Mars Cheshire Limited

Caremark (Cheshire North East)

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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection was unannounced and took place on the 8 December 2014. A second day of the inspection took place on the 9 December 2014 in order to gather additional information.

The service was previously inspected in March 2014. Two breaches of legal requirements concerning consent to care and treatment and records were identified. We found that improvements had been made during our inspection to address the breaches.

Summary of findings

Caremark (Cheshire North East) is a domiciliary care service that is operated on a franchise basis and is part of a network of other branches of Caremark that operate in Great Britain.

The agency offers personal care to people with a range of needs within their own homes and in their local communities. Their office is based in Handforth, Cheshire and covers Handforth, Wilmslow, Alderley Edge and Knutsford. At the time of our inspection the service was providing the regulated activity of 'personal care' to approximately 54 people.

At the time of the inspection there was a registered manager at Caremark (Cheshire North East. 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.

Caremark (Cheshire North East) had a registered manager in place that had been in post for approximately two years. The registered manager was present during the two days of our inspection and was keen to engage in the inspection process together with the provider.

People were of the opinion that their care needs were met by the provider. Comments received included: 'They have been coming to see me for some time and staff do what they can in the time they have" and "The care is fine."

Staff had access to induction, mandatory and other training that was relevant to their roles and responsibilities. Staff spoken with also confirmed that they had received formal supervision at regular intervals.

Management and staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Systems had been established to obtain feedback from people using the service, their relatives and staff via annual surveys on the standard of service provided. Quality assurance telephone monitoring calls, spot checks and other audits were also undertaken throughout the year to review the standard of service delivered by the agency.

We found that the service was not always safe or well led as double-up calls were sometimes being undertaken by one carer. Furthermore, some people did not have risk assessments on specific areas of need such as pressure care or nutrition and the agency did not have a comprehensive medication audit in place to monitor and identify issues with medication promptly. Some concerns were also raised regarding a lack of continuity of care staff deployed by the agency.

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?

Requires Improvement

The service was not always safe.

People using the service and staff reported that double-up calls were sometimes being undertaken by one carer.

Some people did not have risk assessments on specific areas of need such as pressure care or nutrition. This is necessary to safeguard the health and safety of the people using the service.

People were not adequately protected from the risks associated with unsafe medicines management as the agency did not have a comprehensive medication audit in place to monitor and identify issues.

Is the service effective?

Good

The service was effective.

Although some concerns were raised regarding the continuity of care staff deployed by the agency, we received positive feedback which confirmed people were of the opinion that their care needs were met by the provider. Comments received included: 'They have been coming to see me for some time and staff do what they can in the time they have" and "The care is fine."

Staff had access to induction, mandatory and other training that was relevant to their roles and responsibilities. Staff spoken with also confirmed that they had received formal supervision at regular intervals.

Management and staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

Comments received from people using the service included: 'I like the girls, they are great with me"; "Anything I want they get me, they never leave without making sure I am ok"; "The girls are very good and respectful to my mother" and "The carers are polite, respectful and helpful and jolly. In fact I would say excellent."

Staff received training on principles of care as part of their induction training which had helped them to understand how to provide person centred care, respect people as individuals and maintain confidentiality.

Summary of findings

Is the service responsive?

Good 

The service was responsive.

People generally received care and support which was personalised to their wishes and responsive to their needs.

Records showed people had their needs assessed, planned for and reviewed by the agency.

People told us that their complaints were listened and responded to and records of concerns and complaints, associated correspondence and action taken were available for reference.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The service had a registered manager in place that had been in post for approximately two years.

There was no management information in place to enable us to analyse the frequency of events such as the reason why double up calls had not been completed or the action taken by the manager in response to such incidents. Likewise, the auditing system for medication management was not robust and in need of review.

Systems were in place to seek feedback on the standard of service provided to people using the service and the agency but there was no action plan in place to demonstrate how the service planned to address constructive feedback to ensure the on-going development of the service.

Caremark (Cheshire North East)

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 checked whether the provider was 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 8 and 9 December 2014 and was announced.

The inspection was undertaken by three adult social care 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, in this case of people living with dementia.

Before the inspection we looked at all of the information which the Care Quality Commission already held about the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about Caremark (Cheshire North East). We took any information provided to us into account.

It should be noted that the provider was not requested to complete a provider information return prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the site visit we met with the nominated individual, the registered manager of Caremark (Cheshire North East) and the regional support manager. The expert by experience contacted 19 people using the service and spoke with 13 service users and six family members by telephone. One inspector also undertook home visits to five people who used the service. A second inspector contacted a further seven staff via telephone to obtain feedback on the service provided. The third inspector spoke with a further two staff whilst in the agency's office and reviewed a range of the agency's records.

We looked at a selection of records including four care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; four staff files; minutes of meetings; complaint logs; visit schedules; staff deployment and training and audit documentation.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided by Caremark (Cheshire North East) to be safe.

People spoken with confirmed that they felt safe and some people qualified this. For example, we received comments such as: “The carers are very good and make my wife feel safe, especially the one at night”; “Yes, of course I feel safe when my carer is here”; “I am treated very well and I feel very safe when they are here”; “The girls are fabulous and treat me with respect and it all makes me feel safe” and “My quality of life has improved with the care I receive, which is very good. I feel safer, with their visits.

Some people spoken with highlighted that the provider did not always meet its commitments to visit people as arranged and that staff were rushed. For example one person stated: “Care on the whole is okay and my wife should receive a double-up four times daily, but the second carer doesn’t always appear.” Likewise another person reported: “The carers are very good – a really good bunch, but they are so rushed. I don’t know how they manage to do everything for my husband that they do. We get on well between us”.

We visited four people at home and requested to view their home files as part of the visit. We saw that they contained a range of risk assessments relating to different areas of care relevant to each person. We noted that two people did not have risk assessments on specific areas of need such as pressure care or nutrition. This should have been recorded to safeguard the health and safety of the people using the service.

At the time of our inspection the service was providing personal care to approximately 54 people. We looked at the systems used by the care coordinator to deploy staff resources and noted that staff were allocated travelling time between each visit.

We were informed that the agency had 19 staff including field care supervisors who were responsible for the delivery of personal care. We saw that wherever possible the care coordinator endeavoured to deploy the same staff to support people using the service however this could sometimes change due to annual leave, sickness, staff training or when staff had moved on to new jobs.

We raised the feedback we received from people using the service and staff concerning double-up calls sometimes being undertaken by one carer and the importance of continuity of care. There was no management information to enable us to analyse the frequency of such events, the reason why double up calls had not been completed or the action taken by the manager in response to such incidents.

The care coordinator reported that she had sufficient capacity to meet the needs of the people using the service and highlighted that four bank workers were also available to cover shifts. We were informed that the reason why double up calls were sometimes late or missed was due to traffic congestion or staff sickness.

The registered provider (Caremark) had developed a recruitment and selection policy which outlined the importance of following the policy to ensure best practice. We looked at a sample of files for four staff who were employed in the service. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. In all files we found that there were application forms, references, health declarations, disclosure and barring service checks and proofs of identity including photographs. All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were deployed to work with vulnerable adults. This helped protect people against the risks of unsuitable staff.

The registered provider (Caremark) had developed internal policies and procedures to provide guidance to staff on 'safeguarding’ and ‘whistle blowing’. A copy of the local authority's safeguarding procedures was also in place for staff to reference.

Discussion with the management team together with examination of training

records confirmed the majority of staff had completed 'safeguarding of vulnerable adults' training as part of their induction training. When we talked with staff they confirmed that they had received this training via the agency.

The management team and staff spoken with demonstrated a satisfactory understanding of the concept of abuse, awareness of their duty of care to protect the

Requires Improvement

Is the service safe?

people in their care and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

The Care Quality Commission (CQC) had received three whistleblowing concerns since the last inspection in April 2014. Please refer to the section entitled 'Is the service responsive' for information on the concerns received.

Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC. This helped to ensure measures were put in place, where necessary to protect the safety of people who used the service and others.

We viewed the safeguarding records for the agency. There was no complaint tracking log in place but records were available which indicated that there had been four safeguarding incidents since the last inspection.

Records confirmed that any safeguarding concerns received by the agency had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures. Some safeguarding records were not easily accessible as they were stored in different locations. The registered manager acknowledged that it would be beneficial to establish a tracking log and to store all referral forms, safeguarding meeting minutes, investigation reports and outcomes in a central safeguarding file.

The agency had a medication policy in place to provide guidance to staff responsible for the administration of medication to people using the service. The policy highlighted that the agency's staff would not become involved with any medication procedures until they had attended mandatory medication training.

Staff spoken with confirmed they had received medication training. Likewise, discussion with the agency's training manager and examination of the training matrix confirmed staff had completed e-learning and a functional test as part of the induction training programme. Staff responsible for administering medication also received medication competency observations prior to the administration of medication and every six months thereafter.

We received permission to visit four people at home and used the opportunity to review the arrangements for managing medication.

We saw that medication risk assessments had been completed and that medication administration records (MAR) were completed following the administration of medication to people using the service. We noted that one risk assessment had not been dated or signed and staff. Furthermore, staff had recorded the letter (0) on one MAR and had not written a reason why medication was not given. Likewise, on another person's MAR we noted one occasion when there were no signatures on the MAR. We raised these findings with the management team who agreed to investigate the issues raised.

At the time of our inspection, the agency did not have a comprehensive medication audit in place to safeguard the health and safety of people using the service. MAR records were reviewed as part of the quality assurance check sheet but this check only occurred approximately four times per year. This may result in medication issues being overlooked or not responded to in a timely manner.

Good

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by Caremark (Cheshire North East) to be effective.

We received positive feedback which confirmed people spoken with were of the opinion that their care needs were met by the provider. Comments received included: 'They have been coming to see me for some time and staff do what they can in the time they have" and "The care is fine."

Some people spoken with raised concerns regarding the lack of continuity of care staff deployed. For example, we received comments such as: "I have complex needs and I just get used to carers and they have just about learned everything to do with me when they are moved on"; "They seem to have a quick turn round of staff but on the whole it works" and "It is impossible to manage my father without the carers who visit. He feels safe and confident with them once he has got used to their personalities, but he doesn't like the chopping and changing of staff."

Examination of training records and discussion with the training manager and staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

Staff spoken with reported that they had received a 'care and support worker handbook' which contained key information on the agency and policies and procedures that were linked to the eight Skills for Care Common Induction standards.

We noted that staff completed seven modules of their induction training via e-learning and were then invited to the office to review their progress and complete other induction paperwork and training as required. Induction progress logs and other training records were completed upon completion of the induction training.

Training topics included: safeguarding of vulnerable adults; manual handling; managing medication; infection control; food hygiene; fire awareness; first aid. Additional training was also available to staff subject to the needs of the people they cared for. This included: dementia; mental capacity; nutrition and hydration and health and wellbeing.

We checked the records of training and found that there was a high level of completion for mandatory e-learning and practical training however some gaps were noted for mental capacity; dementia; health and wellbeing and nutrition and hydration training.

We saw minutes of general team meetings which had taken place at bi-monthly intervals to provide staff with the opportunity to share and receive information and staff spoken with confirmed that they had received formal supervision at regular intervals.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw that the agency had a corporate policy in place entitled 'capacity and consent'. This policy provided guidance to management and staff on the Mental Capacity Act 2005; consent; assessment of capacity; plans of care and support; lack of capacity; supporting service users to make decisions; specific decisions; best interests; formal appointees; the use of an Independent Mental Capacity Advocate and statements of wishes and preferences and advance decisions.

The provider informed us that none of the people using the service at the time of our inspection were perceived to lack capacity. We noted that systems were in place to undertake a mental capacity assessment and an awareness from the management team of the need to liaise closely with the local authority; other professionals; formal appointees and relatives should the need arise.

We looked at care records to see if the provider had obtained the consent of the people using the service to the care being provided for them or if their relatives had signed an agreement to the care being provided to their family member. We saw that people using the service had signed consent forms and confirmed agreement with the information contained within their care plans.

Good

Is the service effective?

We spoke with the management team and staff regarding the promotion of healthcare, hydration and good nutritional intake. We noted that documents had been produced by the provider to monitor fluid intake, output and meal plans subject to individual need.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Good

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided by Caremark (Cheshire North East) to be caring. Overall, feedback received was positive and confirmed people spoken with were of the opinion that the service they received was caring.

For example, comments received included: 'I like the girls, they are great with me"; "Anything I want they get me, they never leave without making sure I am ok"; "The girls are very good and respectful to my mother" and "The carers are polite, respectful and helpful and jolly. In fact I would say excellent."

Staff told us that they were given time to read people's care plans, risk assessments and other records prior to supporting people. This helped staff to gain an understanding of the needs of people using the service and how best to support them.

Home files viewed provided evidence that people had been involved in providing personal information and agreeing and reviewing the support they received. Systems were also in place to regularly gather the views of people who used the service or their representatives via satisfaction surveys, telephone monitoring calls and spot checks.

We asked staff how they promoted dignity and privacy when providing care to people using the service. Staff spoken with told us that they had received training on principles of care as part of their induction training which had helped them to understand how to provide person centred care, respect people as individuals and maintain confidentiality.

Staff were able to give examples of how they promoted good care practice such as knocking on doors and waiting for permission before entering people's homes; asking people how they wished for care and support to be delivered before offering assistance and promoting independence.

Good

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by Caremark (Cheshire North East) to be responsive to their needs.

Feedback received confirmed people were generally of the view that the service was responsive to their needs. Comments received included: "Staff in the office have listened to us and reacted positively. A mild complaint was put right. Also a carer didn't get on with us, so I rang the office and they changed the carer immediately. So far we are very impressed; "The carers work very well and we get on with each other. I feel safe in their company and they are very welcome. Although staff are rushed, one made time to nip to the shop for me for something that I had run out of. She didn't have to but she knew I needed it"; 'In the beginning I had different carers all the time, I told the manager I wasn't happy about this and they changed it. I now get regular carers" and "The older carers are very good, but the young ones take a bit of settling in. We can't manage without them. If there is anything wrong, the company try to put it right as soon as possible."

We visited four people at home and requested to view their home files as part of the visit. We found copies of corporate documentation that had been developed by Caremark within each file. Files viewed were set out well with an index system and were easy to follow.

Files viewed contained: individual care and support agreements; individual needs assessments; risk assessments and medication records (where applicable). A range of supporting documentation was also available for reference such as: customer contact sheets; a statement of purpose; complaints policy; customer contract; individual reviews; log sheets and other miscellaneous documentation.

Individual care and support agreements viewed were brief but contained sufficient information to help staff understand the each person's support needs. We noted that some documentation within home files provided conflicting information. For example, the log sheets for one person identified that care staff visited three times a day, but in the support plan it only recorded two visits a day. We raised this issue with the registered manager who agreed to address the issue.

The provider had developed a 'complaints policy and procedure' to provide guidance to people using the service and their representatives on the procedures to follow. A copy of the procedures was included within the home file.

We reviewed the agency's complaints file. There was no complaint tracking log in place but records were available which indicated that the agency had received four complaints since the last inspection. Records of the incidents, associated correspondence and action taken were available for reference.

Prior to our inspection, CQC received anonymous information of concern via webforms regarding the operation and management of Caremark (Cheshire North East). The concerns covered a range of issues including: the conduct and attitude of the management of the service; call cramming; lack of continuity of staff; poor care plans and records; staff working without criminal record bureau / disclosure and barring service checks and the completion of visits by one staff when two staff were required.

The concerns regarding the conduct and attitude of the management of the service, call cramming and staff working without disclosure and barring certificates were not substantiated during our visit. We did however identify issues relating to lack of continuity of staff and the completion of visits by one staff when two staff were required for some service users.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue of concern acted upon promptly.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided by Caremark (Cheshire North East) to be well led.

Comments received included: “Generally, we are reasonably satisfied with the quality of care provided. The company tries to overcome any faults for example shortage of staff” and “The carers work very well and we get on well. I feel safe and my life is much better. I feel the company is run well.

Caremark (Cheshire North East) had a registered manager in place that had been in post for approximately two years. The registered manager was present during the two days of our inspection and was keen to engage in the inspection process together with the provider.

Discussion with the registered manager confirmed she had extensive senior management experience in the adult social care sector. Staff spoken with reported that the registered manager was approachable and supportive. One person stated: “Helen is a good manager.”

The provider had developed a quality assurance policy to provide guidance to management and staff on the procedures to follow.

The provider informed us that the agency had undergone an annual service inspection during May 2014 and an internal inspection of the files was completed during November 2014. A report was not available for review at the time of our visit.

We noted that an annual customer survey had been distributed to people using the service or their representatives and staff during August 2014. The customer survey sought feedback on a range of issues including: care and support workers; field care supervisors; care manager and home files. Likewise, the care worker (staff) survey focussed on: customer visits; field care supervisors; care manager and training and development.

The results had been collated into a survey analysis form and overall the results were positive. That said, the analysis did not contain the details of the questions asked and there was no action plan in place to demonstrate how the service planned to address constructive feedback to ensure the on-going development of the service.

We noted that quality assurance telephone monitoring calls and spot checks were also undertaken throughout the year to review the standard of service delivered by the agency. Additionally, ‘quality assurance checklists’ were completed four times per year. This checklist reviewed a range of areas such as: home file audits; service user guide; statement of purpose; complaints policy; care and support agreements; risk management; log sheets; supporting documentation; individual comments and action required.

We noted that the agency did not have a detailed auditing system in place for monitoring medication. MAR records were however reviewed as part of the quality assurance check sheet and the management confirmed they would look into the issues raised.

Furthermore, there was no management information to enable us to analyse the frequency of events such as the reason why double up calls had not been completed or the action taken by the manager in response to such incidents.

Periodic monitoring of the standard of care provided to people funded via the local authority is also undertaken by Cheshire East Council's Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. We were informed that a visit had recently been completed however a report was not available for review at the time of our visit.

The registered manager is required to notify the CQC of certain significant events that occur within the service. We noted that the manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and discharged the legal responsibilities attached to her role.

Information on Caremark (Cheshire North East) had been produced in the form of a statement of purpose and service user guide to provide people using the service and their representatives with key information on the service.

An emergency business continuity plan had been developed by the provider to ensure an appropriate response in the event of a major incident.