Mycare Services Ltd

Caremark (Mid Sussex and Crawley)

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

Overall summary

The inspection took place on the 27 October 2015 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Caremark (Mid Sussex and Crawley) is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability. At the time of our inspection 162 people were receiving a care service.

The service had a registered manager. 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.

The experiences of people were positive. People told us they felt safe and staff were kind and the care they received was good. One person told us "Oh yes I feel safe, I look forward to seeing the staff".

Summary of findings

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the registered manager via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

Summary of findings

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 safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Good

Is the service caring?
The service was caring.

People told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Good

Is the service responsive?
The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and supportive.

The registered manager carried out regular audits to monitor the quality of the service and make improvements.

Caremark (Mid Sussex and Crawley)

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 the 27 October 2015 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

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 provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 12 people and three relatives on the telephone who use the service, four care staff, one co-ordinator, two supervisor's, finance manager the registered manager and the provider. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, seven staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spoke with one health care professional after the inspection to gain their views of the service.

The service was last inspected on 3 December 2013 under the previous provider and there were no concerns.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us "I feel safe in my home and safe using this service". Another person told us "Oh yes I feel safe, I look forward to seeing the staff". A relative told us "I know my relative is safe and the care staff ensure that, they help so much".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. The registered manager told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered and for any new people using the service. They said "We ensure that we only take on new people, if we are able to meet their needs and cover the visits they would require".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise them. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place on how to ensure risks were minimalised. These included ensuring there were clear pathways around the home and ensuring staff assisted the person when in the bathroom. We found that risk assessments were not consistent and did not always have enough detail recorded for staff. For example in one care plan it recorded a person walked with a walking aid but no risks were recorded. We spoke with a member of staff who completed the care plans who told us "We ensure staff are trained in equipment and this will usually take place in the person's home. Although staff know, I agree we should record more detail on the care plans". Staff we spoke with showed knowledge and understanding in risks for people and themselves. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff told us, "People need to feel safe with the support we give, especially when you are using equipment like a hoist". Another member of staff told us "We complete risk assessments for all areas for staff to ensure they are providing safe care to someone". Following the inspection the registered manager confirmed that a meeting had been held with staff on devising a new risk assessment form. This had started to be implemented into people's care plans to ensure staff were aware of any risks.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. Staff received a detailed medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Audits on medicine administration records (MAR) were completed by the registered manager on a monthly basis to ensure they had be completed correctly. Any errors were investigated, for example, on one record a

Good

Is the service safe?

missing signature had been highlighted for the administration of a medicine. The member of staff had been spoken with to discuss the error and invited to attend medication refresher training.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's care plan.

Good

Is the service effective?

Our findings

People and relatives felt that staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support they received. Comments included "They are always doing some kind of training", "They know what they are doing" and "I haven't come across anyone who isn't ok and they seem to be very well trained". One health care professional told us "I have found the support effective. I have worked closely with the service and have been able to resolve any difficulties very quickly".

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. We were shown additional training that had recently been implemented to enhance staffs knowledge in the MCA. This included a workbook for staff to complete and information sheets sent to staff for reference.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member of staff told us "'The first thing I do is give them a drink and encourage them to take a sip. If we are giving them hot food we wait and check how much they have eaten and try and stay longer if they are not eating the proper amount. We would contact the family and the office if they were not eating enough". Another member of staff told us "We leave snacks and drinks in different places for easy access. We cut sandwiches in very small squares to encourage them. With fluids we don't know how much they have had so we persuade them to drink while we're there and monitor the amount. We leave fluids out for the next visit and use fluid and food intake forms per visit. We don't weigh people but refer to the district nurse or GP". People's nutritional preferences were detailed in their care plans. One person told us they had food prepared for them and they were pleased with what they received. Another person told us a member of staff helped them to prepare a meal from scratch as they liked to keep their independence as much as possible and staff supported that.

We were told by people using the service and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "Carer staff would report any worries to my wife who would contact the doctor". Another person told us "The care staff always asks me how I am feeling.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The online training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. One member of staff told us "I had three days induction and shadowing for two days. We did everything about care of a person such as abuse, personal care and medication". Another told us "I had an induction and shadowing and I understand it is better in the field as we have exact examples". We were also told the service offers qualifications in health and social care to its staff. The registered manager told us of additional and in depth training that was offered for all staff. This included topics such as behaviours that challenge, end of life care and further detailed training in dementia awareness. This meant people were cared for by skilled staff trained to meet their care needs.

The staff induction incorporated the new Skills for Care care certificate for the staff. The certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care. One member of staff told us "I had an induction and three days shadowing.

Good

Is the service effective?

I had four to five days training. We refresh some training on line and do our manual handling in the training room at the office and they (managers) always remind us when it is due".

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person's home. This ensured that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial. One staff member told us "We get annual appraisal and monthly supervision where we discuss training. There are spot checks where they (care supervisors) turn up unannounced to see what you are doing".

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and listened to their opinions and choices. One person told us "I have used the service for many years, staff are caring and really good". Another person told us "They are caring, they are kind and chatty". A relative told us "The staff are very good and they care. My relative see's the same staff through the week and is 100% happy". A health professional told us "They have a very good knowledge of the service users that they work with and the rapport they build evidences their caring support".

The majority of people felt that they had regular care staff. Comments included "I see three staff a week and they are the same each week", "I see regular staff as much as possible. Mainly its people that we know" and "Staff change but I get a rota so I see who is coming to me for the next week".

Staff were respectful of people's privacy and maintained their dignity. One person told us "Oh yes absolutely my dignity is maintained". Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain people were safe. One staff member told us "We treat everybody the same and they all have a choice, we find out how much assistance they need re privacy and dignity. We shut the door and if we help with personal care we cover them with towels".

Staff told us how they promoted people's independence. In one care plan it stated that a person wanted to maintain their independence and remain living in their home. It detailed the support that was required including supporting them to make breakfast and go to the local newsagent to collect their newspaper. One person told us "I like to be as independent at possible. I am so grateful and couldn't be without the help. They even help me with telephone calls and write cards". Staff told us how they assisted people to remain in their own homes. They acknowledged if a person wanted to do things for themselves for as long as possible and it was their job was to assist with this. Staff described how they encouraged people to be independent and worked with each person to know how much they can do for themselves and provide support where needed. One member of staff told us "It is so important to encourage people and support them to live in their own homes. This includes day to day activities of supporting people in the bathroom, preparing meals or going out".

People and relatives told us they were involved in drawing up and reviewing their care plans. People were involved in decisions about their care and support at care plan reviews and meetings with care staff. On person told us "I see the supervisor most months, they see if I am happy with everything and if I need anything else". Another person told us "The manager comes to see me and asks how things are, I am involved in my care plan always have been".

People were able to express their views via annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service. One person told us "We get a survey to complete but if I need to say anything I say it when I see the staff, they put things right straight away".

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "They all know what I like and are so helpful". A relative told us "They are very responsive even if we need to change the call times at short notice, we have no issues at all".

There were two copies of a care plan one electronic copy in the office and one in people's homes. We found details recorded were consistent. Care plans were detailed enough for a carer to understand fully how to deliver care and for the ease of use for people. The outcomes for people included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. Staff we spoke with told us how they promoted independence. One told us "We have a care plan for a person who had a stroke a year ago and they wanted to get back to work we started helping them to get dressed. Since then they can now dress and shower themselves and got back to work". Another told us "Even if the tasks are similar it is different and each person is different. Each care plan needs to be adapted to the person even if the way you carry out the task is similar, such as how you make the bed is different for example whether the duvet is tucked in or out".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access and were clearly set out. They gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to assist a person in and out of bed. This included using a hoist and how staff should encourage the person to aid their mobility. In another person's care plan it detailed their allergies and detailed how staff needed to ensure there was no elastic touching the person skin due to an allergy. People's activities were detailed in their care plans. In one we saw a person liked watching football and detailed their favourite football teams. They also enjoyed cooking and detailed the assistance staff could give the person.

People were supported to take part in activities within and away from the home. Staff and the registered manager told us how they supported. This included accompanying people to Brighton Pride, a war veteran's reunion, tea parties and the theatre. One person told us "If I want to go out the staff help me with this and join me for the day". The registered manager also told us of the Christmas party they were organising for everyone. They told us "We are arranging the Christmas party for staff, people and their relatives to come and are planning food, drinks and games. It is a lot to organise but I know it will be a success".

Staff told us that on the whole there was enough time to carry out the care allocated. Staff stated that 15 minute calls however were not sufficient to carry out care to the standard required. They also told us that they would often stay over the allocated time if necessary. One member of staff told us "Yes it is pretty good (time to carry out care) I always maintain the care I have to do even if time is short". Another member of staff told us "We get travelling time but the traffic can be awful if there are road works. If I know I am going to be late I phone and tell them. They are very good about allocation of calls".

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. People were given documentation when they started using the service. This included the complaints policy and procedure. Complaints were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One relative told us "We had one issue but it was dealt with professionally and never had an issue since". One person told us "Staff are so responsive and well trained, I have no complaints".

Good

Is the service well-led?

Our findings

People and relatives all said how happy they were with the management of the service. One person told us "I have contact with the office and they are all good. The manager comes to see me to see if everything is alright". Another person told us "I find the management very good. Any issues they are there to help. I see a supervisor each month to make sure I am ok".

The atmosphere was professional and friendly in the office. The registered manager had created an open and inclusive culture at the service. Staff told us they were able to speak to the manager when needed, and found them supportive. One member of staff told us "Any problems I would go to the manager first, my manager is brilliant". Another member of staff told us "I do feel everyone cares, and they are always at the end of the phone". Staff we spoke with also complimented the company they worked for. One member of staff told us "It's a very good company and they provide excellent service to people. Everything is professional and the training we get gives people confidence".

Staff felt they had good communication with the manager and provider through supervisions, meetings, phone calls and coming into the office regularly. The registered manager told us 'We have recently introduced a Caremark Mid Sussex and Crawley newsletter to increase information sharing within the different areas everybody works. We share good practice and good news articles and it also has a quiz that carers can receive prizes for. Supervisors and office staff can also put carers forward for carer of the month. This can be due to compliments from customers and carers, adhering to policies and procedures, going the extra mile for a customer or using initiative in certain circumstances. This is followed by a memo to all the carers to announce who received carer of the month and why. They also win a prize and certificate.

The registered manager and staff told us they had regular office meetings so they have a chance to discuss any difficulties that had come up in the week. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. The registered manager had recently employed a part time administration co-ordinator. As a team they discussed the pressures of the office and what this person could do to elevate some of the work load. In response to this issue, staff helped produce a job description. The registered manager also engaged two of the office staff to help with the interview and selection process so their views and recommendations were listened to.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as complaints, staffing and care records. This highlighted areas needed for improvement. In a recent audit care plans were reviewed and any that required updating were highlighted to staff. Findings were sent to the provider and ways to drive improvement were discussed. The manager also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided in people's homes.

Feedback from people and relatives had been sought via surveys. Comments from a recent survey included a request for a change in a member of staff that visited a person. The registered manager had addressed this by speaking with the person and member of staff and arranged for another member of staff to visit that person. Another comment stated "You are reliable and your service is great. Nothing is too much trouble". The surveys helped the provider to gain feedback from people and relatives about what they thought of the service and areas where improvement was needed.

The registered manager and provider showed passion about the service and talked about ways of improving. We were told about how staff worked closely with health care professionals and people's families. The registered manager told us "We offer good support to people and have a good team of staff. We all pull together to ensure people are supported to remain in their own homes". The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.