IFMOS Care Limited

Caremark (Newcastle)

Inspection report

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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

Overall summary

We carried out an inspection of Caremark Newcastle on 30 September, 14 and 16 Ocober 2015. The inspection was announced. This was to ensure there would be someone present to assist us. We have not previously inspected Caremark Newcastle.

Caremark Newcastle provides personal care for people in their own homes. At the time of the inspection there were 20 people in receipt of a service. Personal care was provided to people in Northumberland either by private arrangements or on a spot contract basis.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. The two alerts we received during the past two years have been dealt with appropriately, which helped to keep people safe.

We were told staff provided care safely and we found staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe.

Staff obtained people's consent before providing care. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests.

Staff had completed relevant training for their role and they were well supported by the management team. Training included care and safety related topics.

Staff were aware of people's nutritional needs and made sure they were supported with meal preparation and food shopping where necessary. People's health needs were identified and staff worked with other professionals to ensure these were addressed.

People had opportunities to participate in activities and in accessing their local communities. The kind and caring approach of staff was praised by people we spoke with. Staff explained clearly how people's privacy and dignity were maintained.

Staff understood the needs of people and we saw detailed assessments were undertaken before packages of care were developed. Care plans were detailed and person centred. People's relatives spoke highly about the care provided.

People's views were sought and acted upon, through annual surveys, care review arrangements and the complaints process.

People receiving a service and staff expressed confidence in the registered manager and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

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?
The service was safe.

People told us they felt safe and secure with the service they received. We found a robust recruitment procedure for new staff had been followed.

Staffing levels were sufficient to meet people's needs safely and staff were deployed flexibly.

There were systems in place to manage risks, respond to safeguarding matters and ensure medicines were appropriately handled.

Good

Is the service effective?
The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

Staff ensured they obtained people's consent to care. Support was provided to help people shop for food and prepare their meals, where this was needed.

Staff were aware of people's healthcare needs and where necessary actively worked with other professionals to promote and improve people's health and well-being.

Good

Is the service caring?
The service was caring.

People made consistently positive comments about the caring attitude of staff. People were cared for by small teams of staff who they were comfortable and familiar with.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Good

Is the service responsive?
The service was responsive.

People were all satisfied with the care. Activities and community presence were supported where necessary.

Care plans were detailed and person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The service had a registered manager in post. People using the service, their relatives and staff praised their approach and commitment.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been taken where the need for improvement was identified.

Caremark (Newcastle)

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 inspection took place on 30 September, 14 and 16 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert by experience who had experience of caring for older people. 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 checked the information that we held about the service and the service provider, including notifications.

Due to their communication and other needs, some people were not able to speak with us. We spoke with eight people using the service and three relatives. When visiting the agency office we spoke with the registered Manager, a care co-ordinator and the company director. We conducted telephone interviews with three care workers.

We looked at a sample of records including four people's care plans and other associated documentation, medication records, four staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they felt the service provided was safe and they felt comfortable with the care workers provided. One person told us, "I'd trust them implicitly." Regarding staff safety checks another person said, "I understand they do security checks on the care workers before they started. I was assured this happened when the manager came to discuss the service they could provide when my care package was set-up." People told us there were enough staff provided and confirmed staff left their home in a secure manner.

Although the care workers we spoke with hadn't had to use the safeguarding procedures, they were able to explain how they would protect people from harm and deal with any concerns they might have. When asked who they would inform about concerns, one staff member said they would, "Either ring up or go into the office." Staff were familiar with the provider's safeguarding adults' procedures and told us they had been trained regarding abuse awareness. This was confirmed by the training records we looked at. All expressed confidence that concerns would be dealt with promptly and effectively by their managers. One told us, "Yes I'm confident in the managers; I know there's someone at the end of the phone." Staff said there were enough staff employed to ensure people's safety and there were always two staff provided when needed, for example to help with manual transfers.

To support safeguarding training there was also clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The provider also had a clear whistle blowing (reporting bad practice) procedure. This detailed to staff what constituted bad practice and what to do if this was witnessed or suspected. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the two alerts we received in the last two years had been reported promptly and handled in a way to keep people safe.

Arrangements were in place for identifying and managing risk. We looked at people's care plans and saw risks to people's safety and wellbeing, in areas such as mobilising, falling, the use of equipment and medicines, were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and maintain people's independence as much as possible, for example when supporting people to go on outings and help with shopping.

Staff explained how they would help support individual people in a safe manner, for example when helping people with physical transfers. They explained how they were made aware of risks and also how they would highlight any concerns to their managers so risks could be reviewed and managed. Staff were clear about how they would deal with foreseeable emergencies, such as people failing to answer the door and having accidents in their home.

Staff expressed positive views about staffing levels when asked if there were enough staff. One worker said, "Yes, staffing's sufficient." Another told us, "Staff numbers are okay." The registered manager expressed confidence in current staffing levels and the ability of the service to maintain good levels of staffing consistency. This meant staff would know people well and how to work with them safely.

Checks carried out by the provider ensured staff were safely recruited. Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Where staff had stated on their application they held a relevant care qualification a copy of this was obtained.

The majority of people using the service did not receive help with their medicines. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. People's written consent was obtained when staff provided support in this area. Where support was offered to people, records were kept to help ensure medicines were administered as prescribed. A small number of gaps in medicines recording were seen, with no explanation for the omission, for example when there were times when no visit was due and a family

Good

Is the service safe?

member may have supported the person using the service. This was highlighted to the registered manager so they could review the provider's record keeping procedures and staff practice in this case.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines were stored, administered and reviewed appropriately. This included written guidance for staff outlined in care plans and if appropriate risk assessments. Care workers were able to describe how they supported people with their medicines. Records evidenced that they had been trained in the administration of medicines and had their competency assessed.

Good

Is the service effective?

Our findings

Positive comments were made to us about the effectiveness of the service. For example, one person told us, "They are very good at what they do." Another person said, "I think they are very professional in a very informal way, that takes some doing, that does." A further comment was, "If they can cope with me, which they do excellently, they can cope with anybody." All the people we spoke with told us that they thought the care workers were suitably trained to do the care tasks and commented about the reliability of the staff. Regarding people's induction one person noted, "They shadow the experienced worker and only when that worker knows he or she can complete the tasks competently are they able to come on their own. This gives me reassurance, that I get to know the worker and that they know what needs doing and they are capable of doing it." Another comment was, "They are completely reliable, better than the service I had before." All the people we spoke with expressed the view that staff were skilled. One relative commented, "I didn't expect they would be so good."

Staff were trained in a way to help them meet people's needs effectively. Staff told us the training they had received had helped them to deliver safe and effective care. New staff had undergone an induction programme when they started work with the service. All staff were expected to undertake key training at regular intervals. Topics included health and safety and care related topics, including medicines training and dementia awareness. All staff were positive about the training they had received. In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff told us they were provided with regular supervision and they were well supported by the management team. A staff member told us, "I get regular supervision and it's useful." Another staff member told us, "They're always there; just a phone call away." Records confirmed regular supervision meetings took place and these provided staff with the opportunity to discuss their responsibilities and to develop in their role. Records of these meetings contained a detailed summary of the discussion and a range of work, professional development and care related topics had been covered.

We saw people using the service were supported to be independent and make decisions about their own care. Seeking consent was an underlying principle contained in a range of policies and procedures we examined, including where support was offered with finance or medicines.

We looked in four people's care plans and saw people's consent had been sought and obtained. This included aspects such as the authority for staff to help with medicines administration. All care plans were signed by the person using the service or their representative to confirm they agreed with the content. The registered manager was aware of where relatives were lawfully acting on behalf of people using the service, such as where they had a deputy appointed by the Court of Protection. Deputies are appointed by the Court of Protection to act on behalf of people in making important decisions. These may include decisions relating to finance or care.

At the time of our inspection there was nobody assessed as being at risk of malnourishment. Staff supported some people with food shopping, meal preparation and checking whether food remained within its best before date. Food preparation and catering was included in staffs training. Where required, people's weight was monitored to ensure people's nutritional and general health was kept under review.

People were supported to maintain good health. The majority of people using the service managed their own medical appointments or had relatives who would do this on their behalf. Staff would assist with arranging and attending appointments when needed. One person said staff encouraged them to walk about the house on their walking frame "They are fearful I might get pressure sores." They continued, "I'm gaining that independence day by day, which is nice."

Records we looked at showed the service was aware of which GP people were registered with. Where people received care and support from other professionals, such as the speech and language therapist, occupational therapy and medical consultants, this was documented and care adapted appropriately. People's healthcare needs were considered within the care planning process and we noted assessments had been completed on physical and mental health needs. From our discussions and a review of

Good

Is the service effective?

records we found the staff had developed good links with other health and social care professionals to help make sure people received prompt, co-ordinated and effective care.

Good

Is the service caring?

Our findings

Without exception, we were told people were treated with kindness and compassion and their privacy and dignity promoted. One person said, “The workers are always so very personable and polite.” Regarding their privacy and dignity, one comment made to us was, “Not that I’m bothered at my age, but they do preserve my dignity when I get a strip wash and that.” Another person said, “There is no issue with regards to dignity and respect as far as I am concerned.”

People told us about how they and their relatives were involved in planning their care and how positive, caring relationships were maintained. They also commented on the continuity of staff. One person said, “Every week, a care worker tells me that the office insists they ask me how things are and if things have changed or I need more or less service. It’s good that they are on top of things.” More generally, comments incuded; “I’d give all the workers 10 out of 10. There’s not a bad one amongst them.” “Absolutely, blooming marvellous.” “Brilliant.” “They do everything I ask them to, and more sometimes.” “We have a good relationship. So friendly but so professional too. Half natural instinct, half training, that.”

A relative noted, “My relative, has always been independent and you know what? The staff really try hard not to take that away, even though there are so many things my relative cannot do. They help them to help themself. They are great.”

Staff had a good understanding of people and their needs. They were able to describe how they would promote positive caring relationships and respect people’s diversity. The provider had a clear statement and supporting policy and procedures regarding equality and diversity. Training was provided to staff on promoting equality and diversity to support this commitment. Positive feedback had been gained through care reviews and the provider’s quality survey about the caring approach of staff.

Staff were clear about their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters, such as meal choices. They were routinely involved in day to day decisions with the service they received. One care worker said, “We always ask them their choices and how they want things done.” Another care worker told us, “We just ask and give people choice.”

Relatives told us people’s privacy and dignity was respected. Staff were clear about this also and understood the need to ensure people’s confidences. Staff were able to explain how they would use towels or screens when providing personal care, for example ensuring doors were shut and curtains closed when necessary.

Good

Is the service responsive?

Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to and if they had confidence in the way staff responded to concerns and complaints. People told us staff arrived as arranged, stayed for their allocated time and would provide additional support above what was simply assessed as needed. One person said, "I know, on the odd occasion, they have exceeded their allocated time. They are flexible like that." They continued, "I'm aware they have to see others after me and I feel guilty but they put me at ease as though nothing is of bother to them. Lovely people."

People's care and support was assessed proactively and planned in partnership with them. Everyone we spoke with said they were involved in their care planning and said the managers were at pains to get both people using the service and relatives' views. Care was planned in detail before the start of the service and the registered manager spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an ongoing relationship between the registered manager and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided.

From the information outlined in people's assessments, individual care plans were developed and put in place. Care plans were clear and were designed to ensure staff had the correct information to help them maintain people's health, well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to their individual needs and preferences. This was confirmed by the comments made to us by both people using the service and staff. People told us the service was responsive in accommodating their particular routines and lifestyle.

Where appropriate the service helped people maintain links with the local community, enabled access to community facilities and supported people at work. This meant the service worked with people's wider networks of support and ensured their involvement in activities and employment important to them.

Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform their managers so a further care need's review could be carried out.

Staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

Staff explained how they were able to offer a high standard of service and how they did not undertake short visits. One care worker told us how longer visits enabled them to get to know people well and "Have a chin wag." They went on to remark how for some people the service was "A life line."

Care plans were person centred and covered a range of areas including personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were up to date and were sufficiently detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans and these documents were well ordered, making them easy to use as a working document.

From our discussions and review of care records it was apparent that people were encouraged to maintain their independence and to undertake their own personal care where this was safe and appropriate. This meant people using the service were supported to keep control over their needs and retain their skills. Staff kept daily progress notes which showed how staff had promoted people's independence. These records also offered a detailed record of people's wellbeing and outlined what care was provided. Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress. The language used was factual and respectful and they were written in the first person. Such records also focussed on people's strengths and were positively worded.

The registered manager indicated they viewed concerns and complaints as a means of securing improvement. We saw that the provider's complaints process was included in information given to people when they started receiving care. People and their relatives told us they knew how to

Good

Is the service responsive?

make a complaint and although hadn't used the procedure expressed confidence that this would be handled appropriately. All said they had no need to complain, with one person retorting, "Because the service is excellent." Compliments were also recorded and thank you cards retained. Feedback we saw included: "Caremark lived up to it's promise and more." And "My thanks to you and your Caremark team for the wonderful support you gave (name) over the last few weeks of her life. Without you and your dedicated team (name) would have been unable to stay at home, which was always her wish."

Good

Is the service well-led?

Our findings

The registered manager and senior staff acted as positive role models for the staff team. People told us they were happy with the service provided for them or their relative and with the leadership. A person said to us, "I genuinely feel the workers want to help you and do the best they can. I think this drips through to the management side too I feel they have my best interests at heart." People consistently spoke highly of the managers.

Care workers expressed confidence in the management and leadership of the service, confirming the managers were open in their approach, communicated clearly with them and had clear, positive values. A staff member commented, "Well led? Yes, 100% good leadership." All staff said they would recommend the service to a friend or relative.

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Commission in April 2014. The registered manager was present and assisted us with the inspection. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a cooperative and transparent way. They were clear about their requirements as a registered person to send CQC notifications for notifiable events. (Notifiable events include incidents such as serious injuries, allegations of abuse, or the absence of the registered manager).

The provider and registered manager had a clear vision and values that were person-centred, ensuring people were at the heart of the service. The aims and objectives of the service were outlined in the provider's publicity material, their statement of purpose and staff handbook.

The registered manager, and care coordinator who assisted our inspection, were clearly proud of the quality of the service provided to people. They were able to articulate their vision and values, which were clearly focussed on building on existing good practice, ensuring people's needs were met as the first priority and in developing all staff. They stated the service needed to grow in a gradual and sustainable way, and highlighted the fact managers knew people using the service individually as a key strength. The registered manager had a stated focus on promoting equality and diversity amongst the staff team and in respecting the choices and diversity of people using the service.

The registered manager and care co-ordinator monitored the quality of the service by speaking with people who received a service on a regular basis. This was to ensure they were happy with the service they received. The registered manager and care coordinator also undertook spot checks and obtained the views of people in the form of questionnaires. None of the people we spoke with could recall receiving a questionnaire, however we saw completed examples of annual surveys and the registered manager told us a new batch was due to be sent out to people. The comments and ratings we saw were all positive, with individual staff singled out for praise. Comments included, "All staff very friendly," "All staff are lovely," "Staff will do anything to help me … very happy."

Records we looked at confirmed the registered manager had carried out a range of checks and audits, such as those relating to medicines and care practices. The IT system used also generated reminders for various tasks to be undertaken or checks to be completed. These included carrying out specific audits, conducting care reviews, undertaking appraisals and checking staff records, such as proof of car insurance and the availability of a valid MoT.

The registered manager told us they had periodic staff meetings and staff were also kept people up to date with regular communications and phone calls. This was confirmed by staff.