person] to do it; this morning, we both had walking sticks as I find this encourages [person] to use it." The member of staff told us how they had worked with a person who would often refuse to eat and drink. They had spoken with the person's family and asked for their consent to sit with the person and have a cup of tea and biscuit with them which encouraged them to eat.

Staff were aware of the importance of treating people with dignity and respect and this was reinforced through written guidance for staff in people's care plans. We looked at a person's care plan which instructed staff; '[person] should be covered with a towel on her way back to their bedroom to prevent them getting cold and to maintain their dignity.' Staff told us when supporting people with any personal care they would always ensure this was done in a way that respected the person's privacy and maintained their dignity, for example, shutting doors and curtains and keeping people covered.

People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff.

Is the service responsive?

Our findings

The registered manager completed a face to face assessment of all new referrals they received to ensure they could meet someone's needs before taking them on. They told us, "We find out if they are different from the information on the referral to make sure we can meet their needs and whether it's safe."

The initial assessment included finding out about the person and identifying their needs and goals and any risks to the person and to staff. Information was sought from the person and their family members to record people's wishes and preferences. The information gathered informed a detailed care and support plan which was individualised and tailored to meet the person's specific needs.

We looked at four care plans which clearly explained how people would like to receive their care and support. The plans were person-centred which means they focussed on people as individuals and this helped staff to deliver care and support the way people wanted. People told us that they received person-centred care. For example, one person told us, "They [care staff] are very gentle and sensitive with my personal care, they have given me a care worker that works slower because I can't rush."

No-one using the service had yet received a planned annual review of their care package as they had not been at the service for a year. However, if something changed for people then a review was organised to re-assess their needs. People told us that the registered manager regularly checked with them either face to face or via telephone that their care and support package was meeting their needs. We saw examples of telephone reviews that had been completed to find out if people were satisfied. A person told us, "[registered manager] came out; they check I'm happy with everything."

The service had systems and processes in place to respond to complaints. However, at the time of inspection there were no open complaints. The registered manager advised us that if people raised a concern with their care staff this would be fed back to them and they would go out and complete a review in response. We saw that people were given a copy of the complaints policy and instructions on how to make a complaint if necessary. People told us they knew how to make a complaint and who to speak to. A person told us, "I know who to complain to but I have never had to."

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. The registered manager was supported by a care co-ordinator and a newly appointed field care supervisor. Between them they were responsible for the day to day running of the service.

The registered manager was also a qualified nurse and told us they took a hands-on approach and delivered direct care and support to people. This meant they were able to monitor and assess staff by working alongside them. They also had the opportunity to talk to people to find out if they were satisfied with the service and staff performance. People confirmed that the registered manager was very visible within the service and often came out to deliver care and support. A person told us, "[Registered Manager], came in to me yesterday, she often comes in to me she provides care as well but she always checks that I'm ok."

Staff spoke highly of the organisation, the management team and the registered manager. A staff member told us, "They've been amazing, very supportive, very good company to work for; the registered manager is so understanding." Another said, "They are excellent managers, very supportive; we can go in to the office anytime. It's a good company to work for and they will always let me know if there is a problem."

All of the staff we spoke with said that they were well supported and listened to. This meant that staff were confident to approach the management team with any concerns including whistle-blowing as felt they would be dealt with fairly without recrimination.

The service employed a freelance training co-ordinator to deliver face to face training to their staff. They told us, "It's a good company. I feel very well supported. They are a good manager; we have learnt from each other, we have a good working relationship. [Registered manager] has come into a couple of my training sessions, to see what's going on and find out what staff know and are learning." This demonstrated that the registered manager had good oversight of staff skills and competence to ensure that people received good quality care and support. .

We found the service had developed a person-centred culture that promoted independence and listened to people. Staff we spoke with demonstrated they shared the vision and values of the service. A staff member told us, "It's all about what people prefer, for example, [person] likes a quiet gentle approach, they like routine and consistency; they have got used to me, it's nice, they feel they can tell me if anything was wrong."

The registered manager had systems in place to measure the quality of the service people received. This included checking the daily notes when they went out on care visits to check that people received the care and support they asked for and that carers stayed the allotted time. When people joined the service they received regular phone calls and follow up visits by the registered manager to check things were going well. A person told us, "[Registered manager] phoned me the first week to make sure things were going ok in line with my routine, then again after the first month." People also received an annual satisfaction survey to

complete. We looked at the surveys which had been returned and found the responses were very positive.