

Care Precious Ltd

# Caremark (East Riding)

## Inspection report

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28 March 2018

06 April 2018

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 27, 28 March and 6 April 2018. At the time of the inspection there were over 600 people receiving a service of around 7200 hours and 15400 visits each week. Around 370 care support workers were employed by the service who received support from field care supervisors. In addition to this, care coordinators, training manager, training administrator, administrators, person centred care administrator, community liaison officer, compliance manager and the registered manager were based at the agency office.

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults, people with; dementia, mental health, learning disabilities or autistic spectrum disorder or people who misuse drugs and alcohol.

This service also provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a manager in place who was registered with the Care Quality Commission (CQC). 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.

Systems were in place for the safe management and administration of medicines.

The service had followed their policies and procedures when recruiting new staff however, recording of some information needed to be more robust.

We saw there were sufficient numbers of staff employed to meet people's individual needs, however, additional cover arrangements when people left, were on holiday or off sick required improvement to ensure consistency for people.

Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Most staff had basic understanding of their responsibilities under

the Mental Capacity Act.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People expressed satisfaction with the support they received from staff. The feedback we received confirmed people had positive relationships with staff and felt they genuinely cared about them.

Staff told us they were well supported by their supervisors and the management team. They received a structured induction programme when they were new in post and regular refresher training. This included training on the administration of medicines.

There was a record of any accidents or incidents involving both people who received a service and staff. This allowed the provider to monitor whether any patterns were emerging or if any improvements to staff practice were required.

There was a complaints policy and procedure made available to people who received a service and their relatives. Complaints records showed any complaints received had been investigated and people had been informed of the outcome.

The service sought feedback from people who received a service. We saw feedback was mostly positive and action was being taken to address any concerns.

Further information is in the detailed findings below.

## 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 has deteriorated to requires improvement.

Requires Improvement 

### Is the service effective?

The service remains Good.

Good 

### Is the service caring?

The service remains Good.

Good 

### Is the service responsive?

The service remains Good.

Good 

### Is the service well-led?

The service has improved to Good.

Good 

# Caremark (East Riding)

## 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 27, 28 March and 6 April 2018 and was announced. It included visits to the provider's office location, attendance at a focus group and visiting people in their own homes. We gave the service three weeks' notice because we requested the provider arrange a focus group so we could speak with people who used the service.

Before the inspection we reviewed the information we held about the service, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service.

The inspection was carried out by three adult social care inspectors. On the first day of inspection two adult social care inspectors visited the agency office. They spoke with the registered manager, training manager, two senior field care supervisors and reviewed documentation in relation to the running of the service such as care records and policies and procedures. One adult social care inspector visited eight people in their own homes and spoke with four care support workers and one field care supervisor.

On day two of the inspection we took part in a customer forum with nine people who use the service. We spoke with one senior care coordinator, two care coordinators and five care support workers.

On day three of the inspection we telephoned people who received a service and some relatives to gain their views of the service provided to them. In total we spoke with 32 people who used the service and nine relatives.

## Is the service safe?

### Our findings

The service was not always safe. However, people told us they felt safe when staff were in their home. Comments included, "I leave the door open. They ring the bell, shout hello and come in, I definitely feel safe." A relative said, "Yes my relative does feel safe, there are no staff I don't have a nice feeling about, I am happy with them all."

The majority of people told us they were happy with the support they received with the administration of medicines. However, there were a number of concerns shared with the local authorities safeguarding team. These included missed calls which meant medication had not been administered and medication errors made by staff.

We discussed these concerns with the registered manager. They told us a sample of medication administration records (MARs) were checked when they were returned to the office each month. This was to monitor recording, ensure it was accurate, and any anomalies were addressed. To address on-going concerns the provider had introduced a medication audit to be completed by field care supervisors when an issue had been highlighted by people using the service or staff. The checks completed demonstrated supervisors had in-depth knowledge of safe medicine procedures. We were told staff received training on the medicines policies and procedures of both local authorities who commissioned with the service, as well as the provider's own policies and procedures.

We looked at the recruitment records for 10 new members of staff. These records evidenced an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. Recording of people's full employment history and the required number of references requested needed to be more robust to ensure safe recruitment practices.

Some people and relatives felt there was sufficient staff unless people had left the service, were on holiday or off sick. A relative told us, "It seems to all fall down over bank holidays as they don't have enough carers to cover when staff are off." A person told us, "I always had a regular carer but now they have left I don't know who is coming." The registered manager assured this person during the customer forum new staff were being recruited for their area.

Most people who we spoke with told us staff arrived on time and stayed for the right length of time. People told us, "They are always on time and they stay for the full time" and "They arrive on time, sometimes they can be late if they are coming on bikes but I have no complaints", "On the whole they do pretty well at being to time" and "They are usually on time and if something happens and they are late they usually ring to let me know."

Two relative's told us they had concerns about staff attending visits either early or late. A relative told us,

"Staff have been told by the compliance manager not to come earlier than the call time but the odd one or two still do." Another relative told us, "I wasn't bothered about the odd 15 minutes being early but 4pm was too early for a tea time call when it was booked for between 5pm and 6pm." The registered manager was aware of and looking into these concerns.

The provider monitored and investigated all calls that were missed by the staff. The service had recorded 16 missed calls so far in 2018. The registered manager accepted this amount was high but demonstrated steps were taken to investigate and disciplinary action was taken where appropriate. The provider advised us that this amounts to 0.01% of calls made within this period.

Staff told us they had enough time to carry out the tasks needed but some staff felt there was not enough time between calls for travelling. We fed this back to the registered manager during the inspection who advised us they were continually monitoring and reviewing allocated travel times.

Training records showed staff received training on safeguarding adults from abuse during their induction training. The staff we spoke with were able to describe different types of abuse and were clear about the action they would take if they had any concerns.

Care plans included risk assessments that were specific to the person and included areas such as client safety, personal care, nutrition and hydration and skin integrity. The risk assessments recorded how the identified risks could be minimised. We fed back to the registered manager during the inspection were information about people's health needs and risks could be improved upon within their care plans and risk assessments. The registered manager took action to update these areas during the inspection.

Accidents and incidents were monitored to ensure staff were following the service's policies and procedures and to identify any patterns that might be emerging or improvements that needed to be made. Staff were required to produce a report about the accident or incident as part of this process.

## Is the service effective?

### Our findings

The service was effective. People felt staff had the right skills and experiences to do the job, comments included, "I think the staff know what they are doing" and "When my relative had a seizure the staff did everything properly, so they obviously have had some training."

We looked at the induction and training provision and found staff were sufficiently trained to meet the needs of people. Staff completed an induction before attending to people in their homes. This induction, which incorporated the care certificate standards, consisted of training and competency checks. The care certificate was introduced in April 2015 and is a standardised approach to the induction of new staff working in health and social care. Mandatory E-learning was also completed by staff and refreshed annually.

There was a clear system in place to monitor when staff were due to complete refresher training. Staff told us they were happy with the quality of the training provided, comments included, "Training is really good, I love the training manager, they make it really interesting."

Staff told us they felt well supported in their roles. They received regular supervision alongside telephone monitoring, spot checks in the community and observations of practice. Records we looked at confirmed this. Staff told us their diverse needs were supported. We were provided with examples where equality and diversity was being actively promoted within the workforce.

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 so that they can 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. We found that the service was working within these principles and care plans recorded whether people had capacity to make decisions and where applicable if a Lasting Power of Attorney (LPA) was appointed to make decisions on their behalf. Relative's told us, "Staff support [person's name] to make his own choices, at meal times they will help him in the kitchen to make a sandwich, but he decides what he wants" and "The staff know how [person's name] responds and they get consent that way." Training records showed staff had completed MCA training. In discussion, some staff demonstrated a basic understanding of the principles of MCA whilst others would benefit from a refresher to embed their learning.

People's day-to-day health and wellbeing needs were detailed in person centred care plans. They recorded people's individual needs and assessments which included information about people's physical health, their mobility needs, their diet, medication and personal care requirements.



The service provided support to people at meal times. One person told us how they were supported to live a healthier lifestyle, "I have lost 9 stone in the last two years and my carer supported me to do this. When we do a supermarket shop they advise me on what is good for me and what isn't."

## Is the service caring?

### Our findings

The service was caring. People mostly told us they were very happy with their care support workers and if they weren't happy they would speak to the service about it. Comments included, "They are very nice caring people, very helpful and cheerful, I couldn't ask for better", "The staff are very pleasant and courteous. They all care", "I am very happy with my carers, I enjoy their company", "They sit and have a chat with me, they are all friendly and I am happy with them" and "The staff are absolutely fantastic, caring, understanding and they meet all my needs." One person told us, "There was one worker and we didn't get on, I told the supervisor and they didn't send them again."

Comments from relatives included, "Overall we have been very happy, initially my relative was very resistant to support but within a couple of weeks they had built up a rapport, we would give the staff a gold star" and "The first carer that came was really good and they were able to respond to my relative really well. The new carer I don't think has the life skills and training to support my relative, I will speak to the office about it and hopefully they will sort it."

Relatives told us staff encouraged people to be independent. They said, "The staff help to maintain his everyday life skills, it isn't easy for them but the more they get to know my relative the easier it becomes." People confirmed this. "They let me do as much as I can for myself" and "They do jobs I can't do. I do what I can."

People told us staff respected their privacy and dignity. One person said, "They are thoughtful about how they provide care." Another person told us, "They maintain my privacy and dignity; they cover me up when they can."

Most people told us they could always get through to the agency office if they needed to speak to someone. One person said, "The staff who answer the phone are fantastic, they know my voice and my name straight away, I can't fault them."

Most people told us they usually received a service from the same regular staff. Comments included, "Yes, I know staff well and they know what I like" and "It's always [staffs name]. I occasionally get someone different but only if they are on holiday", "Yes we get the same carers now but before that it used to be someone different every day." One relative said, "I was very concerned as there were five different carers and it is important for my relative to see regular faces. We are now back down to three but I would not be surprised if somebody unexpected turned up." Some people said if carers left the service they didn't get consistency in carers for a while. This was also raised in the customer forum and the registered manager acknowledged this was an area they were working to improve and plans were already in place.

People were supported to communicate in accessible ways which met their needs; this included the use of sign language and electronic equipment.

## Is the service responsive?

### Our findings

The service was responsive. People told us, "I have a number to ring for complaints but I haven't had to use it" and "I know who our field care supervisor is and they come to see us for reviews."

People had a person-centred care plan in place and the people who we spoke with confirmed they had a copy at their home. Care plans contained information which included the person's life history, their family relationships and their hobbies and interests. This document helped staff get to know about the person. People told us staff made notes in the care plan at the end of each visit. We saw examples of these notes and found staff recorded detailed information about the tasks they had carried out, and the staff' recording were respectful.

The provider complied with the accessible information standard through asking, recording and sharing communication needs people had. People's communication needs were recorded in some care plans and information could also be provided in alternative formats including documentation in easy read and larger fonts if needed.

The majority of staff told us information in care plans was sufficient to enable them to deliver person centred care to people. However, one care support worker told us further guidance on one person's moving and handling aids would provide clarity and reassurance to staff following training. The registered manager advised us the care plan would be updated swiftly.

Care plans included evidence of care plan reviews. People told us, "Yes they come twice a year" and "My care is reviewed in conjunction with the local authority. I am involved in this." Not all care plans or reviews were signed by the person concerned; however, people were able to describe their care which reflected what was recorded in their care plan.

There were effective policies and procedures in place informing people how to make a complaint or express concerns. People told us they were aware of how to make a complaint but they had not needed to, comments included, "I have no complaints but I know the manager and would ring them if I had one." However, one relative told us they rang the office to complain and no one returned their call as requested. We shared this with the registered manager who promptly tried to contact this person through telephone and letter. One relative told us they regularly emailed the compliance manager with on-going concerns they had with the care package. The relative felt Caremark was trying to make improvements.

We checked the complaints log and there were nine recorded complaints received in 2018. All nine were clearly recorded with the action taken and the outcome. When appropriate, a meeting was arranged with the complainant or a letter of apology was sent.

There had also been 10 compliments received in 2018. One was from a person's relative and stated, 'Carers understand [name]'s needs, they are committed, compassionate and genuinely want to help [name] have a fulfilling life.' We saw evidence that compliments were shared with the staff in writing. One staff member told

us, "I've only been here four weeks and I got a letter to say thank you from a relative and from Caremark. It makes you feel good."

The service was able to support people at the end of life and would work with community nurses and G.Ps to ensure people were comfortable and supported.

## Is the service well-led?

### Our findings

We found that the service was well-led. People told us, "I think this is a very good firm" and "They seem fairly well organised." Staff told us, "I get brilliant support from my supervisor and find the registered manager approachable."

At the time of our inspection 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.

At the last inspection the registered manager had failed to inform CQC of all significant events. This had resulted in a breach of Regulation 18 of the Registration Regulations 2009. At this inspection we found the registered manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which had occurred.

Field care supervisors were responsible for an allocated geographical area. They had good communication with care support workers within their allocated area and this was overseen by the registered manager and compliance manager. Staff told us they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally in supervision and also through patch meetings. Patch meetings were held regularly and minutes detailed actions to be completed. Topics discussed at these meetings included; customer issues/concerns, holidays, professional conduct, working patterns and staff morale.

Staff told us they were well supported by management and that they worked well together as a team. Comments included, "The registered manager is really good, he has supported me quite a lot and helped me change my hours to fit with family life", "Management have always been pretty good with me and they can be flexible", "I have had brilliant support from my previous supervisor" and "Support from my field care supervisor and care coordinator is brilliant."

The registered manager responded positively to all feedback about the service. People, their relatives and staff were asked to provide feedback through an annual survey. Responses to the most recent survey were in the process of being collated at the time of inspection. The registered manager was evaluating responses as they were received and had started developing an action plan. Actions identified at the time of inspection included a review of travel time allocations and information to be included in a newsletter.

There was a strong commitment from the management towards continuous improvements. A range of quality audits were in place to help drive this forward and improve the care people received. Internal audits were conducted by the registered manager and other staff members in areas including daily records, medication records, missed calls, care files, training, complaints and accidents/incidents. A senior staff member told us, "We are not perfect but we always try and learn from mistakes and make sure we can put things right."

