LME Investments Limited

Caremark (Mid-Surrey)

Inspection report

The Old Dairy, Barracks Farm
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11 May 2016

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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 this inspection on 9 and 11 May 2016 and the inspection 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 in.

Caremark (Mid–Surrey) is registered to provide personal care to people in their own homes. At the time of the inspection there were 30 people using the service.

The service had a registered manager in place. 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.

People were protected against identified risks. The service had comprehensive risk assessments in place that identified risks and gave guidance to staff on how to minimise the impact of the risks on people. The risk assessments were regularly reviewed to reflect people's changing needs.

People were protected against avoidable harm and abuse. Staff underwent safeguarding training. They were able to identify the different types of abuse and how these may manifest in people's behaviours. Staff had sound knowledge of the correct procedure to follow in reporting suspected abuse.

People received their medicines safely and in line with good practice. Staff were aware of the safe procedure for administering, recording and disposing of medicines. Medicine administration recording sheets [MARS] were completed correctly by staff and were audited regularly by senior staff, which meant errors were identified quickly and actions taken to minimise the impact on people.

People were not deprived of their liberty unlawfully. Staff had adequate knowledge of the mental capacity act 2005 [MCA] and deprivation of liberty safeguards [DoLS]. Staff were aware of the correct procedures when supporting people who were unable to make informed decisions and would follow the legal requirements outlined in the MCA and DoLS.

Care plans were person centred and detailed people's preferences. The service regularly reviewed people's care plans to reflect people's changing needs and wishes. Where possible staff encouraged people to make decisions about the care and support they received, which was documented in their care plans.

People's consent was sought prior to care being delivered. Staff were aware of the importance of obtaining people's consent and offering people choices about the care they received. Staff recorded people's choices and informed the registered manager if there were changes to people's preferences so that records could be kept up to date.

The service recorded incidents and accidents and action plans were in place to address incidents in a timely manner. The service learnt from incidents and accidents to ensure they were not repeated. People were encouraged to raise concerns and complaints. The service had procedures in place to record, review and learn from complaints. Records showed complaints were addressed in a timely manner.

People received care and support from sufficient numbers of staff to ensure their needs were met. The service employed more staff than required to cover staff absence such as sickness and holiday. The service carried out the necessary safety checks on new employees. The registered manager ensured that all staff had received a disclosure and barring services [DBS] check, two references and photo identification prior to commencing employment.

People received support from staff that were skilled and knowledgeable. Staff underwent on-going training to effectively meet people's needs. Staff completed mandatory training in health and safety, first aid, medicines management and moving and handling. Staff received on-going supervisions and appraisals where they reflected on their working practices.

Staff were aware of the importance of protecting people from social isolation. Staff provided people with companionship calls if agreed in their care packages. Where this wasn't agreed, staff would inform the registered manager of any concerns relating to social isolation and this was then raised with the funding authority.

The management team monitored the quality of the service through audits to drive improvements. Feedback was sought by the provider through surveys which were sent to people annually. People and relatives we spoke with were aware of how to make a complaint.

People were supported to access sufficient food and drink which met their preferences. Staff were aware of the importance of monitoring people's food and fluid intake and informed health care professionals and relatives if changes were identified.

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. People were protected against the risk of harm and abuse. Staff demonstrated knowledge in identifying the different signs of abuse and the correct procedure in reporting alleged abuse.

People received care and support from sufficient number of staff that had undertaken robust pre-employment checks.

People received their medicines in line with good practice.

Is the service effective?

Good

The service was effective. People received support from staff that had undertaken all mandatory training. Staff received on-going supervisions and annual appraisals and reflected on their working practices.

People were supported by staff that had sound knowledge of the mental capacity act 2005 and deprivation of liberty safeguards.

People were provided with sufficient amounts of food and drink that met their dietary and nutritional needs.

Is the service caring?

Good

The service was caring. People were supported by staff that were kind, caring and compassionate to their needs.

People had their privacy and dignity respected by staff.

People were kept informed about what was happening by staff that provided them with information and explanations in a manner they understood.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and tailored to people's individual needs. Care plans were reviewed regularly to reflect people's changing needs.

People were encouraged to make choices about the care they

received and had their choices respected.

People were encouraged to raise concerns and complaints about the service and were aware of the process in doing so.

Is the service well-led?

Good

The service was well-led. The registered manager created an inclusive culture where people's views were encouraged.

The registered manager actively encouraged partnership working. Records showed the service had sought guidance and support from other health care professionals as required.

The registered manager monitored the service provision through regular audits. Annual quality assurance questionnaires were sent to people and their relatives to gather feedback on the service and drive improvement.

Caremark (Mid-Surrey)

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 9 and 11 May 2016 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 in.

The inspection was carried out by one inspector. Prior to the inspection we looked at information we held about the service, including notifications the service had sent us. A notification is information about important events that affect the service, which the service is required to send us by law.

During the inspection we spoke to three care workers, a field supervisor and the registered manager. We reviewed five care plans, five medicine administration recording sheets [MARS], four staff files and other documents related to the management of the service.
After the inspection we spoke with three people using the services and two relatives.

Good

Is the service safe?

Our findings

People were protected against the risk of harm and abuse. People and their relatives told us they felt safe. One person told us, "Staff help me feel safe". A relative told us, "Staff do keep [relative] safe. If they [staff] have concerns about [relative's] safety they will contact me to discuss the matter." Staff were aware of the different types of abuse and the correct procedures in reporting their concerns. One staff told us, "It's our duty of care to keep people safe. I've had safeguarding training and it helps to refresh our knowledge, safeguarding is an important part of our role." Another staff told us, "We [staff] don't question any allegations someone makes, we reassure them that we will deal with it, record what they have told us and immediately inform the registered manager." Staff had received safeguarding training and told us they felt confident raising their concerns in line with the provider's policy.

People were protected against identified risks. A relative told us, "Staff are aware of the risks to my relative and know what is needed to keep them safe." The service had in place risk assessments that documented the identified risk, plans were in place to minimise the risk and guidelines for staff in managing the risk. Risk assessments covered all aspects of people's care, for example mobility, medicines management, personal care, finances and environmental. Risk assessments were shared with people and their relatives. They were signed and reviewed regularly to reflect people's changing needs. Staff told us they read the risk assessments prior to delivering care.

People were protected against unsafe medicine management. People told us, "Staff don't need to help me with my medicines, I can do this myself." Another person told us, "They [staff] have offered to assist me with my medicine but I can do this myself." A relative told us, "They [staff] get [relative's] medicine ready and encourage [him/her] to take them". Staff told us, "We prompt people to take their medicine or we administer their medicine. Prompting involves us reminding them to take their medicine." Another staff told us, "The medicine training was good it really does reinforce the correct procedure." We looked at people's medicine administration recording sheets [MARS] and prompting sheets and found these contained specific guidelines for staff to follow. Records showed that where gaps appeared on MARS, these were accounted for. For example when a person was in hospital or declined to receive their medicine. Senior staff carried out regular monitoring checks on staff's medicine management. They looked at whether the MARS were up to date, if as and when medicine [PRN] had been administered and if the MARS were signed correctly.

The service had a robust system in place to ensure the recruitment of suitable staff. The service carried out disclosure and barring service [DBS] checks, obtained two references and photo identification prior to staff being offered employment. All staff personnel files reviewed contained the necessary checks undertaken by the service.

People received care and support from sufficient numbers of staff. People told us, "Yes, I have enough staff to make sure things are done the way I like them done." Another person told us, "I believe I have enough staff, they do try to make sure it's the same people but it's generally fairly stable. They assess how many staff I need." A relative told us, "I believe the ratio of staff for my relative is good." The registered manager told us the service was currently over staffed. This meant that should staff require time off due to sickness of holiday

then there would be enough staff to cover. A relative told us, "The office always make sure newer staff follow more senior staff, so that they know how to correctly support my relative".

The service carried out assessments of the environment to ensure people and staff were safe. Environmental risk assessments were in place and reviewed regularly or when risks were identified. Environmental risk assessments looked at both internal and external hazards and how these were to be safely managed.

Good

Is the service effective?

Our findings

People spoke highly of care staff and told us, they were skilled in meeting their care needs. One person told us, "They [staff] are prepared to do anything I ask. They [staff] know what they're doing". Another person told us, "in almost everything, the staff are really knowledgeable and I think they [staff] are skilled". A relative told us, "There are three staff that I know of that are very well trained". Another relative told us, "Staff are certainly skilled".

People were supported by staff that had received a comprehensive induction. Staff told us, "The induction was long and they [the service] go through every aspect of our role. The practical training was in-depth and you are given a handbook that you can look through to refresh you". Another staff told us, "You receive shadowing training and I have found it helpful and gives you confidence. The shadowing can last as long as it needs to, so that staff know the correct procedure for caring for people". We spoke with the field supervisor who told us, the induction was flexible and dependant on the individual staff's needs. For example, some staff required longer periods of shadowing more experienced staff to be deemed of competent in lone working. Records showed that staff both with previous care experience and those new to care work received care certificate inductions. The care certificate provides staff with training to ensure they provide compassionate, safe and high quality care and support.

People received care and support from staff that received on-going training to meet their needs. Staff told us, "We do get to do a lot of training and there's a lot of refresher training going on". Another staff told us, "Yes there's lots of training and it really does help prepare us for our jobs". Staff told us they could ask for additional training should they feel this was required. We looked at staff personnel files and found that staff had received all mandatory training, for example first aid, mental capacity act 2005 [MCA], deprivation of liberty safeguards [DoLS], manual handling, medicines management and fire safety in domiciliary care.

People were supported by staff that reflected on their working practice. Staff received on-going supervision and annual appraisals. Staff told us, "I think it's good to get feedback on your work and you can do that in a supervision. There's an open door policy and you don't have to wait for a supervision if there's anything you are unhappy about". Another staff told us, "I have a supervision every six months but I know I can request one sooner if I need to. The appraisals are useful and informative, you talk about your goals for the coming year". We reviewed staff supervision and appraisal files and found these took place regularly and were focused on staff identifying areas of strength and weakness and a resolution.

People were supported by staff that were trained in MCA and DoLS. The service had comprehensive policies relating to Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were aware of their responsibilities in line with MCA and DoLS and told us, "If we had concerns about someone's capacity, we would tell the registered manager immediately". The registered manager had knowledge of the MCA and DoLS framework and could clearly identify the steps to be taken should the service suspect someone lacked capacity to make informed decisions. Records relating to MCA and best interest decisions were clearly documented, including correspondence with other health care professionals.

People's consent was sought prior to care being delivered. One person told us, "We [staff] work together mostly. They [staff] make sure we agree what they are going to do and seek my consent". A relative told us, "My relative expresses [himself/herself] clearly and staff would always seek consent". Staff told us, "We [staff] always seek people's consent, we do this by asking them. If someone declines personal care or something similar, we would try to find out the reasons. It's all about communication".

People were supported to access sufficient amounts of food and drink that met their nutritional needs. People told us, "I believe staff help other people with their meals but I can manage my own meals". Another person told us, "The morning carer makes me some toast and a cup of coffee, we don't do meals as such but she [staff] does help me if I need her to". Staff told us, "We do prepare food for some people and that's why it's important to make sure we know if they have any allergies. We do a lot of microwave meals for people as this is what they've requested". Staff were aware of the risks to people's health from malnutrition and dehydration. Staff completed record sheets that detailed what people ate and drank. This meant that should there be a decline in someone's food intake this was monitored and health care professionals alerted immediately.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by staff that respected their dignity. People told us, "I like the girls [staff] a lot and we jog along together, I would recommend them to everyone". Another person told us, "Staff do maintain my privacy and dignity and I have no complaints about that at all". A relative told us, "They [staff] do treat [relative] with dignity and respect and compassion". Staff were aware of the importance of maintaining people's privacy and dignity, they told us, "We make sure people are covered up and curtains drawn when delivering personal care".

Staff knew people well and spoke about people compassionately. One staff member told us, "I treat people in the same way I would want my relative to be treated, we [staff] treat people with respect and kindness". Another staff told us, "You get to know people really well and then you always have something to talk about when you visit. You see people often and they become important to you".

People's confidentiality was maintained. Staff were aware of the importance of confidentiality and gave us examples of how they ensured it wasn't breached. For example, by not talking about people with people not directly involved in their care and support. Records in the service were kept locked in secure filing cabinets, with authorised personnel only having access.

People were encouraged to make decisions about the care they received. Staff ensured people were given the relevant information and explanations in a manner they understood, to enable them to make decisions. People told us, "Yes, they [staff] explain things to me. Sometimes they just get on with things because that's the way I like it, but I certainly have my say about how things are done". Another person told us, "They [staff] let me know what's going on and they ask me if I want help or not. I get to make the decisions". Staff were aware of the importance of supporting people to make decisions about their care.

People were supported to maintain their independence. One person told us, "I am quite independent and can do some things for myself. Staff help me when I can't do things". A relative told us, "They [staff] try to help [relative] remain independent. [Relative] will ask staff to support [him/her] to access the community, but [he/she] can do it. It gives [relative] confidence to go out as [relative] knows someone with [him/her]. Staff were aware of the importance in supporting people to maintain their independence. Staff told us, "We don't go in and take over, we support people to do things that they are capable of doing, for example personal care". Records showed what care people wished to received and what they required support with, this meant that people were supported as they wished.

Good

Is the service responsive?

Our findings

People received person centred care that was tailored to their individual needs. One person told us, "I have the folder here and the staff keep it up to date. Head office came and talked to me about what I needed and created a care package that suits my needs. They review it frequently enough but as things change it's also updated". Another person told us, "Yes they do review the care plan with me. We define what we want done and they stick to it". A relative told us, "There hasn't been a need to discuss the care plan with me; they discuss it with my relative". Staff told us, they checked people's care plans at the beginning of each call to ensure they were aware of any changes before delivering care. One staff told us, "If I notice that the care plan needs to be amended, I contact the registered manager or field supervisor immediately.

The service had in place care plans that reflected people's care needs and gave staff guidance on how to meet these needs. We looked at people's care plans and found these were comprehensive and documented people's preferences, history, medical history, call times and carer's allocated, what people wanted to achieve and their long term goals. Support plans were in place and reflected the support required in relation to medicine administration, eating and drinking, personal care and house cleaning. Care plans were reviewed regularly in line with the service policies and where possible signed by people or their relatives.

People were encouraged to make choices about the care they received. People told us, "Yes, staff offer me choices and they look after me well". A relative told us, "They do offer him choices and he will make decisions about his care". Staff were aware of the importance of offering people choices. Staff told us, should someone be unsure of what decision to make, they would give them the information again to aid their decision making. One staff told us, "I always offer choices, I offer all kinds of choices from what they want to eat, what they want to wear and what they want me to support them with".

People were protected against the risk of social isolation. One person told us, staff would support them to access the local community if they so wished. A relative told us, "The staff help [relative] to go to the shops when [he/she] wants to go". The service carried out social calls to people where they would play board games or sit and chat about topics of interest with people. Staff were able to explain the importance of people not being isolated and would inform the registered manager if they had any concerns about someone immediately.

People were encouraged to raise concerns and complaints about the care and support they received. People told us, "Yes I can make a complaint and I know how to". Another person told us, I can raise a complaint, I would call the office if need be. It's only occasionally that I have had to do that." Another person told us, "I can speak to my carers if I have a complaint or the office staff. If I need to I will". A relative told us, "I would raise concerns with the office directly, I have no problem in doing so. If I felt there was an unsatisfactory outcome or it wasn't dealt with appropriately, I would contact CQC." We looked at the complaints file and found that the service had a robust procedure in place to manage the complaints. Complaints were documented, investigated by a senior member of staff and appropriate actions were taken to positively resolve the complaint. At the time of the inspection, the service had not received a complaint in the last 12 months.

Good

Is the service well-led?

Our findings

People received a service that was well-led. People told us, "I find him [registered manager] fine, he's very accommodating". Another person told us, "I know who he is and I know I can talk to him if that's something I need to do". Staff told us, "He's [registered manager] a very nice person. He doesn't make you feel stupid when you share your opinions, our opinions matter to him".

The registered manager told us the service operated in an open and transparent manner where people's needs were paramount. The registered manager had clear visions and values for the service, where person centred care was at the forefront of care. This was shared by people and their relatives.

Senior staff carried out audits of the service to drive improvement. The field care supervisor carried out regular 'spot checks' to ensure that staff were carrying out their roles in line with good practice. People told us, "I have [field supervisor] come here sometimes to make sure I'm happy with the care I get [field supervisor] checks up on the staff". Staff told us, they found the spot checks helpful in learning areas of improvement. Records showed spot checks undertaken looked at staff's moving and handling practice and staff's medicine management skills. The field care supervisor told us, if areas of improvement were identified these would then be shared with the registered manager and action taken to support staff.

People were protected against an unsafe environment by the service carrying out comprehensive audits. Records showed the service carried out daily, weekly, monthly and six monthly health and safety checks on the service. Records relating to the environment and equipment were completed in line with the service policies. We also looked at audits relating to the records, we found that these were completed in a timely manner and identified areas of concern were addressed with the staff in question to ensure there was no repeat of the incident. The area manager carried out a quarterly audit of the service. We looked at the last audit and found areas of improvement identified had been actioned by the registered manager in a timely manner. For example one person did not have functioning smoke detectors, the registered manager contacted the local authority and these were then installed as a matter of urgency.

The registered manager had systems in place to check the quality of the care provided for people. A relative told us, "They [the service] have sent me documents to fill out regarding feedback. I'm happy with the service its pretty good and it's nice knowing someone is going in there to see my relative". Quality assurance questionnaires were sent to people and their relatives annually, to gather feedback on the quality of the care provided. We looked at completed quality assurance questionnaires and found that people were positive about the care they received. For example, one person wrote, "I highly commend the care workers, they have kept my head above water many times. I can't thank them enough. Another comments stated, "I am glad Caremark have kept my care team to the minimal amount of personnel as continuity is most important to me". We spoke with the registered manager who told us should any identified concerns be raised in the quality assurance questionnaires, these would be addressed immediately. At the time of the inspection we did not see any identified concerns raised by people or their relatives.

The registered manager actively sought partnership working. Records showed the registered manager had

obtained guidance and support from other health care professionals on the care and support for people. Advice given by health care professionals was then implemented into people's care plans for staff to follow. For example, staff received guidance on how to safely support people whose behaviour had deteriorated and engaged in behaviours that others may find challenging.