

Southend Rochford Care Services Limited

Caremark (Southend and Rochford)

Inspection report

14-16 South Street
Rochford
Essex
SS4 1BQ

Tel: 01702548104

Date of inspection visit:
12 December 2016
16 December 2016

Date of publication:
23 December 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

Caremark Southend and Rochford provides personal care to people who live in their own home. There were 67 people receiving a service at the time of our inspection.

A registered manager was 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 and their relatives felt confident that people were safe and secure when receiving care in their own homes. Staff knew how to identify potential abuse and report concerns. People were supported to take their medicines safely. Potential risks to people's health and well-being were identified, reviewed and managed effectively to support people to have as much independence as possible while keeping them safe. Satisfactory staff recruitment processes were in place. There were adequate numbers of suitable staff available to meet people's individual needs.

People received their care and support from a staff team that had a full understanding of people's care needs and the skills and knowledge to meet them. People's consent was obtained prior to support being given and staff were familiar with the Mental Capacity Act and how this may affect them in their role. Staff respected people's right to make their own decisions. People were provided with appropriate levels of support to eat and drink and maintain their health and wellbeing.

People's dignity and privacy was respected and people found the staff to be reliable, friendly and caring. People and their relatives where appropriate, were fully involved in the planning, delivery and reviews of the support provided. Care records overall included people's preferences and individual needs so that staff had information on how to give people the support that they needed. People confirmed they received the care they required.

People and staff knew the registered manager and office staff and found them to be approachable. Systems were in place to monitor and assess the quality of the service people received. People had the opportunity to say how they felt about the service provided and influence changes and improvements.

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 felt safe using the service and potential risks to people's health and well-being were identified and managed safely. Safe recruitment practices were followed overall to ensure people's safety.

People's individual risks were known to staff, who also had a good understanding of how to prevent abuse. People were supported with their medicines in a safe way by trained staff. Sufficient numbers of staff were available to meet people's individual needs in a consistent and timely way.

Is the service effective?

Good ●

The service was effective.

Staff received support and training to enable them to carry out their roles and responsibilities.

People were asked for their consent before care was given.

Staff supported people to meet their nutritional needs in order to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People and their relatives where appropriate were involved in the planning and review of the care and support provided.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar to them. People's privacy and dignity was respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their needs and took account of their preferences and personal circumstances.

People's care was planned and kept under review to help ensure their needs were consistently met.

People were confident to raise concerns and knew how to complain if the need arose.

Is the service well-led?

The service was well led.

A registered manager was in post. The management team were clear about their roles, responsibility and accountability and staff felt supported by the manager.

Systems were in place to monitor and improve the service.

Systems were also in place to seek people's views on the service to ensure its quality and continuous improvement.

Good 

Caremark (Southend and Rochford)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one inspector on 12 and 16 December 2016. The provider was given 48 hours' notice of our inspection to ensure we could gain access to the information we needed. We visited the office on 12 December 2016. We spoke with people using the service, their relatives and with staff by telephone on 16 December 2016.

Before the inspection, we looked at information that we had received about the service. This included any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. We sent surveys to people using the service, their relatives and to staff and received a number of responses. The provider completed 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.

During the inspection process, we spoke with four people who received a service and four people's relatives. We spoke with the provider, the registered manager and four staff working in the service. We looked at three people's care records. We looked at records relating to three staff. We also looked at the provider's arrangements for managing medicines, supporting staff, managing complaints and monitoring and assessing the quality of the services provided.

Is the service safe?

Our findings

People told us they felt comfortable and safe with staff. Relatives also confirmed this and one relative told us, "I do feel that [person] is safe with them, the staff treat [person] well."

The provider had clear policies and procedures in place to support staff to safeguard people. Staff had attended training and were knowledgeable about identifying abuse and how to report it to safeguard people. The registered manager was aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. Staff expressed confidence that the registered manager and the provider would take the necessary action to deal with any safeguarding concerns that were raised with them.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to reduce risks as much as possible, such as supporting to move safely around their home and reduce potential falls. The provider told us that risk assessments will in future include confirmation that people's personal equipment has been inspected for safety on a regular basis. One person told us, "They came out and checked everything around the house and the amenities to make sure it was safe." Staff were aware of people's individual risks and how to help people in a safe way. Managers carried out spot checks and observed staff completing moving and handling procedures to ensure that people were safely supported. The provider sent us their contingency plan which was in place to ensure the continued operations of the service for people in the event of emergency such as bad weather or power failures.

All but one staff member's record showed that recruitment processes were in place for the safe employment of staff. The registered manager told us this one error was a clear oversight, had occurred some time past and all other subsequent records showed that safe procedures had been followed. Checks were carried out as to the suitability of applicants in line with legal requirements. These checks included taking up references and ensuring that the member of staff was not prohibited from working with people who required care and support. The provider told us that, following some previous difficulties, they were not currently taking on any new packages of care or additional hours. This was because they did not have capacity to support them and did not want to let people down. Our surveys of people indicated that there had been some problems in the reliability of the calls. Discussion with people confirmed that this had improved. The provider told us they had handed back some work to the local authority and would not take on any support where people were to be offered less than 30 minutes for each visit to ensure they could offer people safe care.

People told us they were supported by consistent staff, who in the main, arrived at the agreed time and who were flexible when needed. They confirmed the provider's information that that people were allocated regular carers. People told us that there were occasions where other staff provided cover in the event for example of their regular carer being on leave. Some people we spoke with confirmed that they would like additional hours but the provider had informed them that they were unable to provide this at the moment. The provider added that they had some prospective staff currently going through the recruitment process

which would help to resolve this.

While many people managed their own medicines, there were arrangements in place to support people safely with taking their medicines where this was needed. While we did not identify any concern about people receiving their medicines properly, we found that some records were lacking in clarity. The registered manager subsequently confirmed they had taken advice from the organisation and updated people's care records to clarify where staff were to prompt people and where staff were to administer people's medicines. Staff members told us they had received training on how to administer medicines safely and that they had clear procedures to follow. Supervisors carried out spot checks and observed staff administering medicines to ensure their competency in practice. People and staff confirmed that medicines were safely stored. People and relatives told us that staff provided them with the level of support agreed in the care plan regarding management of their medicines.

Is the service effective?

Our findings

People told us that staff supported them in an appropriate way. A relative said, "We had a previous experience with another agency that was not good but these staff seem well trained." Another relative said, "Staff are pretty good and know what they are doing."

Staff had opportunities to have a formal induction to the service. This was confirmed by records provided and by staff spoken with. Staff told us that their induction had included shadowing an experienced staff member in the care of people whom the new staff member would in future be supporting. The PIR told us that the organisation had now adapted the induction to reflect the Care Certificate, an industry recognised induction programme. Records showed that more recently employed staff had completed this approach.

People received care from staff who had been provided with basic training. Staff completed all their training online initially and then had face to face training provided by the registered manager. This included practical moving and handling training. The registered manager confirmed however that they had not updated their own training for almost six years and therefore it was not current. Following discussion, the provider confirmed that updated training to enable the registered manager to train staff in moving and handling was booked for early in the new year. Full updated training will then be provided for all staff. While we were advised that had been some issues relating to training staff in the use of moving and equipment in the past, staff and people told us that overall staff were suitably trained for their role. Records and staff confirmed that they received regular supervision and an annual appraisal to ensure their ongoing competence.

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.

Staff employed at the service had completed Mental Capacity Act 2005 (MCA) training online. Staff demonstrated a basic understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. Records showed that assessments had been completed regarding some people's ability to make decisions. We noted however that these sometimes contradicted other information within the person's care records. We discussed this with the registered manager and the provider who agreed with our findings. The provider confirmed that they would make arrangements for senior staff to receive additional face to face training relating to MCA to support better understanding within the staff team.

People told us that staff encouraged and supported them to eat well while respecting people's right to make their own decisions. Staff had completed training in food handling. Care plans showed where people were to be supported with meals and drinks and what that support entailed. One person said, "They get my breakfast and know the foods that I like. I tell them what I was and they get me what I fancy." A relative said,

"[Person] eats well now. Staff do breakfast and microwave a lunch meal, but will also do things like egg on toast if that is what [person] fancies.

People were supported to manage their health and wellbeing. A relative told us, "They do encourage [person] to drink. They noticed that [person] was dehydrated and wobbly and got the doctor in." Staff were aware of what to do in the event of a person showing signs of being unwell and had, for example, contacted emergency services appropriately for another person. One person said, "The carer can tell if I am well or poorly. There was an occasion when they contacted the doctor and my family for me as I was unwell."

Is the service caring?

Our findings

People told us that staff treated them with caring and kindness. One relative said, "We could not ask for nicer carers. They treat [person] like a queen, and if [they] are not well the carers sit with them. The staff are very caring and loving, for example, they kiss [person] goodnight." Another relative said, "Staff are cheery and call [person] by name. They are kind and caring towards [person] who always says the staff are nice."

The PIR told us that during the initial assessment stage senior staff met with people and their next of kin/partner to discuss the care and support they require. This time was used to identify the exact areas of care needed and to what degree. They would then build up a care and support plan from the information provided, which outlined a detailed step by step guide to how the care was to be delivered noting, for example, where things were kept so that the carers did not need to constantly ask the person for the same information. Records of the assessments were in place but had not been dated to show that they were completed before the service commenced. The provider confirmed this would be in place in all future assessments.

People told us they were involved in decisions about their care, lifestyle and about the support they were provided with. When they enquired about using the service, a senior staff member met with them and discussed what they wanted from the service. One relative said, "They did an assessment at the beginning. They asked [person] what they needed and liked and what [person] could do for themselves. This really mattered as [person] really likes to be involved. We have the care plan in the house."

People were supported in a kind and compassionate way by staff who knew them well, were very knowledgeable about their care needs and who had taken time to develop positive and caring relationships with them. One relative told us, "We have regular carers who are great. They know everything and know how [person] feels, they know [person] well." Staff knew the people they cared for very well. Staff told us about individual people's likes and dislikes and this matched with what was recorded in people's individual care records.

People told us that staff treated them with dignity ensuring, for example, that people were covered while personal care was being provided. One person told us, "Staff are very kind and very respectful and I have no complaints at all about their behaviour in any way." A relative said, "They are careful with privacy and dignity, for example, they always pull the blind down in the bathroom."

People also told us that staff respected their independence. One person's care plan detailed that while the person needed a lot of support with personal care, there were some tasks they could still complete themselves. The person's relative confirmed that staff always ensured this happened and was encouraged. One person said, "The carers are amazing. They know me as a person, that I do not like my independence taken away. They respect that."

Is the service responsive?

Our findings

People told us they found the service flexible and responsive to their individual needs. One person said, "In the early stages we found the agreed times were actually too early for us. We told them about it and they changed the times to suit us and it has been fine ever since." A relative told us, "They are so good here. I had to go away for a couple of days due to a family emergency. The staff arranged to work extra hours to cover for me and ensure [person's] comfort."

Each person had a care plan in place showing the support they required and these were reviewed so that staff had clear guidance on how best to meet people's current needs. People confirmed that care plans were available in their homes and that they were involved in regular reviews. People told us that staff used the information within the care plans well and also completed records of care provided each visit so other staff had clear up to date information available. One person said, "The care plan is here. If a new staff member comes, they ask [person] first what they would like done but then check the care plan too. They always write in what they do each day."

Care plans were written in a person centred way and clarified how people needed to be supported while being empowered to maintain skills and independence. They included good detail of the care people required and how to provide this in a person centred way. We noted that one person had a medical condition that was not identified within the actual plan of care to ensure staff had a clear awareness so as to pick up on any impact of this should it occur. There was no evidence that there had been any impact on the person and the registered manager subsequently confirmed that this had been addressed.

Staff were aware of people's preferences and changing needs and responded to this in an individual way. One person told us, for example, that staff accessed their premises in a particular way that met their wishes. People's expressed views in relation to the individual methods of completing reviews were recorded and responded to. People told us that staff completed the tasks identified within their care plans and responded to people's needs flexibly at each visit. One person said, "They are reliable. They do what is required but then do sit and chat for a few minutes and ask if there is anything else they can do for you. They always leave you comfortable."

People told us that they felt confident to raise any concerns if they had any issues, although they had not had any reason to do so. People told us that they received information on how to raise concerns or make a complaint when they started using the service and felt sure that they would be listened to and action would be taken. Staff were aware of how to respond to any concerns or complaints people might raise with them in line with the provider's complaints procedure.

People had access to a clear complaints procedure that was also available in an easy read format. It gave timescales for responses and actions so that people knew what they could expect to happen and when. It told people how to take their complaint further should they not be satisfied with the provider's response. We looked at the provider's record of complaints. We saw that the one complaint received had been responded to in a timely way and appropriate action taken to the satisfaction of the complainant who continued to use

the service. The registered manager showed us a number of cards and letters of thanks and compliment that had been received by the service.

Is the service well-led?

Our findings

The service had an established registered manager in post. The registered manager was supported by administrative and field co-ordinator staff. The provider was regularly available to support the registered manager. Staff had clear roles and responsibility to ensure all aspects of the service were maintained. Staff felt supported by the service. The provider had incentives in place to encourage and reward staff. These include nominations for carer of the month to recognise good practice with additional financial remuneration.

Systems were in place to monitor, assess and improve aspects of the service. The registered manager completed a range of audits and checks such as of staff files, care records and medicines. The registered manager had introduced a medication booklet to record the support provided to people in their home. A designated member of staff was allocated to return the booklet to the office by a set date each month to be checked by the registered manager. A record was maintained of any issues identified, such as gaps in staff signing for the medication administration, and of the action taken by the registered manager in follow up with staff. This meant that prompt action was taken to deal with any issues and to ensure continued improvement.

Other aspects of the system were not so clearly established. The registered manager told us that there were scheduled weekly office meetings to assess the plans for the coming week, make any adjustments needed to cover calls and review any issues identified from the previous week. Records of these meetings were not consistently maintained. The organisation had a format in place to record the manager's weekly report to the provider. The most recent record of these available was dated June 2016. We did not find that evidence that this had impacted negatively on people. However, the provider advised that they needed to demonstrate a clearer overview of the service, with action plans to show where issues were identified and addressed. They confirmed they would introduce this following this inspection.

Staff and people using the service confirmed that spot checks of staff practice were completed regularly to ensure the quality of care people received. These included a range of aspects including the time staff arrived, how they addressed people and their knowledge of the person's needs. The checks were also used to gain people's views on the service they received.

People also had opportunity to express their views and be listened to through an annual satisfaction survey. The analysis of the last survey in March 2016 noted that not all people knew the registered manager or the field supervisor team. In response to this, the registered manager sent people a letter that contained photographs of the management team so people could identify them. 89 surveys were sent out and 25 people responded. These were positive overall with people confirming their satisfaction with the service. People we spoke with told us they were happy with the service they received and they would be happy to recommend it to others.