Jolly Care Limited

Caremark (Oxford)

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 undertook an announced inspection of Caremark (Oxford) Domiciliary Care Agency (DCA) on 2 July 2015. We told the provider two days before our visit that we would be coming. Caremark (Oxford) provides personal care services to people in their own homes. At the time of our inspection 29 people were receiving a personal care service.

At our last inspection on 12 January 2015 we asked the provider to take action to make improvements relating to records. At this inspection we found actions had been completed and improvements made.

There was a registered manager in post. 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.

Summary of findings

People told us they benefitted from caring relationships with the staff. One person said “They are really nice and they look after me so well”. There were sufficient staff to meet people’s needs and people received their care when they expected.

People were safe. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. Records confirmed the service notified the appropriate authorities where concerns relating to suspected abuse were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people’s needs and followed guidance to keep them safe.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us the service responded to their needs and wishes. Comments included; They are very good, they meet all my needs” and “It’s really reassuring to know they look after my needs”.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people’s safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision records were up to date and they received annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People knew the registered manager and told us they were friendly, approachable and supportive. One person said “I know them well, they often visit me at home”.

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. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments in place to reduce the risk and keep people safe.

Good

Is the service effective?

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Good

Is the service caring?

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Good

Is the service responsive?

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Good

Is the service well-led?

The service was well led. The registered manager had systems in place to monitor the quality of service. Learning was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

The service had a culture of openness and honesty and the registered manager had a clear vision for the future.

Good

Caremark (Oxford)

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 the 2 July 2015. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 15 people, one relative, seven care staff, the registered manager and the nominated individual. A nominated Individual is a person employed by the service with responsibility for supervising the management of the regulated activity. We looked at seven people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law. In addition we reviewed the information we held about the home and contacted the commissioners of the service.

Good

Is the service safe?

Our findings

At our last inspection on 12 January 2015 we asked the provider to take action to make improvements relating to records. Care plans did not always give clear guidance for staff on how to reduce risks relating to people's care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found actions had been completed and improvements made.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, One person was at risk of dehydration. The risk assessment gave guidance to staff on how to reduce this risk. Staff were advised to 'Encourage them to have fresh drinks at visits'. This person's fluid intake was consistently monitored and recorded and the daily notes evidenced staff gave the person a fresh drink at each visit.

Another person used hearing aids but often refused to wear them. The assessment identified the risks to this person and guidance to staff stated 'Speak slowly and clearly'. Staff followed this guidance. One said "They are one of my regular clients so I know how to help them". The person's relative said "They (care workers) are very good. They not only know what to do but how to do it. We get regular carers so they know my husband really well". Other risks covered included moving and handling, environment and nutrition.

People told us they felt safe. Comments included; "Oh yes, very safe", "I am in good hands they are so good", "Yes I am very safe", "I feel safe when they're here, I should say they're the best you can get, the ones before these were good but these are better", "They're marvellous, angels, so caring and gentle, I couldn't feel more safe" and "I'm completely safe in their care".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. They were also aware they could report externally if needed. One member of staff said "I can report to my supervisor, the Police or the local authorities. I have the number". Another said "If I couldn't contact the office I'd phone CQC (Care Quality Commission)". Records confirmed the service notified the appropriate authorities with any concerns.

There were sufficient staff deployed to meet people's needs. The registered manager told us staffing levels were set by the "dependency needs of our clients". Where people required two staff to support them we saw two staff were consistently deployed for each visit. People told us staff stayed for the full length of the scheduled visit. One person said "Once they have finished they will sit and chat until it is time to go".

People told us staff were punctual and rarely late. Comments included; "Very occasionally late but I get a phone call to say why", "Not very often late, once in fact but I got a phone call telling when they would arrive, and they did" and "They are pretty punctual. Sometimes a bit late if the traffic is bad or they are delayed. They call me if they are late". The service had a system for managing late calls. If a member of staff did not log in the Electronic Telephone Monitoring System (ETMS) within in 30 minutes of the visit time an alert was raised with a supervisor. This meant the supervisor could contact the person and redirect another member of staff if required. We looked at the system and saw there were no missed visits recorded. None of the people we spoke with said they had experienced a missed visit.

Staff told us there were sufficient staff to meet people's needs. Comments included; "I think we have enough staff, it's usually no problem. Sometimes if someone goes sick at the last minute it can get tight but we have contingencies for that and it is quite rare", "Yes, there is enough staff for the clients we have" and "I think there is plenty of staff. I don't see it as an issue".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Most of the people we spoke with told us they did not need support with taking their medicine. Where people did need support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been

Good

Is the service safe?

appropriately trained. One member of staff said "I have had medication training. It really gave me confidence especially with the paperwork". One person said "I couldn't do without them. They help me get in and out of bed and get my medication for me. They watch me take it because I kept forgetting a few weeks ago".

The service had contingencies for emergencies. Contact details were held in people's homes and included details for the registered manager and field care supervisors. The service had spare cars for staff to use if their own vehicle was off the road. There was also an arrangement with Oxfordshire County Council (OCC) for the service to use up to four, four wheeled drive vehicles in bad weather to ensure home visits were maintained. The registered manager told us if the office became unusable they had a facility that allowed office staff to work from home on computer and still maintain the service.

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "Oh yes, the girls are very knowledgeable", "They know exactly what to do" "The staff are generally jolly good, turn up on time even though the traffic in Oxford is dreadful and do what they have to do with a good heart", "They know what they are doing and always turn up", "Good Lord, they're marvellous, they make my life much easier and you can't get better" and "Yes they have very good knowledge of what I need, I am treated perfectly".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, moving and handling and infection control. Staff comments included; "Good training and quite extensive. I shadowed an experienced carer before being signed off by my supervisor", "I hadn't worked in care before but the training prepared me for what I had to do and really boosted my confidence levels" and "I get training all the time. It is very good to be able to acquire more skills".

Staff received regular supervision, spot checks and appraisals. Records showed staff also had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. Comments included "I only have to ask for training and I get it", "I'm just about to complete my NVQ (National Vocational Qualification) in care at level three", "Supervisions and spot checks help to keep us on our toes which is good" and "At my supervision I asked for dementia training and that's now booked".

Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act (MCA). One said "It's about whether the client can make his or her own choices. I always give them options and time to consider them". Another said "It's about people having the capacity to make certain decisions. They might not be able to make big decisions but they can still choose what to wear or what to eat. I give them a choice".

People told us staff sought their consent before supporting them. Comments included; "They always ask me first, if they didn't I'd tell them", "They definitely do that even though they know what I want doing they still ask" and "They always ask before helping me". One member of staff said "I always ask first, it is so important to communicate with people. If they are having difficulty talking I will look for their reaction to what I've said before doing anything". Care plans, reviews, risk assessments and medication assistance authority documents were all signed and dated by the person. Where the person could not sign we saw the service had consulted them and relatives had signed on their behalf.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and dieticians. One person had been referred to a dietician and the daily notes confirmed staff were following their guidance to support the person with their meals. One person told us they were seeing a dietician but they had "not told the manager". We spoke to the registered manager who said they would contact the person to ask their permission to call the dietician to see if they could assist in anyway.

People told us they had plenty to eat and drink and most people said they did not need any support for this. Where people did need support care plans gave staff clear guidance. Food and fluid charts were maintained for people at risk of malnutrition or dehydration and any special diets were highlighted. For example, where the person was diabetic. Staff were aware and understood this person's dietary needs. One member of staff was able to explain to us how they ensured they did not give the person sweet sugary foods. They said "We follow their diet plan but I also watch out for sweet things like chocolate around the home and remind them it is not good for them". One person said "They help me with my meals. I have no complaints on that score".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "They are really nice and they look after me so well", "They really care and I'm very satisfied", "They are good, polite and caring", "The staff are very thoughtful, very kind and caring, I would certainly recommend them", "The carers are great, they come twice a day and they brighten my day. I can't thank them enough for what they do for me" and "I am very happy with them and the service they provide. One person's relative said "The girls are so caring. They are like family to us".

Staff told us they enjoyed working at the service. Comments included; "For me it is about forming relationships with clients and the feeling you are helping someone. I like meeting new people", "I love the clients", "I really like this work, great people and a good service to work for" and "I really enjoy my work and I love the clients".

Staff told us how they usually saw the same people regularly which meant they got to know them well. One member of staff said "I think I have a caring relationship with my clients. I know my regulars, what they want and how they want it. And I know because I ask".

People told us staff were friendly, polite and respectful when providing support to people. One person said "Always polite and respectful". A relative said "Polite and very respectful but they do have a laugh and a joke with me".

We asked staff how they promoted people's dignity and respect. Comments included; "I am in their home so I respect their wishes. I close curtains and doors if I am giving personal care and I don't draw attention to the things they cannot do themselves, I would not discuss issues with their family without their permission. I am very respectful" and "I try not to make a fuss about things that may seem embarrassing. I cover them up and go with their choice, it's their home after all". When staff spoke to us about people they were respectful and spoke with genuine affection. The language used in care plans and support documents was respectful and appropriate.

People told us they felt involved in their care. Comments included; "I am involved, no problem. They always talk to me and ask my opinion", Yes I am involved and consulted", "Definitely, they listen. I am in charge of my care" "I work with them and they work with me and that way everything is just fine" and "I certainly take part in all aspects of what is happening". Details of how people wanted to be supported were contained in their care plans. For example, one person had stated 'I would like to be washed in the bathroom. Then please offer me a drink and offer to do any washing up'. This person told us "I'm definitely involved, I've no concerns". Another care plan showed the person wanted 'To be supported taking my medication'. Staff were to assist this person and the daily notes evidenced this took place.

People told us they were informed who was visiting them and when the visit was scheduled. Comments included; "I know when they are coming and I have the same group of carers which I like" and "I know who will come and when. I have regular carers". All the people we spoke with told us they had a regular group of staff who visited them. They also told us new staff were introduced by the manager or field care supervisor.

Good

Is the service responsive?

Our findings

People told us the service responded to their needs and wishes. Comments included; "They are very good, they meet all my needs", "It's really reassuring to know they look after my needs", "Yes they meet my needs and are always open to any suggestions I make", "Because of a health problem my eyes have got worse so I needed a little bit of different help. I just talked to the girls and they just changed what they did a bit to make things easier" and "I am particular on how they help me. I want it done my way. They are especially good with any bathroom duties". One relative said "Our regular carers know us and my husband's needs. Nothing is too much trouble for them".

People's needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated 'I like to watch TV and enjoy walks'. Another person 'enjoyed knitting' and liked to 'visit the day centre'. Daily notes showed this person was supported to do this. Care plans were detailed, personalised, and were reviewed on a monthly basis.

People received personalised care. One person was supported by care workers after a period of time in hospital. The service sought the advice and worked with healthcare professionals to meet this person's needs and support them to regain some of their independence. Over time staff supported the person to become more independent and their mobility had improved. One member of staff said "We regularly checked, as we do with all our clients, that everything was going well and to make sure they were happy with their care. I follow the client's wishes in every way and I know other staff do the same".

People knew how to raise concerns and were confident action would be taken. Comments included; "If I had a problem I would call the office but I've never had to", "I know how to complain. I haven't had the need", "I ring the office and they would listen" and "I would ring them at the office, I have rang before and they treated me just fine". One person told us how an issue they raised was quickly resolved. They said "I phoned the office and it went through to the on-call system which was answered quickly and everything was sorted out quickly".

Staff told us how they would support people to complain. One said "If I couldn't deal with it I would help them complain to the manager". Another said "I've had no complaints personally but one client complained about not liking a particular carer. I told the manager and they changed the carer for them so it didn't need a formal complaint".

Records showed there had been one complaint since our last inspection. This had been resolved to the person's satisfaction in line with the provider's complaints policy. Information on how to complain was given to people and their relatives when they started with the service. Compliments were also recorded. One relative had written to the service after the person had passed away. They wrote the person was 'Really looked after well. Thank you'.

The service sought people's opinions. Regular 'Telephone Monitoring' calls were made to allow people to raise issues about the service. Details of the calls were recorded. One person had told the service their home circumstances had changed and they 'Wanted their visits later in the morning'. This request was actioned and their visits were rescheduled for later in the morning.

People's opinions were also sought through annual surveys. We saw the results of the latest survey which were positive. Where people raised issues the service took action to improve the service. For example, one person had requested a photo card of their field care supervisor with their contact details to enable the person to feel confident in contacting them. This was provided to all people.

Good

Is the service well-led?

Our findings

People knew the registered manager and told us they were helpful and friendly. Comments included; "I know them well, they often visit me at home" and "Yes I do know the manager, she is very nice". Some people said they did not know the registered manager but when we mentioned their name they immediately recognised them. One person said "I didn't know she was the manager. I've seen her a lot. She is very kind and caring".

Staff spoke positively about the registered manager and the nominated individual. Comments included; "They are both really good. Very supportive. I can call anytime and get help", "No complaints there, helpful and honest. We don't have a culture of blame", "The manager is very approachable and understanding. If a mistake is made we look to fix the problem, not look for blame" and "The manager always asks how I am doing, they really care". One member of staff told us how supportive the manager had been during a recent illness. They said "They were absolutely brilliant and really helped me, calling me at home then adjusting my work hours when I returned so I could fit in all my check ups. I cannot fault the support they have given me".

Accidents and incidents were recorded and investigated. Information was logged onto the services 'central reporting tool' allowing senior staff to review this information collectively to look for patterns and trends across the service. Information was used to improve the service. For example, one accident highlighted a person's wheelchair and shower chair may have been unsafe to use. This was checked and the person's wheelchair declared unsafe. An occupational therapist was contacted and following assessment new equipment was provided for this person.

Regular audits were conducted to monitor the quality of service. These were carried out by the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. Information was analysed and action plans created to allow the registered manager to improve the service. For example, one audit identified a number of care plans required a review. The registered manager reviewed the care plans and the following audit identified all actions had been completed. All the care plans we saw had been recently reviewed.

The provider's statement of purpose was contained in all care plans and was available to people. This listed the services aims and objectives, described the care they could provide and who they could provide care to. The focus was on putting people first and treating people with 'Dignity and respect'. The registered manager's personal vision for the service reflected this. One member of staff we spoke with said "The manager wants a person centred service that puts people first. We all know this and we try to give clients that personal touch".

There was a whistle blowing policy in place that was available to staff. This policy, along with all other policies was provided to staff in the 'Staff handbook' they received when they joined the service. People and staff also had contact details for Oxfordshire County Council (OCC) and the Care Quality Commission (CQC).

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans.