OM Care Ltd

Caremark (Wokingham)

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

Summary of findings

Overall summary

This inspection took place on 05 July 2016 and was announced.

Caremark (Wokingham) is a domiciliary care service which offers support to people in their own homes. The service supports approximately100 people with diverse needs who live in the community, predominantly in the areas of Wokingham and Bracknell. Services include a wide variety of support packages from 15 minute medicine administration visits to providing 24 hour live in carers.

There is a registered manager running the service. A registered manager is a person who has registered with the CQC 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 were kept as safe as possible by staff who had received the appropriate training so they knew how to recognise and deal with any form of abuse or risk of harm. Staff understood and followed safeguarding and health and safety policies and procedures to protect people, themselves and others. Any significant risks were identified and managed to keep people and staff as safe as possible. The service's robust recruitment procedure ensured that staff were safe and suitable to provide people with care. If people needed support to take their medicine, the service made sure they did this safely.

Care staff understood the importance, to people, of consent and making decisions for themselves. People's capacity to make decisions was recorded, if appropriate and necessary, and relevant paperwork was included in care plans. People's rights were protected by staff who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision

People were treated respectfully at all times. Staff understood how to maintain people's privacy and dignity. Care staff made sure they provided people with care that met their individual needs, preferences and choices. People's diversity was understood and people's care reflected any special needs they may have had.

The service was well-led by a registered manager who had been in post for approximately two years. The management team was described as open, approachable and supportive by staff. The service monitored and assessed the quality of care they offered. Any shortfalls or improvements needed were identified and acted upon, as far as possible.

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.

Care staff knew how to keep people safe from all types of abuse.

The service was as sure as possible that the staff chosen were suitable and safe to work with vulnerable people.

Any risks to people or staff were identified and action was taken to reduce the risk so that they would be as safe as they could be.

People were helped to take their medicine safely, in the right amount and at the right times, if required.

Is the service effective?

Good

The service was effective.

People were encouraged to make their own decisions and choices about their care.

People were always asked their permission before the care staff undertook any tasks.

Care staff were properly trained to make sure they were able to provide people with good care.

People's needs were met in the way they preferred.

Is the service caring?

Good

The service was caring.

Care staff were kind and caring and treated people with respect.

The service tried to make sure that people were mostly visited by staff who had a good relationship with them.

People were given information about the service so they knew what care they could expect.

Is the service responsive?

Good

The service was responsive.

People were offered care that met their individual needs.

The service regularly looked at people's care needs and changed their care plans, if necessary.

People were involved in the assessment and care planning processes.

People knew how to make a complaint, if they needed to. They were confident that senior staff would take action to put things right, if necessary.

Is the service well-led?

Good

The service was well-led.

Care staff felt they were valued and well supported by the management team.

The registered manager and staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were asked for their views on the quality of care the service offered and their views were listened to.

Caremark (Wokingham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 July 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit we spoke with four staff members, the registered manager and the responsible individual. After the day of the inspection we received written comments from a further four staff members. We contacted two local authority and other professionals and received one response. We spoke with four people who use the service and received written comments from a further three people. We reviewed a quality assurance report written by a local authority brokerage team.

We looked at a sample of records relating to individual's care and the overall management of the service. These included eight people's care plans and daily notes, a selection of policies and a sample of staff recruitment files and training records. The registered manager sent us further information, as we requested after the day of the visit.

Good

Is the service safe?

Our findings

People told us they felt safe with care staff in their home. They said that their 'carers' were trustworthy and one person said, "I have never felt uncomfortable with any of the carers who come to our home." Another said, "I feel very safe and well treated." A professional commented, "I am confident that people supported by Caremark are safe and are being well treated."

People were kept safe from all forms of abuse by care staff that were provided with up-to-date safeguarding training and any additional necessary information. A local authority professional commented, "We seldom have any issues or concerns raised in respect of Caremark." Staff members were able to describe what action they would take if they were concerned about people's safety. For example one staff member said, "I have been learning all the time, safeguarding and the mental capacity act are recent training subjects. Our whistleblowing policy allows for information and findings to be passed on unhindered and without recrimination. I can also approach management, social services and even the CQC if there is anything that I don't feel comfortable with." The one safeguarding concern, about the service, reported in the previous twelve months had been appropriately dealt with.

The service had a method of identifying any areas that could pose a significant risk to people or care staff. Risk management plans, based on the identified risks form, were incorporated into care plans and daily routines. The plans described how staff were to work with people so they were offering care as safely as possible. For example for people who needed to be physically moved appropriate equipment, such as hoists were used. Clear instructions of how staff were to move people and use the equipment safely were provided.

The service improved people's and staff's safety by looking at incidents and accidents and taking any actions necessary to reduce the risk of recurrence. Accidents and incidents were recorded, as were any steps taken to improve safety. Examples included an additional medicine administration visit being organised for an individual who had taken their medicine incorrectly. Historic allegations of financial abuse had resulted in changes in policies and procedures with regard to handling people's money.

People, staff and others were kept as safe as possible because the service provided a robust health and safety policy, health and safety training and other information to staff. General and environmental risk assessments included an office risk assessment, manual handling and maternity. Staff were issued with appropriate safety equipment such as aprons and gloves to adhere to infection control procedures.

People were supported to take their medicines safely, if required. The service had a detailed, up-to-date (March 2016) medicine administration policy which was available to all staff. All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked a minimum of annually. Medicine administration sheets (MAR) were completed on a daily basis and returned to the office at the end of each month.

The service used a monitored dosage system (MDS) and administered from original packaging when giving people their medicines. Two different types of MAR sheets were completed depending on the administration

method. The preparation and completion of MAR sheets was variable. Whilst they were filled in accurately some did not note why people had not been given their medicines, this resulted in an apparent 'gap' on the records. However, with cross referencing to daily records the service was able to show that the individual had been in hospital for the duration of the 'gap'. The registered manager undertook to advise staff to ensure this information is clearly written on recording sheets, in the future. On two of the six MAR sheets the number of pills to be taken and at what times, was not clearly recorded. This could lead to confusion about how many pills people had to take. However, this was for checking purposes when people used the MDS and consequently presented no immediate risk. The registered manager took action to clarify the records identified and undertook to review all others to ensure they were safe and fit for purpose.

People were provided with the amount of support and at the times noted in their plans of care. Staff told us people were given safe care. They gave examples of when dealing with unexpected events or emergencies the office would ensure other calls were covered. People told us staff always stayed the correct amount of time and they never felt rushed.

The service had a robust recruitment procedure which ensured, that as far as possible, staff appointed were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. The service carefully verified references and checked on people's reasons for leaving previous employment. The application forms for the most recently recruited staff members were fully completed and any gaps in work histories were explained. The registered manager was especially careful to verify and thoroughly check staff who were joining the company from overseas. Staff records were detailed and extremely well kept. Staff told us they felt they were, "…thoroughly checked" before being able to work with people on their own.

Good

Is the service effective?

Our findings

People told us they received a, "Very good service." One person said, "The service is very, very good we are very happy with them." Another told us, "I am trying to live my life and they are helping me to get back on my feet again."

Staff had a clear understanding of the Mental Capacity Act (2005). 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. We checked whether the service was working within the principles of the MCA. Staff had received mental capacity training and were able to describe the principles and terms of the MCA. However, currently, no-one was being deprived of their liberty or lacked capacity to make the day-to-day decisions care staff were involved in.

People's rights to make their own decisions and choices were recognised and supported by staff. One staff member told us, "It is important that people of whatever age have the freedom to make their own day to day choices." Care plans included any necessary information with regard to people's capacity and ability to make decisions about different areas of their care. People gave their consent to care in a document entitled,'My Individual Care and Support agreement'. If people had given family members or others a formal power of attorney to act on their behalf, this was recorded in their records. However, if people had informally asked that their relatives to make decisions or sign things on their behalf, this had not always been recorded. This meant it was not clear why family members had counter signed care plans or been involved in particular decision making processes. The registered manager undertook to ensure this information was recorded in the future.

People's plans of care included enough information to ensure staff knew how, why and when to meet people's identified needs. They included detailed information of what staff should do in the specific time period of the visit. For example assist with body wash, assist to dry and dress, apply creams and administer medicines. Individual's plans of care noted whether the service supported people with their health needs. Staff took appropriate action to alert other professionals if people's needs changed or their health and well-being caused them any concerns. Records showed that other professionals such as district nurses and GPs had been called to people who were displaying health needs. Social worker team members had been advised of people's changing care needs.

People were supported with food preparation and eating and drinking, as necessary. How to help people with their nutritional needs was included in care plans, if required. People told us that staff helped them with food preparation, if they needed help in this area. The service worked closely with other professionals to ensure people maintained their skin condition and ate and drank enough to keep them healthy. For instance in some care plans it noted, leave fluids within easy reach of the person. Staff received specific

training, if required, to help people to eat. For example, some staff had received training to enable them to help people who used artificial feeding methods.

People's diverse and changing needs were met by care staff who had been trained to give the people the individual care they required. Staff members told us they had good opportunities for training and training was regularly up-dated. One staff member said, "I have trust in the service, we receive quality training in order to increase the quality and the safety of the service." The service kept a training matrix which showed the training staff had received, whether they were qualified and when they needed refresher training. Of the 42 staff, five had obtained a relevant qualification in social care and a further fifteen were pursuing one. Staff told us they could request any training, such as dementia care, they felt they needed to do their job more effectively.

New staff completed induction training to make sure they were equipped to care for people, prior to them working alone. Part of the induction included three days of practical and theory training, in the office and shadowing more experienced staff members. A staff member said, "The induction is alright, you learn everything you need to before you go out alone." The full induction followed the care certificate framework (a set of 15 standards that new health and social care workers need to complete during their induction period). This was completed over several months, depending on the individual staff member.

People told us that staff almost always arrived on time and never missed calls. Staff were given time between calls to make sure they could reach people on time. However, travelling time was not included in their paid work hours. The registered manager told us that their rates of pay and bonuses ensured staff were paid over the rates of the national minimum wage. Staff told us they generally had enough times between calls but traffic could cause delays. People said that on the rare occasions that staff were delayed the office would phone to inform them.

Staff felt they were well supported by the management team to enable them to give people good quality care. One staff member said, "We are very well supported and I have confidence in the management team." Care staff told us they received one to one supervision approximately four times a year and an annual appraisal once a year. Additionally senior staff completed regular 'spot checks' (observations of staff practices). We saw that actions were taken to improve people's performance, as necessary. For example, supporting staff to attend English language classes.

Good

Is the service caring?

Our findings

People told us that staff were, "very good" and "excellent". One person said, "Staff are very respectful and kind." Another person, speaking on behalf of their relative said, "Her regular staff treat her with respect and care." A further comment was, "I can't praise the carers who come to help me enough, all the carers are friendly and polite, nothing is ever too much trouble for them, they all treat me with respect and dignity." The service had received a number of compliments about individual staff. These included, "She is an excellent carer and I'm always able to go for a break knowing that [name] is looked after exceedingly well." "… [name] (care staff) is marvellous ".

People's privacy and dignity was respected and maintained. Care staff described how they preserved people's dignity and privacy. They gave examples of closing curtains, Closing doors and covering people appropriately when offering personal care. One staff member told us, "It is so important to maintain their dignity at all times and I try to do this by respecting their routines and the way they like to do things, encouraging them to do as much as they can and aiding their privacy." A person commented, "They treat us with the greatest respect and dignity."

Staff recognised and respected people's diversity. They totally respected people's right to live their life as they chose. One staff member gave us an example of someone who prefers to live in a 'messy' environment which does not meet the cleanliness standards they have for themselves. They explained that if this does not pose a health and safety or infection control risk you accept and respect the individual's standards and not judge them on yours. Care plans included any religious, cultural or lifestyle choices. They noted any support or help people might need to meet their diverse needs, if relevant to the care package and the individual. Care staff were 'matched' to people, as far as possible. Part of the care co-ordinator's role was to make sure that care staff's personality, skills and knowledge 'matched' the needs of people.

People were provided with continuity of care, as far as possible. Care staff were allocated a people who they visited regularly. Care staff told us this helped them to make and maintain positive relationships with people. People were very appreciative and positive about their 'regular carers'. People said, "We feel less embarrassment and anxiety when we get to know the carers." They told us that the service usually managed to provide regular care staff or at least care staff that know them, if their usual carers were off for some reason.

The registered manager told us that in the future they will not, generally, make calls of less than half an hour. They told us that this enabled staff to offer more supportive personal care and allowed staff time to interact more positively with people. However, existing care packages that included 15 minute calls and those set up for specific reasons such as medicine administration would remain in place.

People told us they knew what was in their care plans and had an up-to-date copy in their home. People were provided with relevant information about the service and what they offered. This information included areas such as complaints and safeguarding processes and procedures. Additionally the service had information which they could provide to people to 'signpost' them to other services, if necessary. A person

commented. "The care plan that is always to hand in my home provides all the contact details that I need for Caremark and gets updated regularly."

Good

Is the service responsive?

Our findings

The service was responsive to the needs of people in their care. One person told us, "...oh yes they always listen to me and do what I ask, if they can." Another said, "They respond to my every need." A professional commented, "… I am aware though, that Caremark will try to accommodate individual's needs on a flexible basis".

The service worked with people and other professionals to deliver care according to people's individual needs and preferences. The individualised care plans contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. A staff member told us that they always asked people what they wanted. They said, "After all the best way to know is by asking them."

People's changing needs were responded to by a well informed and well trained staff team. Care plans were reviewed every three months and whenever people's needs changed. One person told us, "Planning is reviewed every three months. I am aware of who to call if I have any problems." Another commented, "I have regular meetings with the supervisors who go through the care plan with me and always ask if I would like any more support." A professional commented, "Should any person being supported by Caremark require an increase, or re-assessment/review of needs, requests will be made either through our Brokerage Team or direct to care management."

Any changes to people's care plans or immediate changes in their needs were communicated to staff by text messages, telephone calls and in staff meetings. Staff told us that they called the office if there were any issues or concerns with regard to individuals. They said the management team would take immediate action to make sure care being given was up-to-date, effective and safe. Staff were able to respond to unusual situations such as, if people were ill or needed additional time. Staff told us that the office would ensure they had enough to time to spend with people in exceptional circumstances. They said people would not be left alone if they were anxious, distressed or ill.

Care staff recognised and understood that people could become isolated and lonely. People's needs in this area were included on their plans of care, if appropriate. One staff member told us, "Listening is a big part of my job, my clients can often be quite isolated if they live alone so we talk about everything from their past to their families." A person commented, "Apart from the physical help the carers give they are a pleasure to just see and chat to every morning and are a great start to my day as I live alone."

People had a number of methods of feeding back their views on their own care and the service overall. The three month review forms included people being asked if they were satisfied with the service and if not why not. Staff members gave us examples of people who were not happy with the age of carer they had been allocated. Care staff were changed to some nearer their age which had proved to be a much more successful 'match'. When staff spot checks were completed the senior staff member included the views of the people who were cared for.

People were provided with the service's comprehensive complaints procedure and policy. People told us

they knew how to make complaints and who to approach if they had any concerns or worries. They said that even though they had not made a complaint they were confident that they would be listened to and action would be taken, if necessary. One person told us, "[Name] will just tell the care supervisor any of her concerns and they will put things right straight away." A professional commented, "Where there has been any measure of dissatisfaction these have been responded to appropriately and within a good time frame." The service had received six complaints in the previous 12 months. These were recorded in detail and appropriate action had been taken. The service had received 17 compliments in the same time frame.

Good

Is the service well-led?

Our findings

The registered manager had been in post since April 2014. Staff were complimentary about the management team. They described the registered manager and management team as, "Efficient and approachable." Staff comments included, "I feel both valued and when needed supported" and, "The management style is very supportive to us carers and to the clients." Staff were clear about the roles of the various members of the senior staff and management team. They were confident that they could approach any of them for support and advice. A person said, "The service Caremark gives me is excellent." A professional said, "Caremark are a good and trusted provider for [name of local authority]."

The service listened to the views of people, staff and other involved individuals and took action, if appropriate. People told us they were confident their views would be listened to and they had plenty of opportunities to discuss them. People gave us examples of when their views had been listened to such as providing care staff of their choice. Staff told us they felt valued and their opinions and views were respected by the management team. One staff member gave us an example of her having put forward some ideas on nutritional management which had been listened to and acted upon.

The service made sure that people were regularly asked their opinions of the care they received. For example, at the three monthly care reviews, 'spot checks' on staff performance and annual surveys. Staff meetings were held for various team members. For example, office meetings were held every two weeks and care staff meetings were held every three months or more often, if necessary. Team meetings consisted of standing items and relevant topics such as quality health check status, the use of social media and team successes. Minutes for a staff meeting in January 2016 noted staff completing a 'medication quiz' as a refresher for medicine administration and performance prizes awarded to outstanding staff members.

The service made sure that people benefitted from good quality care. They had a number of methods of ensuring the quality of care provided was maintained and developed. These included various auditing systems, staff and people surveys and checks on staff performance. Audits included the monthly monitoring of daily notes which included medicine administration and accident and incident reviews. Actions were taken as a result of listening to people, staff and from the analysis of auditing systems. These included, ensuring sending welcome postcards to people and staff to identify the staff team and make them feel welcome and reviewing care every three months.

The service held a franchise from Caremark and a regional manager from the company checked the service at intervals throughout the year. Anything that required improvement had to be amended within two weeks of the visit. The service had not been required to make improvements for the previous two years. One of the two local authorities the service worked with reviewed the service approximately three monthly. Their last visit was 4 February 2016. They had offered some guidance and made one recommendation, which the service had acted upon. Caremark provided the service with legislative up-dates and any new policies or guidance to meet their requirements and advise the service of best practice.

The service, generally, kept good quality and well maintained records. However, the registered manager had

agreed to make improvements to some records relating to medicines. People's individual care plans were up-dated regularly and accurately reflected their current needs. Records relating to other aspects of the running of the service, such as staffing records, were well kept and up-to-date. The management team sent any statutory notifications to the CQC in a timely way. Records kept supported the quality of care provided to people who use the service.