

SM Homecare Services Ltd

Caremark (Coventry)

Inspection report

Suite 1, Second Floor,
Cash's Business Centre, 228 Widdrington Road
Coventry
CV1 4PB

Tel: 02476581244

Website: www.caremark.co.uk/coventry

Date of inspection visit:
10 January 2020

Date of publication:
03 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caremark (Coventry) is a domiciliary care agency providing care and support for people living in their own homes. It is a franchise of Caremark, a national organisation supporting a large number of local care companies. Caremark (Coventry) supports children, younger adults and older people with diverse needs including, dementia, learning disabilities, sensory impairment, physical disabilities, drug and alcohol misuse and eating disorders. At the time of our inspection approximately 260 people received care and support from this service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Most people felt safe with staff who visited them and were satisfied with the way in which their care and support was provided. However, some people and relatives were concerned care calls did not take place at the times they expected, from staff they knew. Action was being taken to address this. Staff knew how to keep people safe and had the time they needed to ensure people's needs were met safely. People told us they received their medicines as prescribed. However, records completed by staff to confirm this required improvement.

The providers quality monitoring systems and processes were not consistently effective. Action was planned to address this. Feedback from people, relatives and staff had been used to begin to improve the service and people's experiences. The management and staff team worked in partnership with other professionals to improve outcomes for people.

People's needs were assessed, and staff understood how to provide care in line with people's lifestyle choices, religious and cultural beliefs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received comprehensive training and the management support they needed to effectively fulfil their roles. The management team and staff understood and worked within the requirements and principles of the Mental Capacity Act (2005).

People's care was provided by staff who were kind and respectful. Staff knew the people they visited with whom they had developed positive relationships. People's privacy and dignity was upheld and their independence promoted. Staff felt valued and supported by the management team.

Staff understood and used people's preferred methods of communication to ensure people were involved in

planning and making day to day decisions about their care. Information about the service was available in a range of different formats. Most care plans informed staff how to deliver personalised care. Complaints were managed in line with the providers complaint procedure.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 21 July 2017). Since this inspection, the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: This was a planned inspection based on the previous rating of good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our methodology. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Caremark (Coventry)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experiences of using, or caring for someone, who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the registered manager short notice of the inspection. This was because we needed to be sure they would be available to support the inspection.

Inspection activity started on 20 December 2019 and ended on 10 January 2020. We visited the office location on 10 January 2020.

What we did before the inspection

We gathered feedback from five people and 10 relatives about their experience of the care provided via the telephone. We also spoke with 13 members of staff including team leaders and care staff. We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider, the registered manager, the care manager and two care coordinators. We reviewed five people's care plans, multiple risk assessments, a range of daily records and medicine administration records (MAR) to ensure they were reflective of their needs. We looked at three staff files to check staff had been recruited safely and reviewed a variety of records relating to the management of the service including quality audits, training data and the providers policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People told us they received their planned care calls and staff stayed for the agreed length of time. One person said, "I'm never rushed. The other day I lost my dentures. [Staff member] insisted on staying till they were found." However, one person told us they had not received a care call. We checked and found the call had been completed though later than planned.
- Over half of the people and relatives we spoke with told us the times of their care calls and the staff who provided them were inconsistent. Comments included, "No it's not a regular team, he has a few days of regulars, then it all changes." "I never know who's coming in... it used to be an early call, but now it's later." and "[Person] has one regular carer who is absolutely brilliant. If she's off it all goes haywire." Records confirmed these inconsistencies for some people.
- The registered manager acknowledged our findings. They felt this was due to countywide staff recruitment and retention challenges and difficulties in maintaining enough staff to meet the obligations of their contract with the local authority. They told us, "We have to take new customers if we have capacity or not."
- The provider told us they had raised their concerns about contractual challenges with the local authority and described the actions they were supporting the management team to take try to address these. They had recruited a dedicated recruitment manager and introduced new initiatives, such as a staff pamper day. The aim being to thank staff for their hard work. The registered manager said, "If staff feel valued they will stay with us which helps with consistency for our clients [people]."
- Staff said they had enough time to provide the support people needed safely and felt there were enough staff to cover all planned care calls. One told us, "There are five team leaders. If someone phones in sick or their car breaks down a team leader will cover. In the past a few calls were missed but not now." Another commented, "If you need more time they [management] reassess people's needs and increase the time."
- The provider's procedures ensured staff were recruited safely and were of suitable character before they were employed by the service.

Systems and processes to safeguard people from the risk of abuse

- Most people told us they felt safe with the staff who visited them and were satisfied with the support provided. However, one person said they felt unsafe because they did not always know the staff who visited them.
- Staff understood the actions they needed to take if they had a safeguarding concern and whilst confident these would be addressed, knew how to escalate their concerns if they were not.
- The registered manager understood and had met their responsibility to report concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Using medicines safely

- People who required support told us they received their medicines as prescribed.
- Staff had been trained to administer medicines safely and regular checks of their practice were completed to ensure they remained competent to do so.
- The management team checked medicine administration records (MAR) and addressed shortfalls, for example missed signatures, with individual staff. However, audits we reviewed had not highlighted other issues we identified. A prescribed medicine on one person's MAR had a line drawn through it indicating the medicine was no longer required. This conflicted with a handwritten entry on the top of the MAR which stated the medicine should be taken on alternate days. However, daily records completed by staff confirmed the medicine had been discontinued.
- The registered manager told us they had already identified the need to 'strengthen' medicine management and were in the process of implementing a 'live time' electronic medicine monitoring system to address this.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed, recorded and regularly reviewed.
- Risk management plans informed staff how to manage and reduce risks.
- Staff understood the actions they needed to take to keep people safe and confirmed any changes or new risks were shared with them in a timely way.

Preventing and controlling infection.

- People confirmed staff used disposable gloves and aprons.
- Staff completed infection control training and understood their responsibilities in relation to this.
- During our visit staff came into the office to collect stocks of gloves and aprons which were readily available.

Learning lessons when things go wrong

- Accidents and incidents were recorded. Completed records were reviewed to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to providing care the service completed an assessment of people's needs to ensure appropriate support could be provided. Assessments included speaking with people about their physical, cultural and religious needs, preferences and the timing of their care calls. A care co-ordinator told us, "It's really important to explain about call times because social workers often promise the customer a set time without checking if we have that availability."
- Information from assessments was used as a basis to develop care plans which helped staff to get to know people and understand their needs.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was working within the requirements of the MCA. No one using the service at the time of our inspection had restrictions on their liberty.
- Staff had completed MCA training to help them understand the principles of the Act.
- People confirmed staff gained their consent before they provided care and support which meant people had choice and control of their lives.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff to deliver care effectively.
- Staff continued to receive support and guidance through an induction, on-going training, observations of their practice and individual meetings to ensure they had the knowledge and skills to meet people's needs. One staff member described the training they received as 'excellent'. Another said they understood how to support a person to change their catheter bag because they had completed specific training.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies

to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with the preparation of food and drink where required. One person said, "They always ask me what I want and fancy. They leave me bottles of water."
- Care plans included information about people's dietary needs and preferences, including those linked to people's medical conditions and beliefs.
- Staff supported people with access to health care if they were unable to do this independently and liaised with family members where agreed.
- The management team and staff worked closely with health and social care professionals to improve outcomes for people, including social workers, occupational therapists, and district nurses.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People described the staff who visited them as, 'polite and respectful'. One person said, "I am not very well. They have all been very considerate. They are very good and get 10 out of 10." Another person said, "We have a good chat and laugh together."
- Staff cared about the people they supported and enjoyed their work. One staff member said, "The clients mean everything to me. I feel honoured to be helping them."
- Staff completed equality and diversity training and understood the importance of respecting people's preferences and life style choices. One staff member said, "We always check about gender. If clients choose a male or female carer this is always met."
- Staff diversity such as language skills, background and interests were 'matched' to individual people to better meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People confirmed support from the service helped them to remain independent and living in their own homes in line with their wishes. One person told us they retained their independence because staff worked with them at their pace.
- Care plans supported people's privacy and dignity and promoted their independence. Plans informed staff what people could do for themselves and when they needed prompting, or support.
- Staff described how they provided dignified and respectful care to people. One told us, "We close doors and curtains before doing personal care. It's all down to respect. How I want to be treated is how I treat clients."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning and making day to day decisions about their care.
- Staff told us they consulted people and relatives about day-to-day aspects of their care. One staff member commented, "My job is to do what the client wants in the way they want it." They added, "We have good relationships with clients and their families, so they will let us know if we are doing things right."
- People's preferred methods of communication were noted on care plans and understood by staff. One staff member described how they used picture cards when visiting a person who was not able to communicate verbally.
- People's personal information was managed in line with data protection law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good and at this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us despite staff and call time inconsistencies they were very satisfied with the way their care was provided. Comments included, "I can't fault the care." "I couldn't be happier..." and "The good care I get means I can stay in my own home."
- Staff were knowledgeable about people's needs and could explain how they supported people in line with their preferences and care needs.
- Care plans were personalised, regularly reviewed and updated when needed. However, we found one care plan lacking in detail and a second had not been fully completed. The registered manager took immediate action to address this during our visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS standards. The registered manager told us information about the service could be provided in a different format, including audio, braille and large print, if required.

Improving care quality in response to complaints or concerns

- People and relatives told us they would speak with a member of the management team if they had any concerns. One person said, "I complained, and it was dealt with very quickly."
- Complaints had been investigated and responded to in line with the provider's procedure.
- The service had received numerous compliments about the staff and service provided.

End of life care and support

- One person told us they did not want to be resuscitated in the event of a medical emergency. They said, "All the staff know about this and where the document is kept." This meant the person's wishes would be respected.
- At the time of the inspection, whilst no one was receiving end of life care, care records included a section for staff to record people's end of life wishes if they chose to share these.
- Staff had completed end of life training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager were open and honest about the challenges the service faced and the service shortfalls they had identified, following recent changes in the management team. Plans were in place to address these. However, some of the shortfalls we found had not been identified.
- The provider's quality assurance systems and processes were not always effective. For example, medicine audits highlighted some omissions but had not identified the additional issues we found. The tool used to check care plans did not detail the accuracy or content of care plans checked.
- The provider's policies and procedures did not always reflect best practice guidance. For example, the medicine policy and procedure did not inform staff how to record changes to people's prescribed medicine on MARs. The provider assured us this would be addressed.
- The provider and registered manager acknowledged our findings and following our site visit informed us of the immediate actions taken to address the shortfalls we identified. They also provided us with an action plan which detailed how further improvement would be achieved.
- The provider had introduced a new management structure to support the service to continually improve. This consisted of the registered manager who had been in post six months, a recently recruited care manager, training and recruitment manager, care co-ordinators and team leaders. The care manager told us, "We know we have challenges to face. But we have a fantastic team working hard to get things right."
- The provider understood their regulatory responsibilities, for example they had notified us about important events and displayed the services latest CQC rating on their website.
- Staff were clear about their roles and responsibilities and described the management team as 'supportive and considerate'. One staff member told us, "If I need advice I just call the office. They are very good." Another commented, "The new manager is excellent."

How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider understood their responsibility to apologise to people and give feedback if things went wrong. Learning had been shared with staff, to prevent reoccurrence.
- The registered manager promoted an open culture and led by example. A staff member told us, "The difference about this agency is team work. You're made to feel valued and your opinion counts. It makes you want to do your very best." A care co-ordinator described how the changes the registered manager had

made were beginning to impact positively. They said, "Now we have to talk to staff about every absence. They all know this. Sickness has reduced which is helping with consistency for the clients."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- The provider sought feedback from people, relatives and staff using surveys, telephone calls and home visits. The latest feedback showed high levels of satisfaction with the quality of care provided but lower levels of satisfaction with calls times, staff consistency and communication. To begin to address this the provider had recruited additional management positions and moved to a smaller office space. A care coordinator told us, "The office move is working. Communication is improving."
- The management and staff team had arranged and taken part in various events to support local charities and national organisations, including the Alzheimer's disease society and McMillian cancer care.
- The registered manager was passionate about working in partnership with health and social care professionals to promote people's physical health and well-being. The service had achieved accreditation to a pressure ulcer prevention scheme awarded by health and social care partners and was proud to be the first domiciliary care agency in the city to achieve this award.