Dcapital Ltd

Caremark (West Berkshire and Reading)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Caremark West Berkshire and Reading is a domiciliary care agency providing support to people living in their own home within the community. The agency's office is located near the centre of Reading, Berkshire. At the time of the inspection they were providing personal care for approximately 120 people.

At the last inspection the service was rated GOOD. At this inspection we found the service remained Good.

Why the service is rated Good:

People continued to receive safe care from the service. Staff were recruited safely and there were sufficient numbers of staff to support people. Medicines were managed safely by staff who had received appropriate training. Risk assessments were completed to enable people receive care with a minimum of risk to themselves or the care staff.

People continued to receive effective care from staff who were trained and supported to have the skills and knowledge to effectively support them. People's healthcare needs were monitored and advice was sought from healthcare professionals when appropriate. 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.

The service remained caring and people reported staff were kind and patient. Staff protected people's privacy and dignity and treated them with respect. People told us they could make decisions about their care.

The service remained responsive to people's individual needs. Care plans were personalised and identified the preferences of each individual. Complaints were investigated in line with the provider's policy and used to provide learning opportunities for staff.

The service continued to be well-led. The registered manager promoted an open and transparent culture and wanted to work towards improving the service. People's views were sought and the quality of the service was monitored. Action was taken when issues were identified and the registered manager worked with staff to develop and improve the service.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Caremark (West Berkshire and Reading)

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 was a comprehensive inspection which took place on 27 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we therefore needed to be sure that someone would be available in the office to assist with the inspection. The inspection was carried out by one inspector 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.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted community professionals for feedback. We received feedback from two of these professionals. We also reviewed the responses sent in reply to survey questionnaires sent by CQC to people and their relatives.

We reviewed the 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 we contacted fifteen people. Seven people and three relatives spoke with us. We also spoke with seven members of staff including the registered manager, the director, a supervisor and four care workers. We received feedback from a further three care workers. We looked at records relating to the management of the service including fifteen people's care plans and associated records, a selection of policies, six staff files including recruitment records, staff training records, the complaints log and the accident/incident records.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe when the care staff visited them and said they were supported in a safe way. They told us, if they had any concerns about their safety they would contact the office. A social care professional told us they considered people were safe and well treated.

Staff had received training in safeguarding vulnerable adults and they refreshed this on an annual basis. They knew their responsibilities with regard to protecting people, one said, "We need to keep people comfortable and safe. We use the risk assessments and seek advice whenever necessary." Staff were clear on the actions to take if they were concerned about people's safety. They told us they would report these immediately to their supervisor or manager. Furthermore, they were familiar with the provider's policies and procedures and told us they would have no hesitation to use the whistleblowing policy if necessary. Safeguarding concerns had been raised appropriately when necessary and the registered manager had taken action to report and investigate issues that had arisen.

People's individual risks were identified and assessed. These included risks associated with moving and handling, falls and medicines. These assessments were incorporated into people's care plans to provide guidance for staff on minimising the risks. We noted some care plans contained more detailed guidance on managing risks than others. The registered manager explained that training had been recently completed to enable supervisory staff to write more detailed and comprehensive risk management plans. They had begun the process of reviewing all care plans and risk assessments in order to adopt this detail. The registered manager assured us this detail would be in all care plans going forward. The home environment was also assessed to identify risks to both people using the service and the care staff visiting them. Information on measures to reduce or manage those risks were reviewed regularly.

Staff were recruited safely using robust recruitment procedures. The number of staff required was determined by the needs of the people using the service. Recruitment was on-going in order to be able to increase care and support for people when necessary and accommodate new care packages. The registered manager confirmed new packages of care were only accepted if they were confident there were sufficient staff to cover them. There was an on call system to provide support for people and staff outside of the normal office hours. Staff confirmed there was always someone they could contact for advice and support if they required it. One relative commented on having difficulty in contacting the office and/or the emergency out of hours number but this view was not reflected by other people or relatives. The registered manager explained there had been some difficulties with the telephone system which had now been addressed and resolved.

Staff received training in the safe management of medicines and refreshed this training on an annual basis. Their skills, knowledge and competency were checked before they were able to assist people with their medicines without the supervision of more experienced staff. Medicines administration records were audited regularly. Where discrepancies had been identified they were investigated and when appropriate discussed with staff. People told us they received their medicines when they required them. They said staff were quick to pick up on any issues relating to medicines and sought advice promptly when necessary.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People felt confident the care staff had the necessary skills and training to care for them effectively. One person commented on how some of the staff had nursing qualifications from other countries and said, "(They) understand the problems." Indicating staff had an awareness of the difficulties people encountered in their day to day lives and how to support them effectively.

Staff told us and records showed they were supported through regular meetings with their supervisor or manager. Their work was appraised and they were offered training in the skills required for their job role. This included induction training when they began work, covering a set of topics which the provider considered mandatory. Moving and positioning, infection control, food safety, safeguarding and emergency first aid were examples. On completion of training staff knowledge was tested and practical competency was assessed during supervised care visits. Training in all company mandatory topics was refreshed annually and staff confirmed they were reminded when their training was due. Records showed training was currently up to date.

Induction was followed by a period of shadowing more experienced staff. During this time new staff had the opportunity to become familiar with their role and acquire skills. The care certificate was then undertaken by staff who had not already completed a relevant qualification. This was assessed to ensure staff had gained the required knowledge and skills. Supervisory staff were responsible for this assessment. They had received appropriate training to provide them with the necessary skills to make these judgements. Additionally staff were encouraged to gain recognised qualifications in health and social care after completion of their probationary period.

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. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection. No applications had been necessary at the time of the inspection.

Staff had received training in the MCA. They promoted people's rights to make decisions for themselves and people confirmed they were able to make choices and decisions about their care. Staff told us they asked people's permission before helping them with such things as personal care. People confirmed staff sought their consent and gave them choice in things such as what to wear, or what to eat and drink. Where people had given power of attorney to representatives to make decisions on their behalf this was recorded in people's care plans. The provider had sought verification of the appointment of attorneys. Whenever possible people had signed their care plan to demonstrate their agreement with it.

Staff provided support with eating and drinking when this was part of the planned care. People confirmed they were offered choice and staff ensured they had snacks and drinks available between visits. When appropriate people's food and fluid intake was monitored. For example, if there were concerns about a person not eating or drinking sufficient quantities. Staff had received training in safe food handling practices.

People were supported to have access to healthcare. People told us staff acted promptly if medical attention was necessary, for example calling the district nurses or summoning an ambulance in an emergency.

Good

Is the service caring?

Our findings

People continued to benefit from a caring service. They were complimentary about the staff and the care they received. Comments we received included, "They talk to you, (and you) can have a conversation." "Very nice girls." "(They are) ever so kind. (I am) pleased with the attention I get." "Heavens yes, so caring." and "Super, little gem."

Staff spoke about getting to know people well. They were clear this helped them to do the best for each individual. One member of staff said, "People have different stories, we have to learn from them and treat them the way they want to be treated." Another said, "It's like a connection between me and the service user, we build a rapport." A third commented, "We are all here to care." They then described how they had taken time to find out about one person's past interests which had helped to increase communication with the person. Staff told us they shared this type of information with each other through daily records and at team meetings.

People told us that staff showed them respect and protected their privacy and dignity. Staff described and gave examples of how they respected people. One told us "We make people feel comfortable and give them privacy by closing doors, giving them time and checking they are happy."

People felt they could make decisions about their care and change how things were done. One relative commented on the service being helpful if changes were required and another told us there was always an explanation given if changes were not feasible. However, one relative felt they were not able to change things easily due to communication difficulties with the office. This view was not reflected in comments received from other people and relatives.

People were supported to remain as independent as possible. Care plans contained information on what people were able to do and areas they required assistance with. Staff spoke of the importance of encouraging independence and recognised this as part of their role. One person told us, "They know my limitations."

Good

Is the service responsive?

Our findings

The service continues to be responsive. People told us they received care and support that was responsive to their needs and individuality. They told us they had regular care staff who visited them and provided support they valued. However, people who had more complex needs and therefore a greater number of visits reported they sometimes found it difficult dealing with a variety of care staff. The registered manager told us every effort was made to ensure consistency but acknowledged this was problematic when people required numerous visits and more than one care staff at each.

People's needs were assessed before they began using the service. The assessment recorded information on a person's individual preferences such as the gender of care staff they preferred, their cultural and religious needs, their social interests and their personal history. The registered manager explained that some people preferred to keep certain details private and this was respected. Assessments led to the development of a care plan that focussed on what people wanted from the service. We saw care plans noted what people wished to do for themselves as well as the support they required.

People's care plans provided guidance on how support should be provided. Some were more detailed than others which we raised with the registered manager. They explained they had identified this as an area for improvement and had provided training to senior staff to enable more detailed and specific care plans to be prepared. We saw this process was underway and reviewed the new style care plan which provided more detailed guidance for staff. Reviews of people's care plans were carried out regularly and we saw people were given the opportunity to provide feedback on the service and request changes. For example, one person had requested a particular care worker not be sent to support them again. This had been acknowledged and action taken straight away. In another file the person had raised concerns over not having regular care staff at weekends. Again action had been taken and comments made in the following review acknowledged the person felt this had improved.

Complaints were investigated and responded to in line with the provider's policy. The registered manager explained how a new template had been introduced to make improvements to the complaints process and identify areas of learning from the complaints received. We noted these were now discussed at team meetings and reflected on in order to drive improvements in the service. A staff member said, "With complaints you learn and find out how to make improvements. This service wants to improve." People were encouraged to raise concerns if they were not happy with something and they told us they felt comfortable to contact the service to do so. One relative told us, "The service has improved out of all proportion to when we first started using it." Another relative acknowledged staff were obliging and looked into concerns but commented they only got feedback "sometimes".

Good

Is the service well-led?

Our findings

The service continues to be well-led. At the time of the inspection there was a registered manager in post who had been registered with the Care Quality Commission since 20 October 2016. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the registered manager operated an 'open door' policy. Staff told us they could go to the office or phone at any time and they would be encouraged and welcomed. They confirmed that advice was readily available and one told us, "We can go to [Name] with anything, work or personal things. She will always listen and help." Another told us, "I get all the support I need and they explain everything to me when I ask. This is making me more confident."

There was regular communication with care staff about people they supported to ensure important information was shared. Memos were sent to confirm new information and there were opportunities for staff to discuss areas of practice during team meetings. Staff told us these meetings were useful and one said, "Yes, very useful. We can talk about our clients, our duties and how we can do things better."

Staff were complimentary and positive about working for the service. One stated, "It's very much a team and we are good together." Another said, "We are a very good team, the manager and everyone help each other." A third commented, "We are like family here, I love it." A social care professional commented, "The management work extremely well with [organisation name] and embrace every opportunity to develop and improve processes. The manager in position is extremely proactive and willing to improve the service."

The quality of the service was monitored and audits were carried out to identify any shortfalls or areas for development. Examples of audits included, care files, spot checks of care practice and medicine administration records. Results of the audits and any identified concerns were discussed at the care manager meeting with the provider. We saw that were issues had been identified action was planned and taken. For example, further training had been provided for staff where this had been indicated and concerns had been discussed with individual staff with additional supervision put in place when necessary. In addition to the internal audits the Caremark franchisor also conducted an audit of the service and identified areas for improvement for the service to work on.