Olam Quality Care Ltd

Caremark (Ealing)

Inspection report

184 Acton Lane
London
NW10 7NH

Tel: 02089612221

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22 May 2017

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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

Our inspection of Caremark (Ealing) took place on 15 May 2017 and was announced. 48 hours' notice of the inspection was given because staff members may be out of the office undertaking assessments or reviewing care in people's homes. We needed to be sure that someone would be available when the inspection took place. We returned to the service to complete our inspection on 22 May 2017.

Caremark (Ealing) is a domiciliary care service that provides a range of supports to adults and young people living in their own homes. At the time of our inspection the service provided care and support to 39 people. The majority of these were older people living with conditions such as dementia and physical conditions associated with ageing.

Caremark (Ealing) was re-registered with The Care Quality Commission on 25 November 2015 due to a change of address. This was their first inspection under their new registration.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

People who used the service spoke positively about the care that was provided to them. Staff members also spoke positively about the people who they supported.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Safeguarding training and information was provided to staff.

Risk assessments were up to date and contained information for staff members on how to manage risk. Although we found that a risk assessment had not been completed for a person's nutritional needs, their care plan contained detailed information and guidance for staff members on how to support them.

Arrangements were in place to ensure that people's medicines were given and recorded. Staff members had received training in safe administration of medicines. Information about the medicines that people received was maintained in people's homes.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable and of good character. Staff training met national standards for staff working in social care organisations and additional training had been provided to ensure that people's individual needs were met.

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Staffing rotas met the current support needs of people using the service. There was a system for ensuring

that care calls were managed and monitored. Staff and people who used the service had access to management support outside of office hours.

The service was meeting the requirements of the Mental Capacity Act. Capacity assessments were in place for people. People were asked for their consent to any care or support that was provided.

Staff members spoke positively and respectfully about their approaches to care and the people that they provided care to.

People's care plans showed that religious, cultural and other needs and preferences were supported. People told us that staff members respected their wishes and treated them with dignity and respect. Care plans included information about people's communication needs and emphasised the importance of supporting people to maintain their independence.

People who used the service knew what to do if they had a concern or complaint. Complaints that had been received by the service had been investigated to people's satisfaction.

People who used the service and staff members spoke positively about its management. A range of processes were in place to monitor the quality of the service, such as audits and spot checks of care practice and documents, along with surveys of people's satisfaction with their care and support.

The service worked in partnership with charitable organisations to obtain funding to meet the needs of people and staff members.

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. Risk assessments were detailed and up to date. Where a risk assessment had not been completed information in relation to risk was contained within the person's care plan.

Medicines administered by staff were recorded.

Staff members had received training in safeguarding. Safeguarding records showed that appropriate actions had taken place.

Is the service effective?

Good

The service was effective. People who used the service were satisfied with the support that they received.

Staff members received regular training and supervision.

The service was following guidance linked to the Mental Capacity Act.

Is the service caring?

Good

The service was caring. People spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke positively about the people whom they supported and described sensitive approaches to care.

The service worked in partnership with charitable organisations to provide additional support to people.

Is the service responsive?

Good

The service was responsive. Care plans included information about how people should be supported and had been reviewed regularly and updated where there were changes in needs.

Care assessments contained information about people's needs, interests and preferences.

People who used the service knew what to do if they had a complaint.

Is the service well-led?

Good

The service was well led. People who used the service and staff spoke positively about the management of the service.

Quality assurance processes were in place including satisfaction surveys of people who used the service. Actions had been put in place to address any concerns.

The service liaised with other organisations to ensure that people's needs were effectively met.

Caremark (Ealing)

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 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 was a comprehensive inspection.

This inspection took place on 15 and 22 May 2017 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 available.

The inspection was carried out by a single inspector.

We reviewed records held by the service that included the care records for eight people using the service and six staff records, along with records relating to management of the service. We spoke with the registered manager a field care co-ordinator and four care staff. We also spoke with five people who used the service and a family member.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

Good

Is the service safe?

Our findings

People told us that they felt safe. Comments included, "I always feel safe in the hands of my carers," and, "They are reliable. Sometimes they are running late but they always let me know."

The service had policies and procedures in relation to safeguarding of adults and children. The staff members that we spoke with were able to describe their understanding of how to identify safeguarding concerns and their responsibilities in relation to reporting. The record of safeguarding concerns maintained by the service showed that concerns were addressed appropriately and immediately reported to the local authority adult safeguarding team. Regulatory notifications were provided to CQC.

We looked at the risk assessments for six people supported by the service. We saw that these were up to date and included risk management plans that contained clear guidance for staff members providing care and support.

We found that a risk assessment had not been put in place for a person who was being supported with PEG feeding which is a tube feeding process for people who are unable to swallow or otherwise take food by mouth. However we noted that guidance was in place within the person's care plan and that staff members had received training on administering nutrition via the PEG from a qualified health professional. We saw that records of fluid and medicines intake administered in this way were appropriately recorded. The records showed that district nursing staff attended regularly to monitor and change the PEG, and that the service reported any concerns immediately to the district nursing team. We discussed the lack of a risk assessment with the registered manager. They accepted that, although risk management guidance was contained within the person's care plan, the service had failed to formally assess the risk. A risk assessment was drawn up immediately following this discussion.

The staffing rotas that we viewed showed that there were sufficient staff members deployed to support people's needs. The people we spoke with confirmed that they received the support that they required in a timely manner. The provider maintained a monitoring system for care calls and the records that we viewed showed that late calls were immediately followed up and addressed. We asked how the service managed unplanned staff absences. The registered manager and a field care co-ordinator told us that they or other office-based staff members would cover calls if necessary. This was evident from the records that we viewed.

We looked at six staff files. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. We saw evidence that staff members were not assigned work until the service had received satisfactory criminal records clearance from the Disclosure and Barring Service (DBS).

The service had emergency procedures in place. There was an out of hours on call system that ensured that staff members and people who used the service were always able to speak with a senior staff member outside of office hours.

Some people were supported by the service to receive medicines. We looked at medicine administration records (MAR) for people. The MAR sheets that we viewed at this inspection showed that staff members signed when people received their medicines and recorded where people had not received or refused them. During this inspection we asked how the service recorded the specific medicines that people were prescribed as this information was not always clear from the MAR sheets that we viewed. The registered manager showed us photographic evidence of how information about people's medicines were maintained in their homes so we were satisfied that current MAR records contained this information.
Staff members administering medicines had received training to enable them to do so. Monitoring records showed that competency checks in relation to medicines administration had taken place.
Staff received information about infection control through training and the staff handbook. Staff members that we spoke with confirmed that they understood how to reduce the risk of infection. Supplies of personal protective resources such as disposable gloves, aprons and hand gel were maintained in the service. A care co-ordinator told us that they would drop off new supplies to staff members who were unable to collect these from the office.

Good

Is the service effective?

Our findings

People told us that they considered the service to be effective. One person told us, "They are really good at making sure I have everything I need." And another person said, "I can't fault them in what they do for me."

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate for workers in health and social care services and included time shadowing more experienced staff members. Mandatory training that was provided to all staff members included sessions on safeguarding, moving and handling, medicines, health and safety and infection control. We saw that a programme had been put in place to ensure that training was 'refreshed' on a regular basis. Additional training had been provided for staff members working with people with specific needs. For example, we saw that training had been provided by a qualified nurse for staff supporting people using a PEG feed. We also saw that a number of staff members had recently received training in positive behaviour management. Staff members that we spoke with were able to list the training that they had received and one stated that, "The training is good. It makes me think about how I do things."

We saw records that showed that staff members received regular supervision from a manager. The supervision programme included spot checks of care practice that took place in people's homes. Records of supervision sessions and spot checks were detailed and identified any follow-up actions where required. The staff members that we spoke with told us that they felt well supported by the service.

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.

We checked whether the service was working within the principles of the MCA. The care plans for people who used the service clearly showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this as part of their induction.

People had signed their individual care agreements to show that that they had consented to the care that was being provided by the service. Some people were unable to sign their consent to care due to physical impairments. Where this was the case, a reason was given. Family members had signed on people's behalf where consent was given in line with the provider's policy and procedure.

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Care staff were involved in meal preparation for some people. We saw that care plans for people who were being supported with eating and drinking provided information about food preferences and how and when people should be supported.

Good

Is the service caring?

Our findings

People told us that the service was caring. One person said. "They are lovely. I look forward to them coming." Another person said, "I can't fault them. They always ask me how I am and take time to have a chat."

The staff members that we spoke with talked positively about the people who used the service and indicated that they understood their needs. They told us that they worked on a regular basis with people and that this helped them to know what their needs were. One staff member said, "I really look forward to seeing my clients. It's important to me that we talk to each other when I provide the care."

The registered manager told us that new staff members would shadow established staff members in order to understand the person's needs and establish a relationship with them. We saw records that showed that this had taken place. Care staff were rostered to work on a regular basis with people to ensure that such relationships were maintained. The registered manager told us that there was always more than one staff member with experience of working with individuals so that cover for absences was provided by a staff member who they were familiar with. The staffing rotas that we viewed confirmed that people were supported by regular care staff. People told us that they received care and support from the same staff and were always informed if this changed.

People's care plans contained information about their preferred social and cultural needs and important relationships, and the staff members that we spoke with were knowledgeable about these. Where people had communication needs these were clearly identified and guidance for staff on how to communicate effectively was contained within the care plans. The registered manager told us that a number of languages were spoken by members of the staff team and, where required, care staff with particular language skills were matched to people whose main means of communication was not English.

Information about supporting people with dignity and respect was included in their care plans. One person told us, "They are always respectful and listen to what I want." Staff members also described to us how they supported people's dignity and privacy. One staff member told us, "I always ask before I do anything because people's wishes change from day to day."

People told us that they were satisfied with the information that they received from the service. One person said, "They are very good at keeping in touch and they always ask for my views."

The provider had links with a local charitable fund supporting people in need through a church that they attended, and from time to time had made applications to the fund where people whom they supported were experiencing hardship. We saw, for example, that they had recently sought and obtained urgent funding in order to provide basic equipment for a person whilst they were awaiting support from their local authority. Email correspondence showed that they had advised the person's social worker of this.

Good

Is the service responsive?

Our findings

People told us that the service was responsive. A person said, "They have been good at adjusting things for my needs." A family member told us, "They change the times if we need."

We looked at the care plans for eight people. We saw that these contained person centred assessments that included information about people's expressed needs and interests, and how they wished to be supported. The assessments were linked to people's care plans which contained detailed information about people's care needs, such as mental and physical health, behaviours, mobility, health and personal care needs. They contained clear guidance for staff about how support should be provided and we saw that this guidance included information about maintaining people's independence and ability to undertake parts of their care independently.

Information contained within the care plans was specific to each person. The plans were regularly reviewed, and we saw that, where a people's needs had changed their plans had been immediately updated to reflect this. For example, we saw that one person had asked for their support times to be changed and their records showed that the service had liaised with the person and the commissioning local authority to enable this. The people we spoke with told us that they had been involved in producing their care plans and knew what they contained.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for eight people and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in. The quality of care notes had been reviewed on a monthly basis by the service.

The service had a complaints policy and procedure. People we spoke with told us that they knew what to do if they needed to make a complaint. One person said, "I have no complaints but I am sure they would sort it out if I did." We looked at the service's complaints register. We saw that complaints had been addressed quickly and to people's satisfaction.

The service liaised with other health and social care providers involved with people's care. We saw that copies of emails, letters and records of telephone calls maintained in people's care files demonstrated this. During our inspection we heard office based staff speaking on the telephone to health professionals regarding people's needs.

Good

Is the service well-led?

Our findings

People told us that they were satisfied with the management of the service. Three people referred to the registered manager or other senior staff members by name. One person said, "They phone me up or visit to check if I am happy with my care." Another person said, "My care worker could not come so one of the managers came out to help me."

The registered manager was supported by a team of care co-ordinators. The care co-ordinators we spoke with demonstrated that they were knowledgeable about people's needs. One care co-ordinator said, "Most of us have worked as carers before being promoted and we all cover care calls where staff are absent. This helps us to do our jobs well."

The staff members that we spoke with told us that they received support from the management team in order to help them in their roles. One said, "The manager is very good. I have no problem contacting her if I have any issues." We saw that team meetings had taken place where staff were able to discuss issues in relation to their roles in supporting people.

The provider also worked in partnership with charitable organisations that had provided funding for staff members to enable them to return to work. For example, we saw that the service had liaised with a charity to obtain funding for childcare for staff members. The registered manager told us that many good care staff struggled to meet child care costs on low part-time salaries, and they considered supporting good care workers into the workplace to be part of the service's social responsibility.

The service had a range of quality assurance processes in place. We saw that regular monitoring took place of care documents including monthly audits of care notes and medicines records. Reviews of people's care plans and risk assessments took place on a regular basis and these were updated more frequently where there were changes in people's needs.The provider maintained an on-line system for recording of quality monitoring. We saw that this provided alerts when monitoring reviews or other actions such as staff supervision and training were due. Information about any concerns such as incidents, safeguarding and complaints were recorded on the system and regular reports were run in order to monitor progress and actions on these. The care and staffing monitoring records that we looked at on the system showed that actions in relation to thesetook place within time, or more frequently where there were changes in people's needs.

The service regularly sought information from people regarding their views of the service. We saw that feedback from people indicated high levels of satisfaction. Where they had raised concerns, this was recorded and actions to address these had been identified and met.

The service maintained records of partnership working with other agencies. We saw from people's files and other records maintained by the service that there was regular liaison with the local commissioning authority and health professionals.