

Solcare (Broxtowe & Erewash) Ltd

Caremark (Broxtowe & Erewash)

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

We carried out an announced inspection of the service on 8 August 2018. Caremark (Broxtowe & Erewash) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Caremark (Broxtowe & Erewash) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. They joined the service in April 2018 and became registered with the CQC in August 2018. 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.

At the time of the inspection, 94 people received some element of support with their personal care. This is the service's second inspection under its current registration. At the previous inspection on 20 July 2017 the service was rated as 'Requires Improvement' overall. An action plan was submitted which stated how the service would become compliant. At this inspection, they improved the overall rating to 'Good'.

Improvements had been made to the way the risks associated with people's care were assessed. Medicines were now managed safely. Accidents and incidents were appropriately assessed and reviewed. There were enough staff to support people safely. Staff arrived on time and understood how to reduce the risk of people experiencing avoidable harm. This included who to report concerns about people's safety. Staff were aware of how to reduce the risk of the spread of infection.

People's care was provided in line with current legislation and best practice guidelines. Staff were well trained and felt supported. Staff performance was regularly monitored. People's nutritional needs were met. Other health and social care agencies were involved where further support was needed for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People felt staff were kind and caring and treated them with respect and dignity. People felt involved with decisions about their care and felt staff acted on their wishes. People's independence was encouraged wherever possible. People's records were handled in line with the Data Protection Act

People's care needs were assessed prior to joining the service. Care plans were then put in place to support staff with caring for people. Care records were person centred which ensured their care was provided in the way people wanted. Efforts had been made to ensure people had information that was accessible and in a format they could understand. People's diverse needs had been discussed with them to reduce the risk of discrimination. People understood how to make a complaint and felt they were acted on. Some people felt

the way office staff dealt with complaints could be improved. End of life care was not currently provided, however discussions were held with people during their initial assessment.

The registered manager had made significant improvements since the last inspection. Robust and effective quality assurance processes were now in place and these had impacted positively on the quality of the service people received. The provider and the registered manager worked effectively together to address the concerns from the last inspection. They were supported by dedicated staff in doing so. The registered manager carried out their role in line with their registration with the CQC. High quality staff performance was rewarded. People felt able to give their views about the development and improvement of 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.

Improvements had been made to the way the risks associated with people's care were assessed. Medicines were now managed safely. Accidents and incidents were appropriately assessed and reviewed.

There were enough staff to support people safely. Staff arrived on time and understood how to reduce the risk of people experiencing avoidable harm.

Staff were aware of how to reduce the risk of the spread of infection.

Is the service effective?

Good ●

The service was effective.

People's care was provided in line with current legislation and best practice guidelines. Staff were well trained and felt supported. Staff performance was regularly monitored.

People's nutritional needs were met. Other health and social care agencies were involved where further support was needed for people.

People's rights under the Mental Capacity Act 2005 were supported.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind, caring and treated them with respect and dignity.

People felt involved with decisions about their care and felt staff acted on their wishes. Independence was encouraged wherever possible. People's records were handled in line with the Data Protection Act.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed prior to joining the service. Care plans were then put in place to support staff with caring for people. Care records were person centred.

Efforts had been made to ensure people had information that was accessible and in a format they could understand. People's diverse needs had been discussed with them to reduce the risk of discrimination.

People understood how to make a complaint and felt they were acted upon.

Some people felt the way office staff dealt with complaints could be improved.

Is the service well-led?

The service was well-led.

The registered manager had made significant improvements since the last inspection. Robust and effective quality assurance processes were now in place. The registered manager carried out their role in line with their registration with the CQC. High quality staff performance was rewarded.

People felt able to give their views about the development and improvement of the service.

Good ●

Caremark (Broxtowe & Erewash)

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 checked 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 comprehensive inspection took place on 8 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience carried out telephone interviews with people prior to the office-based inspection to gain their views about the quality of the service provided. They spoke with 11 people who used the service and two relatives. The inspectors visited the office location to meet with the registered manager, office staff and to speak with care staff.

The inspection was informed by feedback from the telephone interviews as well as questionnaires

completed by a number of people using the service, relatives, staff and community professionals. We sent 38 questionnaires to people who used the service and their relatives. We received 20 responses. We sent 34 questionnaires to staff and received six responses and we sent 12 questionnaires to community professionals and we received one response.

During the inspection, we spoke with five members of the care staff, two care coordinators, the registered manager and the provider.

We looked at records relating to six people who used the service as well as four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

The provider sent us copies of various policies and procedures and training documentation after the inspection as requested.

Is the service safe?

Our findings

During our previous inspection on 20 July 2017, we raised concerns that not all care planning documentation and risk assessments were sufficiently detailed to support staff to reduce the risk to people's health and safety. We also noted that when risk assessments were in place, some of these were duplicated and were not individualised to people's specific needs. The risks associated with people's medicines were also not appropriately assessed and this placed people at risk of not receiving their medicines in their preferred way. During this inspection, we checked to see whether improvements had been made in these areas and we found they had.

In each of the care records that we looked at we found the risks associated with people's health had now been appropriately assessed, were individualised and relevant to each person's specific needs. They now provided staff with the appropriate guidance to reduce the risk to people's health and safety. Risks associated with people's nutrition, mobility, personal care and home environment were just some of the areas that were now appropriately assessed. All risk assessments also took into account people's ability to do things for themselves and did not place unnecessary restrictions on their freedom. The assessments were regularly reviewed to ensure they met people's changing needs.

Most of the people we spoke with told us they managed their own medicines, but those who did receive support from staff were, in the majority of cases, happy with the support they received. One person said, "They always wear gloves and will put the tablets in an egg cup and watch me take them. They put the night-time ones ready for me about 3pm. They always stay the full time and sit and chat once they have done everything."

The last time we inspected the risks associated with people's medicines were not appropriately assessed. During this inspection, we found they now were. People's allergies and their preferred way of taking their medicines were now recorded in individualised care planning and risk assessment documentation. We noted people's medicine administration records had been completed with all required information, such as when a person had taken or refused to take their medicines recorded. These were reviewed regularly by the registered manager, or other appropriate member of staff to ensure any errors were acted on quickly. This meant people were now protected from the risks associated with medicines.

All of the people and relatives we spoke with or responded to our questionnaire told us they or their family members were safe when staff supported them in their home. One person said, "I feel safe with staff, particularly when I am having a shower. Just knowing they are there gives me confidence." Another person said, "They always lock the door when they leave and will close the windows and curtains in an evening. I can't reach them, and it makes such a difference to how I feel."

People were provided with the information they needed if they felt unsafe or had a concern about their own or other's safety. People were cared for by staff who understood how to protect them from avoidable harm. Staff could explain who they would report concerns to if they had concerns about a person's safety. Staff had received training in safeguarding adults and there was a safeguarding policy in place. The registered

manager was aware of their responsibilities to ensure the CQC were notified of incidents where people could have come to avoidable harm, or were at risk of abuse. Records showed they had reported any concerns to the CQC.

People told us staff were on time for most of their calls, but if there were delays then they received a phone call explaining why and when the staff member would arrive. One person said, "I chose the time they come and am happy with it. They are usually on time and someone will ring if they are going to be very late." Another person said, "They are usually on time and always stay the full length of time. Sometimes if I ring them they will say they will ring me back to let me know where staff are, and they do not. That can be quite frustrating." Seventy-one percent of the people who responded to our questionnaire told us staff arrived on time for their calls. The registered manager told us they understood that punctuality was very important to people and they had worked with their care coordinators to ensure staff were able to get to each call at the time agreed with people. They told us they had made good progress with this, but were looking to improve further.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members supporting people. These processes included criminal record checks, their past employment and their identity. These checks helped the provider to make safer recruitment decisions.

The registered manager, the provider and the care coordinators met regularly to discuss any risks to people's safety and how this could be addressed. This included the reviewing of accidents and incidents and whether any learning for staff was needed when mistakes were made. When accidents and incidents occurred, these were reviewed by the registered manager or other appropriate person and actions were agreed. These actions were then followed up to ensure they had been completed. Regular reviews were also carried out to assist the registered manager in identifying any themes or trends for each person and the service as a whole. Action was then taken, such as referrals to external health agencies such as a falls specialist, to assist in supporting people. This contributed to the on-going safety of people who used the service.

People told us staff did all they could to reduce the risk of the spread of infection. One person said, "They are always professional and wear their gloves and aprons". Another person said, "They always wear gloves and aprons when looking after me and creaming my arms and legs." We noted staff had received infection control training. The registered manager told us staff were provided with sufficient amounts of personal protective equipment, such as gloves and aprons, to enable them to support people safely and in line with recognised infection best practice guidelines.

Is the service effective?

Our findings

The registered manager ensured people's physical, social and mental health needs were provided in line with current legislation and best practice guidelines. Where people had health conditions that staff supported them with, we noted nationally recognised guidelines and information were in place to support staff. This included information about dementia and diabetes as well other health conditions. The registered manager told us they would continue to review people's care records to help staff to support people effectively with their health and care needs.

The majority of the people we spoke with and who responded to our questionnaire told us they received care and support from a consistent team of staff. One person said, "I have about four different carers. There is one that comes more regularly." Another person said, "I normally get the same carers. There is a list that is kept in the blue folder if I want to see who is due to come. They are all nice though, so I don't bother looking." However, a small number of people told us they would prefer more consistency to ensure that the staff who attended fully understood their needs.

The registered manager told us that since they had started at the service one of their main objectives was to provide people with consistent staff attending their homes. This was to provide people with reassurance that the staff attending understood them and how to support them. They showed us the rota system and how calls were planned. They told us calls were now planned in 'runs', which meant staff were assigned a particular group of calls each day and unless they were sick or on holiday, this run would not change. They told us this system had only been in place for a few months, but felt both staff and people who used the service were starting to see the benefits. This process would ensure that people received care and support from staff who understood their needs.

The majority of people felt staff had the skills and experience needed to support them effectively. Some people felt that some staff were better than others, although people did not raise any serious concerns about their ability to support them. One person said, "They are all pretty good although some are better than others. Some will sit and chat with you but then some hardly speak to you. I try getting them to speak but it can be hard work. They are all nice though, all clean and tidy and wear aprons and gloves when needed." Another person said, "The people who come on the whole seem well trained, but some can't cook. If there have ever been any I haven't wanted here I have told the company and they have stopped sending them."

People were supported by staff who had received a detailed induction, training programme and had their performance regularly monitored. Staff development was encouraged. Staff were in the process of completing or had completed professionally recognised qualifications such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. The regular training and continued development of staff ensured people continued to receive safe and effective care and support.

Staff felt supported by the registered manager to carry out their role effectively. One staff member said, "Regular supervision is good here, it is a two way process." Another staff member said, "Our supervision is good here, I find it is a two way conversation." The registered manager told us supervisions were important to support staff in developing their skills but also to address any drop in standards.

Many people told us they did not require support from staff with their meals. However, when support was provided, staff did so effectively. One person said, "They do my breakfast and always ask what I fancy even though I tend to have the same thing." People told us staff helped them to prepare the meals they liked and always offered choices.

Assessments of people's nutritional health were carried out to assist staff in identifying any changes that could affect their health and well-being. Where people had health conditions that could affect their health, guidance was in place for staff to follow. For example, low sugar foods for people who had diabetes. This contributed to people receiving the required support with their nutritional health.

People were supported to access their local GP or other healthcare agencies if needed. Records showed staff had contacted external health care professionals where needed to ensure people continued to receive effective care and treatment. Care records were well maintained and contained information that would aid a smooth transition to other agencies, such as a visit to hospital or moving to a residential adult social care setting. Records contained sufficient information about people's health needs and also their ability to communicate, their allergies and personal preferences.

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 checked whether the service was working within the principles of the MCA and, overall, we found that they were, although there were some areas that required developing.

Initial assessments of people's ability to make decisions had been carried out. Where needed, we saw external agencies had been involved in meetings to determine that decisions made for people were done so in their best interest. We did note that whilst assessments had been carried out for people where needed, these were not always supported by best interest documentation. This meant it was not always clear what process had been followed to determine whether decisions made for the person were appropriate. However, we did also note that relatives and other appropriate people had been consulted before decisions were made, and therefore we concluded this was a recording issue, rather than decisions being made without consultation. The registered manager told us they would address how they recorded this process to ensure they could accurately show how decisions were made for people.

Is the service caring?

Our findings

All of the people and relatives we spoke with and the majority of those who responded to our questionnaire told us they found staff to be kind and caring. One person said, "I am happy with them, they are ever so good, they will even make me a 'cuppa' and a sandwich if I want." Another person said, "They are definitely caring, they are always checking I have everything and asking if I need anything else."

People told us staff always treated them with dignity and respect. This included maintaining their privacy when personal care was provided. One person said, "I am very pleased with the carers I have. They always ask if I need anything else doing and we get on well generally, they treat me with respect and are polite." Another person said, "I have a laugh and banter with them. They really support my independence and treat me with dignity. They are very good."

Staff spoke respectfully about the people they cared for and supported. Each staff member could explain how they maintained people's dignity during personal care and it was clear they treated people with empathy and compassion. One staff member said, "I always make sure that someone is covered when providing personal care, being dignified, it is common sense." Another staff member said, "I cover people when washing, they have placed their trust in you. You must ensure that care is dignified." A third staff member said, "I always ask permission [before commencing personal care] first. I consider the person's dignity."

Staff had a good understanding of people's needs. Detailed and personalised care planning documentation, as well as developing meaningful relationships had meant that people and staff got on well with each other. One person said, "They are very caring. I get along really well with one in particular, we are always laughing and joking."

People told us they were involved with decisions about their care. Many knew they had a care plan in place and they told us the records reflected their preferences. One person said, "I think my care plan is a good reflection of my needs." Another person said, "I read what they have written every day and it is a true record of the care I have had." A third person said, "I occasionally check my book and it is true to form. I am very happy with my care package."

People's care records showed they had been asked for their views on their care package and when changes were needed, they had been consulted. This included changing of the times staff attended their home, or asking for their preferred member of staff. This meant people were fully involved with decisions made about their own care.

Ninety three percent of the people who responded to our questionnaire told us staff supported them to lead independent lives. People's care records contained the information staff needed to understand the level of support each person wanted from them. There were clear daily routines that were designed to promote independence.

People's care records were treated respectfully within the provider's office. Records were stored in a locked cabinet, with access to the main office restricted to unauthorised personnel. This prevented unauthorised people accessing people's records. The registered manager also explained how they ensured all records were managed in line with the Data Protection Act. Staff had been made aware of current changes to European data protection laws, which were designed to further protect people's personal information and data.

Is the service responsive?

Our findings

Before people started to receive care and support from staff, a detailed assessment was carried out to ensure that people's needs could be met. This assessment included information about people's daily routine, the time people would like staff to call at their home and the support they wanted with their personal care, meals and medicines. People told us they were able to choose whether they preferred a male or female member of staff to support them. Once all elements of care had been agreed, they and/or their appropriate relative then signed their assessment.

Once the assessment had been completed, the information was then returned to the office and used to form comprehensive care planning documentation. The registered manager told us they had introduced a system whereby the care plans were formed within 24 hours. They said, "This is to ensure there are no delays and the staff have all the information they need as soon as they start to provide care." The care plans we looked at were detailed and informed staff how to provide people with care in their preferred way.

Records also showed the care plans were regularly reviewed to ensure they met people's changing needs and wishes. People told us they were involved with these reviews and felt care was provided in line with their preferences.

People's religious and cultural needs were discussed with them prior to starting with the service. The registered manager told us that although currently people did not have specific needs that could place them at risk of discrimination, they would ensure that if people required support in the future, this would be provided. This meant people were not discriminated against.

The registered manager has an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They had started to provide some records for people in an 'easy read' or larger print format to enable people to have access to relevant information. They told us plans were in place to make care-planning documentation more easily accessible in different formats and languages to further aid communication and understanding. This would continue to ensure people were not discriminated against.

All of the people we spoke with told us they understood how to make a complaint. This number was lower for people who responded to our questionnaire with just over half of the people understanding the process. One person we spoke with said, "I have the telephone number. I have no complaints so far. It is extremely good." Another person said, "I have the telephone number. I would speak to the scheme manager at the company. [My family member] complained a bit back and it was all sorted out. I think they listen to what people need."

People felt care staff acted appropriately to their concerns; however, some did raise some reservations as to the effectiveness of the office-based staff when they raised any issues. Only seven of the 14 people who responded to our questionnaire felt office staff responded well to any complaints they made. The registered

manager told us they were confident that since they had been at the service office based staff had done everything they could to address people's concerns. However, they told us they would continue to review this to ensure the standards they expected were maintained.

Records showed people were given a copy of the provider's complaints policy and emergency numbers to call if they needed to speak with someone about any concerns they had. We looked at the log of formal complaints made. We found these had been responded to appropriately and in line with the provider's complaints policy.

End of life care was not currently provided at this service. However, discussion were held with people when they first started to use the service. The registered manager told us they would continue to give people the opportunity to discuss any thoughts they had for when they neared the end of their life.

Is the service well-led?

Our findings

During our previous inspection on 20 July 2017, we identified concerns with the overall governance of the service. This was because there were unsuitable management arrangements in place to ensure the service was well-led. This had resulted in quality assurance processes not being completed and contributed to the issues highlighted during the previous inspection. We also identified that the CQC had not been informed of a number of incidents that should have been sent to us. During this inspection, we checked to see if improvements had been made and they had. There were now no breaches of the regulations and action had been taken to address the concerns identified in the last inspection.

A registered manager was now in place. They had been managing the service since April 2018 and had become registered with the CQC in August 2018. In that time it was clear they had made significant changes to the way the service was managed which had improved the quality of the service provided for people. Robust quality assurance processes were now in place. These processes covered a variety of areas; from people's initial assessment, care plan and risk assessment reviews, staff training, competence and development and staff punctuality. We also noted having checked relevant records that all incidents that should have been reported to the CQC had now been. This meant the service was operating more efficiently, with an open and transparent approach in the delivery of care provision. It was clear the service had improved in a number of key areas since our last inspection. Many of these improvements were down to the input of the registered manager.

Most of the people we spoke with told us they knew who the new registered manager was and they had praised their approach. One person said, "I have spoken to the manager and she even rang to check how [my family member] was after they were taken poorly, which was nice." Staff also praised the new registered manager. One staff member said, "They are very approachable. They give helpful advice and have been welcoming. There have been positive changes made following any concerns raised. We have team meetings and are able to talk things through." Another staff member said, "You can always talk to them. I would feel comfortable raising concerns, though I haven't had to so far."

Most of the people we spoke with told us they would recommend the service to others, while 64% of people who responded to our questionnaire agreed. One person said, "I would recommend them as a company, they are excellent." Another person said, "I would recommend them no problem. I treat them [staff] all like my daughters, we have fun and they sit and listen to me. It is all very good." However, a small number of people did say they felt the office based staff needed to improve the quality of the service provided. One person said, "I think the carers try their best but the backup service, office or whatever you want to call it, lacks organisation."

High quality staff performance was rewarded with a 'Carer of the Month' award. Nominations for exceptional performance were made by people who used the service and the winning staff member received a recognition award. Some people who used the service confirmed they had been asked to nominate staff members if they felt it appropriate. This helped staff to feel valued by the registered manager and the service.

The provider took an active role in supporting the registered manager in carrying out their role effectively. They met with the registered manager regularly and were offered support when needed. It was clear from observing the provider and the registered manager that both understood their roles and they worked effectively as a team. They had addressed the issues from the last inspection and both spoke passionately about further improvements they wished to make to the service.

People were supported to give their views on how the service could be developed and improved. People's views were often requested via telephone call monitoring and a questionnaire was recently sent out and the results had been received and analysed by the registered manager. The results were largely positive and the registered manager told us they planned to use the results of this survey to further develop and improve the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and their office.