

Affleck Care Limited

Caremark (Kirklees)

Inspection report

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09 January 2020

13 January 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Caremark (Kirklees) is a domiciliary care service. It provides care and support to people in their own homes. At the time of our inspection the service was supporting 109 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines were not always managed safely. We did not find evidence that anyone had been harmed. However, medicine administration records had not always been completed accurately and we could not be sure people had received their medicines as prescribed. We have made a recommendation about medicines management.

Staff understood safeguarding procedures and had received training in recognising the signs of and types of abuse. Safe recruitment practices were followed to ensure staff were suitable to support vulnerable people. Staff received an induction to the service, training and on-going supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Person-centred care plans were in place. These described the support people wanted.

People told us they received support from a team of familiar care workers. People and their relatives told us staff were kind and caring and treated them with dignity and respect

There were effective systems in place to monitor the quality of care provided and to drive improvements. Complaints had been dealt with appropriately. Learning was shared with the staff team when things went wrong.

Systems were in place for gathering feedback from people and their relatives about the quality of support they received. People told us they were happy with the way the service was managed. The service valued its staff and offered rewards for good work. Staff were complimentary about the management team and about the way the service was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (report published 25 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caremark (Kirklees)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 7 January 2020 and ended on 13 January 2020. We visited the office location on 7 January 2020.

What we did before the inspection

We reviewed information we held about the service. This included the previous CQC inspection report and statutory notifications the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law. We contacted the local authority for their feedback. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We looked at eight people's care records, which included support plans, risk assessments and medicines records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a range of documents relating to how the service was managed, including training records, policies and audits.

We spoke with the registered manager, the service owner and six support staff. We spoke on the telephone to five people who used the service and four relatives.

After the inspection

After the inspection we reviewed further information sent to us by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We identified some concerns around the management of medicines.
- The majority of medicines administration records (MAR) we checked had some gaps in signatures which meant it was unclear if staff had given the prescribed medicines. Where handwritten prescriptions had been entered onto the MAR they were not signed or countersigned in line with good practice guidance to help ensure they were accurate.
- Some MAR were not detailed enough. For example, one MAR contained an entry for an antibiotic. It did not say if this was a tablet or liquid, or how much should be given.
- One person was receiving paracetamol four times a day. There should be a minimum of four hours between each dose. We found that on occasions staff were giving this person paracetamol without leaving the correct length of time between doses.
- Staff had continued to apply cream to one person when the course of medication had been completed.
- We discussed these shortfalls with the registered manager. They told us they were in the process of introducing an electronic medicines administration system which should rectify these concerns. We will review this at our next inspection.

We recommend the provider review national guidance on the management of medicines.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- Staff had completed training about infection control and food safety.
- Staff were provided with disposable gloves to minimise the risk of infection. A stock of these was available in the office premises. People we spoke with confirmed staff used this equipment when carrying out personal care tasks.
- Risks associated with people's physical health, care needs, and the home environment had been assessed.
- Some people used equipment to minimise risks. For example, the use of a hoist to minimise the risk of falling. Where such equipment was in place, there were detailed instructions in care records which described how it should be used correctly and safely.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff. Comments included, "I am very happy with my care workers. I always feel comfortable and safe with them" and "There is no danger of harm or abuse from any care workers to my relatives from any of the care workers."

- The service had a policy and procedure for safeguarding adults from abuse. Staff we spoke with understood what abuse was, the signs to look for and their obligation to report any concerns. One care worker told us, "I would go straight to the management."
- Staff knew the procedure for whistle-blowing and said they would not hesitate to use it if they needed to.

Staffing and recruitment

- There were enough staff to support people safely. People told us that staff had not missed any visits and most people spoken with told us staff usually arrived on time. When calls did run late, people were kept informed and had a good appreciation of why this had happened.
- People were supported by small teams of regular staff. Some people commented they had recently been supported by staff other than their regular team. The registered manager told us this had happened during the holiday period, when some staff were taking leave.
- The provider followed a clear recruitment and selection process and carried out appropriate checks on staff prior to their employment. The selection and interview process were recorded and showed how the provider assessed each candidate's suitability for the role applied for.

Learning lessons when things go wrong

- Management and staff completed records of any accidents and incidents and reported them to the appropriate agencies. Accidents and incidents were discussed at team meetings so action could be taken to try to prevent them happening again.
- The registered manager communicated openly with people who used the service if improvements to care were needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered manager ensured staff were provided with a variety of training to give them the right skills for their roles. Staff were encouraged to pursue nationally recognised care qualifications.
- People and relatives had confidence staff were well-trained. One relative said, "The care workers certainly do have the skills and to us they are fully trained."
- Training was provided through different methods, such as e learning, face to face and quizzes. People's learning styles were assessed at interview and training was adapted to suit their particular requirements.
- The service had its own training room equipped with a bed and hoist for moving and handling training. Notice boards displayed information on a variety of topics, and leaflets were available on subjects such as oral care and managing stress.
- Staff were complimentary about the training and particularly liked using the 'Care certificate board game', which tested their knowledge in key areas of care delivery. One care assistant told us, "It's a good way to interact with new staff" and another said, "The board game is really good. If you are playing it the information really sticks."
- The management team provided staff with support and supervision. This gave them opportunities to discuss their responsibilities, concerns and training needs. Staff were complimentary about the support they received from each other and from the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before they were offered a care package. This ensured the service could support them at their preferred times.
- People's care plans described the help they required at each visit and reflected their personal choices and preferred routines. Care plans were reviewed regularly.
- Staff prepared meals for people if this was part of their care plan. Staff ensured people were left with enough drinks until their next visit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's health needs were met.
- Staff referred people to other social care and healthcare professionals when they needed specialist help or advice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People were supported to make their own decisions as staff helped them make choices about everyday events and tasks.
- Staff sought people's consent before assisting them. Where they were able to, people had signed their care plans to show they agreed with them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People who used the service spoke positively about the standard of care provided. People told us staff treated them well. One person said, "The care workers are always kind and caring. They are also polite to me." Another person told us, "[The staff] are like part of the family."
- Relatives were also complimentary about the staff. One relative told us, "As far as I know the care workers have a wonderful relationship with my relative. They know exactly what my relative likes and dislikes."
- People told us staff were respectful. One person said, "The care workers always give me dignity and respect."
- People could request to be helped by a care worker of their own gender, for personal care, if they preferred. This helped protect their dignity.
- Care records reflected that people were helped to complete tasks for themselves if they were able. This helped them maintain their independence.

Supporting people to express their views and be involved in making decisions about their care

- The service provided support tailored to people's requirements.
- People and their relatives were involved in agreeing their support package. This gave them the opportunity to specify their support needs and the times they wished staff to visit. Their support package was regularly reviewed to ensure it still met their needs.
- People their relatives told us they were able to make decisions about their care. One person said, "The care workers do respect my relative and what she wants."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who had a good understanding of their care and support needs and preferences.
- People's care plans contained information about how staff should best support them with tasks such as their personal care, eating and drinking, mobility and medicines. Care plans included enough information to ensure they received care and support that was person-centred.
- Daily record logs completed by care staff at each visit, contained a good level of detail.
- The service was in the process of transferring people's care records to an electronic system for staff to access via their mobile phones.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service promoted community events to help combat loneliness. For example, the service was piloting an intergenerational scheme aimed at bridging the generation gap. Staff had supported people to attend a local café where they socialised with local children. Further events were planned.
- Staff had introduced people to a local 'memory café' which they now regularly attended. Staff had taken a group of people on a day trip to Blackpool, as they were unable to go on their own.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure for managing and responding to complaints. People told us they knew how to complain. One person said, "In the many years with this service I have never needed to complain. I have all the details if I need to."
- We reviewed the complaints log and found appropriate action had been taken when people had complained. This included carrying out an investigation followed by a written response and apology from the registered manager where appropriate.

End of life care and support

- The service was not currently supporting anyone at the end of their life. However, the registered manager told us they would be able to provide this care if needed, in conjunction with other health care professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plans. People's hearing, sight and speech were looked at as part of the initial assessment to ensure staff could tailor their support appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager promoted a culture of learning and improvement. Audits and spot checks were completed on a regular basis to monitor the service and to ensure good standards of care were maintained and improvements, where needed, were made.
- We identified some concerns around the management of medicines. We have discussed this in the 'safe' section of this report. Some of the concerns, such as gaps in the MAR, had already been identified by the registered manager and they were in the process of taking steps to rectify them through the introduction of an electronic medicines management system.
- Complaints, concerns and incidents were discussed at team meetings to help drive improvement within the service.
- The registered manager had a good understanding of their regulatory requirements, making appropriate notifications to the CQC and external safeguarding bodies.
- The registered manager had won the home care registered manager's award in the regional finals of the 2019 Great British Care Awards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive culture and staff were praised and rewarded for good work through regular staff awards. Staff spoke positively about the service and felt appreciated and supported. One person said, "It's like a big family."
- The management team valued its staff and provided flexible working hours to suit people's different personal circumstances. One staff member told us, "I've never had such flexibility or understanding. They (management) have always been there for me."
- The service had carried out a staff stress survey during April 2019 (national stress awareness month) and arranged training and discussions around the management of stress at work and how people's work life could be improved.
- The registered manager kept staff up to date through a weekly email and monthly team meetings. The service had recently produced a newsletter and there were plans to publish one every three months.
- People and relatives were happy with the way the service communicated with them. One person said, "The care workers are great. The office staff are also good. I can call anytime. They listen. They follow through what I have raised or need doing."

Working in partnership with others

- The registered manager and staff team worked closely with other health and social care professionals to promote positive outcomes for people and ensure people received joined up care. For example, we were told of how staff had worked closely with social services to ensure a person's home was habitable and safe.
- The registered manager attended management meetings with other social care organisations to share best practice. They met daily with the owner of Caremark (Kirklees) to ensure there was good oversight of the service.
- The service had links with the local community groups and encouraged people to attend local events to socialise and make friends. Staff were involved with fundraising and charity work. For example, some staff had helped with a charity which gave Christmas gifts to isolated, older people in the local area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture at the service. The registered manager understood their responsibility regarding the duty of candour to apologise and give people an explanation if something went wrong.