

S V Care Limited

Caremark Watford & Hertsmere

Inspection report

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30 October 2017
31 October 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 17, 30 and 31 October 2017 and was announced. We gave the provider 48 hours' notice of our inspection to make sure that the appropriate people would be available to support the inspection.

Caremark Watford and Hertsmere is a domiciliary care agency providing support for people living in their own homes. At the time of this inspection 11 people were being supported with their personal care needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This was the first inspection of this service since its registration with CQC on 21 October 2016.

People and their relatives told us they felt safe being supported by staff from the service. Staff understood how to keep people safe and risks to people's safety and well-being were assessed and managed. People's needs were met by sufficient numbers of skilled and experienced staff. The provider completed some pre-employment checks which helped to ensure that staff employed were of good character and were suitable to work in this type of care setting. However this was an area that required development to ensure a consistent approach when completing recruitment checks. People's medicines were managed safely.

Staff received support to help ensure they provided safe and effective care and support to people in their care. Staff told us they felt supported and valued. People received support they needed to eat and drink sufficient amounts to remain healthy and they were supported to maintain their health through appropriate access to a range of health professionals when required.

People and their relatives were positive about the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise any concerns with the registered manager and felt they would be listened to.

There was an open, transparent and inclusive culture at the service and people, their relatives and staff were confident to speak with the registered manager if they wanted to discuss anything. The provider had some systems and processes in place to monitor the service and this was an area which required further development to ensure the monitoring was effective for people who used 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?

The service was not consistently safe.

Recruitment practices were not consistently followed to ensure staff employed were of good character and suitable to work in this type of service.

Potential risks to people's health, well-being or safety had been identified, However more detailed information on how to manage risks was required to inform staff how to manage risks effectively.

Staff were aware of potential risks and signs of abuse and how to safeguard people from avoidable harm.

There were sufficient numbers of experienced staff deployed to meet people's needs.

People were supported to take their medicines safely by staff who had been trained.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff did not always feel well supported by the management of the service.

Staff received an induction, training and regular refresher training.

People were cared for by staff who received support to help them care for people effectively.

Staff and the management were aware of the need to obtain peoples consent and followed MCA principles to protect people's best interests.

People received support to eat and drink sufficient amounts to maintain their health.

Requires Improvement ●

People's health needs were met in a timely way and they had access to health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People and their relatives were happy with the standard of care they received.

People's support plans provided staff with sufficient information to enable them to support people. However they could be further developed to make them more personalised.

People were involved in the development of their care plans where this was appropriate.

Staff respected people's dignity and privacy, whilst encouraging them to remain as independent as possible.

Staff had developed positive and caring relationships with people they knew well.

Is the service responsive?

Good ●

The service was responsive.

People's support plans provided sufficient information to enable staff to support and respond to their changing needs.

People were asked for feedback and confident that they would be listened to.

Complaints and compliments raised by people who used the service were appropriately investigated and resolved.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Records were not consistently maintained and updated.

Audits that were in place did not always identify some of the shortfalls we identified during our inspection.

The provider and registered manager were open and transparent throughout the inspection process and were receptive to constructive feedback.

Staff told us that the management team was supportive and approachable.

The provider had systems in place to receive feedback from people who used the service. This was in progress at the time of our inspection.

Caremark Watford & Hertsmere

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 17, 30 and 31 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist us with our inspection.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR). This is a form that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they intend to make.

As part of the inspection process we spoke with two staff members and the registered manager and the provider. We spoke with two people who used the service and one relative to obtain feedback about how people were supported to live their lives.

We received feedback from commissioners from the local authority.

We reviewed care records relating to two people who used the service and other documents relevant to the overall management of the service. These included staff recruitment and training records, and quality monitoring audits.

Is the service safe?

Our findings

Recruitment practices were not consistently followed to ensure that all staff employed were of good character and suitable to work in this type of service. The provider did not consistently follow safe and effective recruitment processes. We found that although there was a process in place the pre-employment checks were not always completed in accordance with the recruitment process. For example we saw that application forms were not always completed with information about past employment history and gaps on the application forms were not always explored. Additionally references were not always provided by the people named on the application forms and there were no details recorded of why the original referees had not provided references and why references had to be sought from other people. References did not always correspond with the dates recorded on the application forms and references were not validated despite the provider not being able to check the authenticity of the references. For example they were not on headed paper, or did not contain a company stamp or a land line telephone number.

Potential risks to people's health, well-being or safety had been identified. However more detailed information on how to manage risks was required to inform staff how to manage risks safely and effectively. Risk assessments included moving and handling, environment and medicines care. There was some guidance for staff on how to manage these risks; however information could have been more detailed. For example where people required the assistance of two people this was not recorded and there was no information recorded to give staff details about how the person was to be assisted. The registered manager explained to us what the process was however this information was not clearly documented to help ensure staff assisted people safely.

Staff were aware of potential risks and signs of abuse and how to safeguard people from avoidable harm. People told us that they felt people were safe. Staff were clear on how to recognise and respond to concerns about potential abuse and protecting people from avoidable harm. One staff member told us, "If a person had bruising which was unexplained or there was a change in their behaviour for example, if they became withdrawn that might be a sign of abuse and I would report any concerns to the registered manager." We saw that information regarding the safeguarding process was displayed in the office to remind staff of relevant contact numbers and contact details. We saw from staff training records that staff had received training in safeguarding people from abuse and also had regular updates to help ensure their knowledge was kept up to date.

There were sufficient numbers of experienced staff deployed to meet people's needs. People told us that there were enough staff to meet their needs. One person said, "On the whole the care staff arrive on time. At the weekend there seems to be fewer staff on duty because I get different people at the weekends." Another person told us, "Yes there does seem to be enough staff. I have the same person most days but if they are off I get different people." People told us that staff arrived mostly at the expected times. However they told us that if staff were running late they were not always advised. One person told us, "If they would let me know it would be really helpful because then I would know whether to try and start getting myself ready."

A relative told us, "We have never had a 'missed visit'. Occasionally they [staff] arrive a bit later than expected

but it is not a problem for us." One staff member told us, "I am not a driver and have to either walk or use public transport and I do have enough time to travel in between my visits, and I always get my rota in advance so it gives me time to plan my travel."

People were supported to take their medicines safely. Where people had been assessed as requiring support to take their medicines they were assisted by staff who had received training and had their competency checked. Medicine administration records were completed accurately to show that people's medicines were administered in accordance with the prescriber's instructions.

Is the service effective?

Our findings

The service was not consistently effective. Staff did not always feel supported by the registered manager. One staff member told us, "I do not feel that the registered manager listens to our feedback and is not very supportive when I have tried to discuss some of the challenges." Another staff member told us, "I do not feel that I have been supported in my role. I have tried to give feedback but it has been dismissed and nothing changed."

A third staff member told us "We have had the training and we are supported. If I need to discuss anything I can go to the office and speak with [Name of registered manager]." However this suggested that supervisions were inconsistent and unplanned in frequency, duration and content and did not provide care staff an opportunity to discuss the challenges and concerns they shared with us. For example one staff member told us "We do not get adequate time to travel in between visits especially at peak times in the morning and evening when I have to get from one side of town to the other." The staff member told us, "I have tried to discuss this with the registered manager but nothing has changed as a result so we just continue as before." Supervisions and appraisals were not regular and staff did not feel supported in all aspects of the job they had to carry out.

Staff received an induction, training and regular refresher training. Staff told us they had been given an induction when they started work at the service. This covered a range of topics relevant to the staff roles. One staff member said, "We do have a lot of training and it is on-going so we have updates as well." We saw that staff training records confirmed that staff had completed training relevant to their roles. Another staff member told us, "I came to the office for some training and also had to do some e- learning but covered all the mandatory subjects before I went out and did my shadowing." This helped staff to support people effectively.

Staff and the management were aware of the need to obtain people`s consent and followed MCA principles to protect people's best interests. Staff understood how important it was to offer people choices. One staff member told us, "I always ask people how they would like to be supported and offer them a choice like what they want to wear, or do they want a bath or a shower."

People received support to eat and drink sufficient amounts to maintain their health. Where people had been assessed as needing support with food and drink staff supported them with their meal and drink preparation. Staff told us if they had any concerns about people's weights or hydration they would refer concerns to the registered manager. People we spoke with told us, "The care staff would help me if I needed it, but my relative does all the cooking, so I don't need this type of help."

People's health needs were met in a timely way and they had access to health care professionals when required. If people needed support to see their GP staff arranged this for them. For some people their family members assisted them to make and attend health related appointments.

Is the service caring?

Our findings

People and their relatives told us that they were happy with the staff that provided people's care. One person told us, "I think the staff are kind and caring overall. I do usually see the same people but not always at the weekends, but I don't mind a change now and again." A relative told us, "They are nice ladies and I think they are kind to my [name of the person]". Another relative told us, "I think they do the best they can, they are caring and I hear them chatting and I feel they have got to know [name of the person] well so that helps break the ice." A professional told us, "One of my clients has been supported by Caremark for a while now. I found them very responsive and accommodating. A person asked for some changes to their care plan. I contacted them and the registered manager arranged to personally meet myself at the person's home so we could discuss the issues with current care and come up with a solution."

People's support plans contained sufficient information to help inform care staff on how to support people in the way they wished. However these could have been written in a more person centred way to evidence that the care people received was arranged around their individual needs and preferences. People and their relatives told us that they had been involved in developing their care plans. The support plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people and their relatives where appropriate had been involved in discussions about people's individual needs and when their care plans were reviewed people were invited to contribute to the care plan review meetings. Relatives told us that the staff were good at keeping them up to date with any changes in their family member's condition.

People who used the service and their relatives told us that staff were respectful of people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. One staff member told us, "I always consider how the person must be feeling when we are supporting them with personal care. I respect their privacy by knocking and wait until they invite me in. I always make sure curtains are closed and I keep people covered to preserve their dignity and help them to feel more comfortable."

Staff had developed positive and caring relationships with people and knew them well in particular those people who they assisted regularly. A relative told us, "I am really happy with the service they provide to [name of the person]. Someone had recommended them to me and I have not been disappointed at all. Communication is good and they send me a rota every week so that I can let [person] know who is coming and at what time. I think that all of the staff that have come to support us have been really kind and caring. In fact I have just recently recommended them to friends so that speak volumes."

Records were stored securely and staff understood the importance of respecting and maintaining people's confidential information.

Is the service responsive?

Our findings

People's care and support needs were provided in a way that suited them and met their changing needs. We saw evidence that people's needs were assessed before the service commenced. People were asked about the days and times they preferred their visits to be provided and the service provided was flexible. One relative told us, "I had recently asked for [person`s] care to be reviewed as I felt the duration of the visit could be reduced. I met with the care manager and we went through everything in detail. They told us, 'We can try it out and see how it goes, if it does not work we can revert back to what we were doing before'." This approach helped people and their relatives to feel reassured that things could be changes to meet people`s changing needs or wishes and also to help people retain and regain their independence where possible.

The registered manager told us that they considered what support people needed before committing to taking on new people. In case they could not meet the person's needs in the way the person wanted they declined the referral. One relative told us, "We chose this service because they are smaller and I feel that they know the people they are supporting much more than a larger organisation. This helps to ensure communication is good and the reliability of the service. They get to understand the person but also they get to understand and support the family as well."

People's care plans gave staff guidance on to staff on how to support people and what was important to people. The registered manager told us, "When we first meet and assess the person we always ask what their expectations are so we are clear what they expect us to deliver, what is important to them and also to make sure we can deliver and meet their individual care needs." The care plans we reviewed contained sufficient information to inform staff about how people liked the service to be provided.

Staff took into account people's preferences in relation to choice, gender, ethnicity, faith and any cultural needs they may have had. This information was clearly recorded in care plans and all staff we spoke to knew the needs of each person well.

We saw evidence of both a service user guide and a copy of the complaints procedure in each person's folder. Regular quality monitoring spot checks were carried out by the registered manager and as part of the visits people were asked if they were happy with the service which gave them an opportunity to put things right before it became a formal complaint. People told us they knew how to raise a concern if they needed to. One person told us, "I made a complaint about six months ago when they [Staff] arrived very late, I was not at all happy. But since then it has never happened again so I think they must have listened and acted on my feedback." We saw that the service had received many letters and cards thanking staff for providing a wonderful service.

We spoke to the registered manager and the provider about the way feedback was both sought, analysed and how they implemented changes as a result. The provider told us, "We are continually trying to improve, for example we want staff to be happy and have low staff turnover so that people get used to a consistent staff team so we are constantly seeking feedback which will help us to make continuous improvements to the overall quality of the service."

Is the service well-led?

Our findings

The service was not consistently well-led. Records were not consistently maintained and updated. Systems and processes were not consistently followed to ensure that records were maintained regularly and that information recorded was consistent. For example recruitment processes were inconsistent. We saw the last two team meeting minutes and saw that they had a number of topics on the agenda but did not provide staff with an opportunity to interact and voice their opinions. Staff meetings mainly gave information about the business to staff like any new referrals to the service. This also was confirmed by staff who told us that the staff support arrangements were business driven and lacked staff interaction.

For example a staff member told us, "I told the registered manager that sometimes it takes me 40 minutes to get to my next visit and I only get 10 minutes travel. This means that there is a knock on effect and I run late for my visits." The staff member told us, "The registered manager told me 'you can cut the time spent at your next visit.'" This meant that the assignment of visits was not working effectively and staff were being given unrealistic workloads that they could not reasonably be expected to achieve.

Audits that were in place did not always identify some of the shortfalls we identified during our inspection. We saw that some of the audits completed related to documentation. These included care and support plans which lacked personal detailed information for example about people's life histories. In one of the care plans we reviewed we saw information about how to support the person. The risk assessments detailed the identified risks but there were no management plans in place to inform staff how to reduce and mitigate risk.

One of the risk assessments detailed, "One staff member to stand each side of the person", however the care plan or risk assessment did not say that the person required the assistance of two staff to support them which was a vital piece of information for staff to have had access to. The care plan also did not inform staff that the person required a pressure relieving cushion to help prevent a breakdown of their skin. We spoke to the registered manager about including this information so it was clearly documented and that staff were made aware of this. They agreed that this information should be included in the support plan and agreed to review the care plans to ensure this information was included in the future.

We reviewed recruitment records and found that these were inconsistently completed. For example applications were not fully completed with information about previous employment and this had not been identified through the audits that had been completed. References were also not consistently explored to ensure people were of good character. For example one reference provided for one staff member just confirmed the person had been employed by the company for four weeks. While the second reference for this staff member was an educational reference. We asked the registered manager if they had followed this up or validated the reference. They confirmed that they had not and agreed that it provided very little valuable information to enable them to make an informed assessment of the suitability of the staff member to work in this type of service.

The provider and registered manager were open and transparent throughout the inspection process and

were receptive to constructive feedback. This was the first inspection since the service was registered and both the registered manager and the nominated individual demonstrated they were committed to improving all aspects of the service as well as growing and developing the service.

The provider had systems in place to receive feedback from people who used the service. This was in progress at the time of our inspection. The registered manager had developed a survey which they planned to send out to people who used the service, staff and stakeholders to request feedback on their experience of the service.