Professional Home Care Limited

Caremark (West Oxfordshire & Cherwell)

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We undertook an announced inspection of Caremark (Oxford) Domiciliary Care Agency (DCA) on 23 July 2015. We told the provider two days before our visit that we would be coming. Caremark (Oxford) provides personal care services to people in their own homes. At the time of our inspection 150 people were receiving a personal care service. At our last inspection on 3 October 2013 the service had met all outcomes we inspected against.

There was a registered manager in post. 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.

Summary of findings

People were not always protected from risks. Risk assessments were not always in place when risks to people had been identified. Where risk assessments were in place they did not always provide guidance to staff on how the risk was to be reduced.

Some people experienced late visits and they told us this impacted on their lives. People were concerned they could not always predict when visits would occur. However, no one told us they had experienced a missed visit.

People told us they were informed when visits would happen and who would be visiting. However, these arrangements were often changed without people being informed of the changes. The registered manager was aware of this problem and was taking action to rectify it.

Systems used to monitor the quality of service did not identify our concerns in relation to risk assessments or late visits.

People told us they benefitted from caring relationships with the staff. Comments included; “Staff are excellent, I don’t think I would find better” and “The carers are fantastic”. A relative said “The carers can make my Mother smile”.

Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. Records confirmed the service notified the appropriate authorities where concerns relating to suspected abuse were identified.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity to make decisions were protected.

People told us the service responded to their wishes. Comments included; “The girls are very good, they are very good people, they listen to me and they help me with whatever I need” and “They do what I need doing, when I want it and the way I want it”.

Staff spoke positively about the support they received from the registered manager. Staff supervision records were up to date and they received annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

Accidents and incidents were investigated and learning from these was shared with staff. This allowed improvements to made. One member of staff said "When we need to be alerted about something the office would send either messages on our mobiles or flash news to make us aware".

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we have required the provider to take at the end of this report.

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?

People were not always safe. Risk assessments were not always in place. Where they were in place they did not always provide guidance to staff on how to reduce the risk.

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

People told us they felt safe. Staff knew how to identify and raise concerns.

Requires improvement

Is the service effective?

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Good

Is the service caring?

The service was not always caring. People's visit times and schedules were sometimes changed without informing them.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

People's independence was promoted. Care plans gave staff guidance on how to encourage people to be independent.

Requires improvement

Is the service responsive?

The service was not always responsive. Staff were sometimes late for care visits and people told us this impacted on their lives.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people.

Requires improvement

Is the service well-led?

The service was not always well led. Systems designed to monitor the quality of service failed to identify our concerns in relation to risk assessments and late visits.

Staff spoke positively about the registered manager and told us they were approachable and supportive.

Requires improvement

Caremark (West Oxfordshire & Cherwell)

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 inspection took place on the 23 July 2015. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by 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.

We spoke with 22 people, two relatives, 10 care staff, the registered manager, a director and the nominated individual. A nominated individual is a person employed by the service with responsibility for supervising the management of the regulated activity. We looked at nine people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law. In addition we reviewed the information we held about the home and contacted local authority commissioners about the service.

Requires improvement

Is the service safe?

Our findings

One person's care plan identified the person was at risk of falls. However there was no risk assessment for this person in relation to this risk. Another person's care plan identified the person had complex needs. There was no risk assessment in relation to risks related to their needs.

Additionally, one person had a specific risk relating to their medicine. Whilst this person had a medicine risk assessment in place it did not mention this specific risk and simply noted the need to 'keep the medication in the safe'.

One person was assisted with their medicine. Records noted 'please sign for medication when giving to them to take to Day Centre'. This meant staff were signing the medicine records without seeing the person take their medicine and could not be sure the person had taken it. We raised this issue with the registered manager who said "I will contact the day centre and we will review the risk assessment. We will make arrangements to rectify this concern immediately".

Where risk assessments were in place they did not always provide guidance to staff on how to reduce the risk. For example; One person was at risk of falls and used a hoist and a wheelchair. The risk assessment only related to the hoist and gave no guidance for staff in relation to the wheelchair.

These concerns were a breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. Comments included; "Yes I do feel safe, I am delighted with the girls and I trust them", "Yes I feel safe with them", "I've got no concerns about the girls, I'm safe" and "The girls mainly shower and dress me and they really are gentle souls".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. They were also aware they could report externally if needed. One member of staff said "I had the training and it's very relevant. I'd report concerns to my supervisor or manager and I can contact social services or the CQC (Care Quality Commission)". Records confirmed the service notified the appropriate authorities with any concerns.

There were sufficient staff deployed to meet people's needs. The registered manager told us staffing levels were set by the "dependency needs of our clients". For example, where people required two staff to support them, two staff were consistently deployed for each visit. People told us staff stayed for the full length of the scheduled visit. One person said "I always get my full time with them, they don't rush me".

Staff told us there were sufficient staff to meet people's needs. Comments included; "I think there's enough staff. Some come and go but there is a group of long term staff who have been here a while", "I have a regular rota and this does not change too much so it's pretty easy", ''No problems, as a part time worker I have the same clients and never encountered any issues'' and "I think it's OK as we have separate areas and people tend to work in their preferred areas but we also have a few people like me who is happy to cross over and help out where needed".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Most of the people we spoke with told us they did not need support with taking their medicine. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained. One person told us how the staff supported them with their medicine. They said "They remind me to take my medicine as I can be forgetful". We looked at this person's care plan. Guidance to staff prompted them to remind the person to take their medicine and the person's goal in the plan stated 'to have my medication on time'.

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included: “Oh yes, they know what I need and always do what I ask”, “They are very knowledgeable and willing”, “I am delighted with the girls, they are very efficient and know what to do”, “The girls are very good, in fact they are fantastic, they’ve been coming for quite a while so they know what they need to do and how they need to do it” and “They always turn up, they seem well trained”.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, moving and handling and infection control . Staff comments included; “I had induction training, then shadowing an experienced carer and we get updates, it’s quite regular”, "I’ve been working for different care providers and Caremark are by far the best. I had all training and refreshers and can always request more if not sure, induction and shadowing was for 3 weeks in total. I was only allowed to go solo when I said I felt confident to do so" and "I had very good induction, which went very well, the training was very good".

Staff received regular supervision (one to one meetings with their manager), spot checks and appraisals. Records showed staff also had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. Comments included; “I have these regularly, had my appraisal two months ago and a recent spot check, I have a fantastic supervisor", “Yes, I get appraisal annually, spot checks are random, every so often. It's two way process and we're listened to" and "If I wanted to follow up on training the company would be willing to help me. I feel well supported". One member of staff told us how they were supported to develop their career. They said “I wanted to be a supervisor at the time and asked for training to help with that. I have now completed my NVQ (National Vocational Qualification) in care at level two”. Another member of staff had achieved a diploma in ‘Health and Social Care’, City and Guilds qualification at levels two and three.

Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act (MCA). The MCA protects the rights of people who may not be able to make particular decisions themselves. Staff comments included; "It's about clients' rights to make their own decision as long as it's safe for them". If not safe I'd explain and inform my supervisor about it", "It's all about ensuring clients make the choices they want to make in their own home" and "I've done the training; I work with a client who may be quite lucid on some days and very confused on other days, I still treat her the same no matter what ". However, one ‘live in’ carer we spoke with told us the person they supported may lack capacity to make certain decisions. We could not find a capacity assessment in this person’s care plan. We spoke with the registered manager about this and they said they would deal with this issue “as a priority”.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager who was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People told us staff sought their consent before supporting them. Comments included; “Oh they always ask me first, no problems” and “They check what needs doing then they ask if it’s alright to carry on. They are very good”. One member of staff said "I respect that's their house and I ask them how they would like to be supported". Care plans, reviews, risk assessments and medication assistance authority documents were all signed and dated by the person. Where the person could not sign we saw the service had consulted them and relatives had signed on their behalf.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people’s care and treatment. These included people’s GPs, district nurses and dieticians. For example, one person took their nutrition through an external tube. The person’s GP and district nurse had provided guidance, which was being followed and staff had received specialist training on how to support this person. Another person had difficulty with their mobility and had been referred to an occupational therapist. We spoke to the member of staff who regularly supported this person. They said "I am very happy as this client, who was unable to walk, started making little 'baby steps' recently, only little steps but this is still something".

People told us they had plenty to eat and drink and most people said they did not need support from staff. Where people did need support care plans, gave staff clear guidance for staff to follow. Food and fluid charts were

Good

Is the service effective?

maintained for people at risk of malnutrition or dehydration and any special diets were highlighted. For example, one person had particular food allergies and these were clearly listed in the care plan.

Requires improvement

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included: “Staff are excellent, I don’t think I would find better”, “Some carers are very young so I try to get to know them, to find something that we have in common. On the whole I’m happy and no cause for complaint”, “The carers are fantastic” and “My carer is willing to make a cup of tea or read out a letter which is not part of our agreement”. A relative said “The carers can make my Mother smile which is difficult”.

Staff told us they enjoyed working at the service. Comments included; “I love my job. I like the people, the clients and every day is different”, "I think it's my attention to details that makes the difference, I ensure clients get the care they want" and "I treat my clients how I would like to be treated".

Staff told us how they usually saw the same people regularly which meant they got to know them well. One member of staff said "I have permanent clients and the same runs so I got to know them well. I respect how my clients like things done".

People told us staff were friendly, polite and respectful when providing support to people. One person said, “There’s some days I’m not as mobile as others and the carers will ask if there’s anything extra I need”. Another said, “I’m a talker so they have to listen. They are patient, polite and respectful in every way”.

We asked staff how they promoted people’s dignity and respect. Comments included: "I would stay for a bit longer if washing (laundry) was about to finish and I know they can't manage this on their own", “I build trust with people and get used to their routines. I respect their wishes" and “I have some wonderful clients and it is so important to have good relationships, which I have. I try to keep people covered when delivering personal care and I keep curtains closed and doors shut”. When staff spoke to us about people they were respectful and spoke with genuine affection. The language used in care plans and support documents was respectful and appropriate.

People told us they felt involved in their care. Comments included; “Yes I am involved. On the whole I’m happy and no cause for complaint” and “I have minimal needs and they cater for me really well. I’m involved with what goes on and can change things if I want”. Details of how people wanted to be supported were contained in their care plans. For example, one person had stated in their care plan ‘please use the Tiger and Winnie the Pooh flannel’. Another person had stated ‘help me with my breakfast and a cup of tea in the morning’. The daily notes of care evidenced these people were supported in line with their wishes.

Care plans gave staff guidance on how to encourage people to be independent. For example, one stated the person needed support with washing themselves but could ‘dry themselves without assistance’. Another plan stated ‘I want to live at home as independently as possible’. Staff were advised to encourage the person to do as much for themselves as they could. One member of staff said “Everyone likes their care differently and care plans give us lots of information about the person. What they can do for themselves and what they can’t. The secret is to get to know them well and encourage them”.

People told us they were informed who was visiting them and when the visit was scheduled. The service sent visiting schedules to people every week. However, the schedules often changed and people were not always informed of these changes. This meant some people could not be sure who was coming or when they would visit. People’s comments included; “They send a weekly list of times but it usually changes so I can’t rely on it”, “I get a weekly letter with who is coming but they don’t always stick to it. Especially at weekends” and “I get a bit anxious sometimes because the rota says certain staff are coming but its someone different who turns up and I’ve never seen them before. It can be quite upsetting. I’ve told them I would prefer to have regular carers. They’re looking into it and if they don’t sort it out I will be looking for another provider’. One member of staff said “The schedules do sometimes change and yes, it can cause concerns for clients”. We raised these concerns with the registered manager who was aware schedule changes were not always passed on to people. They said they were recruiting more staff who would be responsible for ensuring visiting schedules were maintained and people informed.

Requires improvement

Is the service responsive?

Our findings

People told us staff were usually punctual but sometimes late. Comments included; “Mostly on time but sometimes a bit late. I have had calls to tell me they are on their way”, “They are usually on time. I get a call if they are running late”, and “They’re usually not far out in the time they come and they telephone me if they’re running very late”.

Some people told us the late visits impacted on their lives. Comments included; “If they are late it means I have to stay in my nightclothes and sometimes I might have the district nurse coming in and then everyone arrives together” and “The girls don’t always arrive on time because of the traffic and roadwork's, I don’t think they have enough time to get from A to B. I need to have my surgical stockings put on first thing in the morning but because she (carer) can be up to an hour late I have to wait for them to be put on which is not good for me”. A relative told us, “My Mother likes her carers, they are all very good. I have complained that the evening carers are not turning up at 6pm when Mother goes to sleep. If they don’t turn up by 6 she’s already asleep so I don’t want her disturbed’. I’m waiting to see what the office manager is going to do about it”. Two people had raised late visits as issues via the telephone monitoring system. The system used to record visit times and showed ‘on time visits’ were at 87%.

People told us the service responded to their wishes. Comments included; “The girls are very good, they are very good people, they listen to me and they help me with whatever I need", “They do what I need doing, when I want it and the way I want it” and “ I am happy with my care but if I wanted to change something about it I have confidence they would do what I wished”.

People’s needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessments. Care records contained details of people’s personal histories, likes, dislikes and preferences and included people’s preferred names, interests, hobbies and religious needs. For example, one person had stated “I go to church every Sunday where possible as I now need to be escorted”. Daily notes showed this person was supported to do this. Care plans were detailed, personalised, and were reviewed on a regular basis.

People received personalised care. One person said “The girls are real stars, I like to chat to them, it’s important to me to get to know the carers and for them to get to know me”. A relative said “They wash and cream mother’s legs and they’re very good with her”. Staff told us they tried to give people personalised care. Comments included; "I respect how my clients like things done", "Our views should be irrelevant if the clients want things done certain way" and "I have one client who has changed her shower days so I can assist her with it as I have built a good relationship with her".

People knew how to raise concerns and most were confident they would be listened to and action taken. However, some people had complained and were waiting for improvements relating to their complaints. For example, one person said “I’ve made a complaint about carers being late and I’m waiting for things to improve”. A relative also told us they had made a similar complaint and was waiting to see if things improved. The registered manager was aware of these issues and told us they were working to resolve them.

Records showed there had been two formal complaints since January 2015. These had been resolved to people’s satisfaction in line with the provider’s complaints policy. Information on how to complain was given to people and their relatives when they started with the service. There had been 17 compliments made to the service since January 2015. For example, one person had sent a card stating, ‘Thank you. I don’t know what I’d do without you’.

The service sought people’s opinions. Regular ‘Telephone Monitoring’ calls were made to allow people to raise issues about the service. Details of the calls were recorded. The majority of recorded calls were complimentary. For example, one person had requested a change to their visit times. This request was actioned and their visit times were rescheduled.

People’s wellbeing was promoted in the service. Birthday cards were sent to all people on their birthdays and the service was promoting a ‘dementia friends’ group for both people and relatives. They had also recently escorted some people to a dementia friendly screening at a cinema. A cinema with ‘relaxed screens’ shows old familiar films for people to enjoy. The cinema keeps doors open and some lights on so people do not feel constricted. This activity is promoted by the Dementia Friendly Society which the service has joined. Staff told us people enjoyed this event.

Requires improvement

Is the service well-led?

Our findings

Some people knew who the registered manager was but many did not. Comments included: “I don’t know who the manager is”, “No, I don’t know the manager, I think there is a new one” and “Yes I know the manager but only by the phone, not in person”. A newsletter had been sent to all people and staff which contained a photograph of the registered manager and their contact details.

Staff spoke positively about the registered manager. Staff comments included; “Really good, she is approachable, friendly and I can talk to her about everything”, " They are very supportive and understanding, they will always help us [staff] if can't cover a visit or struggle with anything" and "Very supportive management and no blame culture. At the end of the day we're all human". The registered manager had been registered in post since April 2015.

Accidents and incidents were recorded and investigated. Information was logged onto the services ‘central reporting tool’ allowing senior staff to review this information collectively to look for patterns and trends across the service. Information was used to improve the service. For example, one person had slipped and fallen. The person was not injured and the incident was investigated. Learning from the incident was forwarded to staff in the form of a text message and discussed at staff meetings. One member of staff said "When we need to be alerted about something the office would send either messages on our mobiles or flash news to make us aware". Another said “Any changes are fed back to the staff; either via flash news or all staff will be called in to the office for a meeting".

The service had a system for managing late calls. If a member of staff did not log in the Electronic Telephone Monitoring System (ETMS) within in 30 minutes of the visit time an alert was raised with the office. For two handed visits the alert time was 15 minutes. This meant a supervisor or coordinator could contact the person and redirect another member of staff if required. None of the people we spoke with said they had experienced a missed visit. There were in fact two missed visits recorded for 2015. One involved an error on a staff rota, the other noted one member of staff attended a person for a two handed visit, but the second member of staff did not. Both incidents were dealt with appropriately by the registered manager. The registered manager told us staff training was under way to monitor the system more effectively to improve the service.

The provider’s statement of purpose was contained in all care plans and was available to people. This listed the services aims and objectives, described the care they could provide and who they could provide care to. The focus was on putting people first and treating people with ‘Dignity and respect’.

There was a whistle blowing policy in place that was available to staff. This policy, along with all other policies was provided to staff in the ‘Staff handbook’ they received when they joined the service. People and staff also had contact details for Oxfordshire County Council (OCC) and the Care Quality Commission (CQC).

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people’s care plans.

Regular audits were conducted to monitor the quality of service. These were carried out by the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. However, a recent audit record entitled ‘file inspection’ had not identified our concerns in relation to missing or incomplete risk assessments in people’s care plans. The audit also failed to identify people’s concerns relating to late visits and there were no actions from the audit to improve the service.

We recommend the service reviews its audit systems to ensure they capture relevant information to allow the service to be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Risk assessments were not always in place or complete. Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.