Care Quality Commission

Caremark Limited

Caremark (Lanehurst Gardens)

Inspection report

Grattons Drive
Crawley
West Sussex RH10 3BB
Tel: 01293 873109
Website: www.caremark.co.uk

Date of inspection visit: 18 November 2014
Date of publication: 24/02/2015

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

The inspection took place on 18 November 2014 and was an announced inspection.

Caremark provides personal care services to an extra care housing scheme run by Hanover Housing Association. Extra care housing is housing designed with the needs of frailer, older people in mind and with varying levels of care and support available on site. People had their own self-contained flats, their own front doors and had individual tenancy agreements. There was a restaurant on site, managed by another organisation, that provided meals for people, if they chose not to prepare their own meals. People live independently in their own flats and care calls are provided during the hours of 7 am and 10 pm. A sleep-in carer is available overnight for emergencies. The 33 flats are equipped with alarms to alert staff to emergencies between care calls. At the time of our visit, there were 32 people living at the service and one vacant flat.

Summary of findings

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

People felt safe living at the service and they could wear personal alarms if they chose to, to alert staff when they needed support. Assessments of risk were undertaken and plans in place to manage them. Accidents and incidents were dealt with in a timely fashion and recorded appropriately. Staff knew what action to take if they suspected abuse and had received safeguarding training. Arrangements were in place in the event of an emergency and regular fire drills took place. The provider had calculated the levels of staff required to ensure that people's needs were met. The majority of people managed their own medicines, but if needed, staff would assist people to take their medicines. Staff had received training in the administration of medicines.

There was a restaurant on site and people had sufficient to eat and drink throughout the day. Some people preferred to prepare and eat their meals in their flats. People had access to healthcare services and professionals and were supported to maintain good health. Staff received effective support at induction and ongoing supervision, appraisal and training. All staff were qualified to at least Level 2 in a National Vocational Qualification in Health and Social Care. Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005 and put their knowledge into practice.

People were cared for by staff who knew them well and positive, caring relationships had been developed. The service supported people to express their views and made arrangements to meet people's individual requirements. People were treated with respect and their privacy and dignity was promoted. They were encouraged to do things for themselves and to be as independent as possible.

There was a range of organised activities available at the service and people were also engaged in hobbies that were of interest to them. Some people attended day centres. People received care that was personalised to them and care records detailed people's preferences and the support they needed. Complaints were dealt with effectively and people knew how to raise any issues or concerns they might have. Tenants' meetings were held every month and the registered manager participated in these meetings.

People were asked for their views about the quality of the service they received and relatives were also invited to feed back their views. The results overall were positive. There were robust audit systems in place to measure the quality of the service delivered. The registered manager worked with other organisations to provide a continuum of care. Staff were positive about their work and felt supported by the registered manager. They knew what action to take if they had any concerns. There were regular staff meetings and staff were kept abreast of current developments at the service. The registered manager was actively involved in the service and felt supported by the senior managers at Caremark. The service is in the process of changing providers and the staff felt positive about the future.

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 could wear personal alarms to alert staff if they needed support. Risks were managed appropriately.

Staff had been trained in safeguarding procedures and there were arrangements in place in the event of an emergency. Staffing levels were sufficient to keep people safe.

People's medicines were managed safely and staff had been trained in the administration of medicines.

Good

Is the service effective?
The service was effective.

People had sufficient to eat and drink throughout the day, either in their own flats or in a communal restaurant on site. They had access to healthcare professionals and were supported to maintain good health.

Staff underwent a comprehensive induction programme and received regular supervisions, appraisal and training. All staff had achieved at least Level 2 National Vocational Qualification in Health and Social Care.

Staff understood the requirements of the Mental Capacity Act and had been trained. They put their learning into practice.

Good

Is the service caring?
The service was caring

Positive, caring relationships had been developed between people and staff and they were encouraged to engage in communal activities, rather than feel isolated in their own flats.

Arrangements had been made to support people to express their views.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People received personalised care and their preferences were recorded in their care records. Staff knew people well and encouraged them to be as independent as possible.

People knew how to make a complaint and there was a complaints policy in place. Complaints were dealt with promptly by the service. Tenants' meetings were held every month and the registered manager played an active part at these meetings.

Good

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

Good

Summary of findings

Surveys had been circulated to people and their relatives to ask for their views about the service. Staff were also asked for their feedback.

Staff felt supported by the registered manager and there were monthly staff meetings. Staff knew who to report to if they had any concerns.

There were audit systems in place to measure, evaluate and continually improve the quality of the service provided.

Caremark (Lanehurst Gardens)

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 18 November 2014. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that the registered manager would be available.

Two inspectors and an expert by experience with an understanding of older people undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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, what the service does well and improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We also spent time looking at records including four care records, three staff files and other records relating to the management of the service. We contacted local healthcare professionals who had involvement with the service, to ask for their views.

On the day of our inspection, we met with eight people using the service and five relatives. We spoke with the registered manager, the estates manager and three care assistants. After the inspection, we spoke with three people and received feedback from a healthcare professional.

This service was previously inspected on 20 November 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People felt safe living at the service. Some wore personal alarms on their wrists or had an alarm they wore on a pendant which they could press to summon staff assistance. People could choose whether or not they wished to wear a personal alarm. Everyone had access to a central call bell located in their flat and walkie-talkie radios alerted staff as to which person needed attention. One person said, "I feel safe. If anything's wrong, I can just press my alarm". There was a code to the outer door of the premises for outside callers, but people and their relatives could access the flats independently.

Risks were managed so that people were protected and their freedom was supported.. There were comprehensive risk assessments within people's care records. These showed that potential risks to people had been identified and measures put in place to mitigate the risk in particular areas. For example, risks relating to money management, mobility, moving and handling. Staff knew people well and were aware of their individual risks and the steps they needed to take to prevent accidents and incidents from occurring. Where accidents or incidents had occurred, these were reported promptly to the registered manager and risk assessments reviewed as needed. Staff confirmed to us that physical restraint was not used on people.

Staff had received safeguarding training and were able to identify the different types of abuse, for example, financial, verbal or physical abuse. If they had any concerns that people were at risk of abuse then they would report these to the registered manager, who would then contact the local safeguarding authority. Staff said they would also contact the police if they suspected a criminal act had taken place. Safeguarding training was updated annually and staff also discussed safeguarding at their staff meetings and had completed a safeguarding quiz. This meant that staff were continually discussing and updating their knowledge in this area, and knew what action to take, so that people they supported were protected from the risk of abuse.

Staff had received fire safety training and knew the evacuation arrangements in the event of an emergency.

Practice evacuations of the premises took place every six months and staff and people were involved in these. Fire alarms were tested weekly and there was a fire box in the reception area which contained personal emergency evacuation plans (PEEPs) for people. The fire and rescue service had access to the PEEPs if needed.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staffing levels were assessed based on the level of support that people required. Support was assessed for each person and the hours that were needed to help with their personal care. Staff were flexible so that they were able to meet people's needs and wishes and staffing levels were continually monitored. For example, fewer staff were needed when people were in hospital or if there was a flat vacant. Staff were able to work extra hours if these were needed. One staff member told us, "We know if their needs are changing and report it back to the registered manager. We're the middle person between the resident and manager. If we think they need more time we can ask". All necessary checks had been undertaken for new staff as they were recruited to the service to ensure they were safe and suitable to work with people.

People's medicines were managed so that they received them safely, although the majority of people managed their own medicines and these were stored in their flats. Some people did receive support to take their medicines, for example, one person needed to be reminded by staff to take their medicines at particular times of the day. One person told us, "I know I get the right medicines, I trust them [staff] solely". Where people did not have the capacity to order their own medicines, then the service would ensure that prescriptions were filled as needed. Medicines risk assessments for people were carried out by a senior member of staff. Care records detailed what assistance, if any, was required by people with their medicines. Staff were trained in the administration of medicines and this training was updated annually. The manager undertook spot checks to ensure that staff were administering medicines safely. We observed one member of staff supporting a person to take their medicines in their flat.

Good

Is the service effective?

Our findings

People were supported to have sufficient to eat and drink and to maintain a balanced diet. There was a restaurant on the ground floor of the main part of the building and people could choose to eat meals there or in their own flats. Most people preferred to eat breakfast and have supper in their flats. One person referred to the staff and said, "They get your breakfast for you – anything you need, you ask them".

We observed the lunchtime meal with 17 people in the restaurant. The restaurant and catering staff were managed by an external organisation. There was a choice of menu available and people's diverse needs were catered for. One person referred to the food in the restaurant and said, "It's very good really. You can't knock it, we do have good meals". Lunchtime was a positive experience and people were enjoying each other's company and social chitchat. Some people prepared their own meals in their flats. The service had a shop on site which stocked staple food items and household goods. The manager had told us that people could buy any items they needed from this facility which opened as needed, for example, if snow prevented people from going out to do their shopping. Drinks were freely available at all times of the day and there was a kitchenette off the communal lounge where people could help themselves to a choice of drinks.

People were supported to maintain good health and had access to healthcare services. A relative told us that the service was "really good" and that the manager had responded quickly when their family member needed the GP to visit. People were registered at a local GP surgery and had a named doctor. GPs all agreed that Lanehurst Gardens was well run, that staff were always responsive and caring and focused on the safety of people. District nurses had visited recently to give people their flu jabs. A chiropodist also visited the service every six to eight weeks. At the time of our inspection, one person wanted more eyedrops administered and the registered manager checked that this would be appropriate and sought permission from the GP. Contact details for healthcare professionals were recorded in people's care files.

Staff had effective support, induction, supervision, appraisal and training. New staff undertook an induction programme co-ordinated by the provider's head office. They were required to complete workbooks within the first eight to twelve weeks of commencing employment. Workbooks contained information about the provider's policies in relation to a range of areas such as principles of care, responding to abuse, maintaining safety and effective communication. As part of the induction process, staff would shadow shifts with experienced care staff for two days, so they could get to know people and the requirements of their role. Spot checks were made to ensure staff were competent before they were allowed to work independently.

Training was delivered either online or face to face with staff. New staff undertook training in a range of areas such as manual handling, medicines, food hygiene, fire safety, infection control, first aid, dementia awareness and mental capacity. The registered manager would assess whether staff had completed their training appropriately and would sign their workbooks on completion. Practical assessments undertaken during the induction process ensured that new staff could demonstrate what they had learned in practice. Staff had access to the local authority's gateway learning and were updated on training opportunities. All staff had either completed a National Vocational Qualification Level 2 in Health and Social Care or were in the process of completing this. The registered manager told us that it was a requirement of the job that all staff had achieved at least Level 2 and many staff had achieved Level 3.

Staff received supervisions from the registered manager every three months and had annual performance appraisals. Staff files confirmed this. Supervision documents showed that actions had been identified and acted upon from the previous supervision. Discussions had taken place in areas such as staff/team working, training and development and staff availability. Supervision forms had been signed by the registered manager and completed appropriately. The local authority also monitored this to ensure that regular staff supervisions had taken place.

Staff understood the relevant requirements of the Mental Capacity Act (MCA) 2005 and confirmed that they had received training. One staff member told us that the MCA was about, "Whether or not people can make decisions or whether they need support from family or advocates". People's capacity to consent to care or treatment was recorded in their care records. The records also showed that people were involved in reviewing their care on a continual basis. People had complete choice over making day-to-day decisions, whilst others needed support,

Good

Is the service effective?

usually from their relatives, to make big decisions. Where people were able, they had shown they consented to their care. For example, people had signed their risk assessments to indicate their understanding and consent.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One person told us, “Couldn’t ask for better anywhere, they’ve given me my life back”. People were overwhelmingly positive about staff and another person said, “Nothing but praise for the staff”. Relatives said, “My mum seems very happy here”, that staff were “very pleasant and welcoming” and “everything’s lovely – carers are all friendly and cheerful”. People were encouraged to visit the communal lounge, rather than be at risk of feeling isolated in their flats. A manicurist came to do people’s nails and there was a hairdressing salon on site. People were treated with kindness and compassion. One person talked about staff and said, “Absolutely brilliant, especially [named staff member]. You’d think she’d been doing it all her life”. Another said, “Wouldn’t change anything about the staff. If there was anything, I would say”. Staff told us that they adopted a friendly, professional approach with people and gave an example of one person who “needs friendly reassurance, as she worries”.

The service supported people to express their views. For example, one person had limited English and the service arranged for a translator to help her communicate her needs to staff. People were involved in the planning of their care if they wished. One person told us that she was, “Quite involved with it. I know I’ll get the care I need”. Another person said that she chose not to be involved in the planning of her care and that her son and daughter “work it out”. Staff said that it was up to people to make their own choices as to whether they wished to be involved or not.

People’s privacy and dignity were promoted and staff knew people well. One person said that she was, “always treated with dignity and respect”. One staff member gave an example of how she would maintain someone’s privacy and dignity and said, “We just ask them, do you want me to leave the room? It’s what they want. Door’s shut, what makes them comfortable really”.

One person told us, “I’m a very independent person and staff encourage me to do things for myself. They’re always here when you need them”. Another thought that their condition had improved and that they had become more independent since moving to the service. Relatives were able to visit their family members freely.

Good

Is the service responsive?

Our findings

People were encouraged to follow their own interests and take part in social activities, either at the service or in the community. Some people attended local day centres. One person we met enjoyed knitting and craft activities; they showed us some Christmas tree decorations they had made. On the day of our visit, volunteers were leading a 'reminiscence group' for people. Nine people attended and one relative. This was an informal, lively and engaged group where people were having discussions with each other and with the volunteers. Volunteers used newspaper clippings to prompt conversations, for example, the poppies at the Tower of London. Another volunteer used a book he had brought along about aircraft to share with one person who was interested in this. Interactions within the group were warm and friendly with lots of laughter.

There was a range of planned activities on offer. One person said that arts and crafts sessions were on offer on the last Tuesday of every month and that they could play Bingo on Saturdays. They told us, "There's always something, somewhere". There were plans afoot to hold a Christmas party and relatives were also invited.

Care was personalised to meet people's needs and individual care and support agreements were documented in care records. People's personal preferences were also identified and, where they were able, they had signed their own care plans to indicate their understanding and consent. Care was assessed in line with an individual needs assessment, what people wanted, what they could do and what they wanted staff to support them with. Staff confirmed that people's preferences were taken account of and addressed and one member of staff told us, "Everyone knows everyone else really well". One person's assessment showed that they preferred to be looked after by female care staff and they confirmed their preference had been acceded to. Care records were reviewed and updated every three months for people with a high level of need and yearly for people with low level needs, or as required. Any changes to care were noted in people's daily records and care plans updated accordingly. One person told us, "I have a review every six months and get a copy of the care plan". The local authority also reviewed people's care records annually. There were copies of people's care records in their flats so staff could readily access these and deliver care that was in line with people's needs and preferences.

People were encouraged to be as independent as possible, for example, to clean their own flats. One person told us, "Some will just sit in their flats, sometimes other residents will help" and that 'as friends' they helped each other.

People knew how to raise any concerns or make a complaint and felt that these would be dealt with promptly and effectively. One person said, "If I had a complaint, I'd soon go down and say, but I don't usually". Another person said, "I have made a couple of complaints" and told us that "these had been resolved satisfactorily. Another person said, "They'll [staff] always say 'Leave it with me' and 'I'll deal with it'. The door's always open; no-one's ever turned away". The provider had a complaints policy and there was a copy of this in people's care files. Upon receipt of a written complaint, this was investigated and completed within 28 days.

People could also discuss any concerns or raise issues at a tenants' meeting which was held on the third Thursday of every month. People told us that they would discuss what was happening for the next month. Other topics such as rents and service charges were also discussed. One person told us, "If you raise something, it will be discussed". Tenants' meetings were managed by the housing association, but the registered manager always attended. These meetings enabled people to talk about issues relating to their housing and to discuss matters relating to the care and support they received from Caremark. The registered manager said that people could also discuss any issues with her on an informal basis at any time in the week.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. Surveys were undertaken to obtain people's views about the quality of the service they received. Relatives were also asked to contribute to the survey. The last survey was sent out in September 2013, when 25 surveys were sent out and 17 returned. The results overall were positive. Three people felt that staff did not always arrive to their flats at the appointed time. The registered manager had taken action and explained to staff the importance of informing people if they were running late for a call and to explain to people the reason why.

People's care records were held in their rooms. The registered manager had asked senior members of care staff to visit everyone to take them though each part of their care file, including policies and procedures and to identify any person who needed an easy-read version or other accessible version of their record. For example, it was planned that one person who had a sight impairment would have a Braille copy made available.

Caremark provides a care service for people who have their own tenancy agreements with a housing association. The restaurant on the premises is managed and run by another organisation. The registered manager of Caremark liaises and meets with these organisations to provide an holistic approach to people's support and care. The estates manager, who deals with issues relating to the premises, worked closely with the registered manager to develop a service with an inclusive approach.

Staff knew who to report to if they had any concerns and were aware of the provider's whistleblowing policy which was documented in the staff handbook. They told us that they would report any issues to the registered manager or to the provider and there were contact details shown in the office. Staff told us, "I love it, the atmosphere's really nice. Like a little family here".

The registered manager played an active part with the service and communication between staff at all levels was productive, open and friendly. Staff meetings were held on a monthly basis and staff communicated with each other when they handed over between shifts. The staff meeting held in September gave an update to staff about the Commission's new inspection methodology and an update on the tendering process as the service was changing providers.

Staff knew and understood what was expected of them. One staff member told us, "Everyone's aware of what's going on". Staff identified success as, "Our team – everyone gets on and gets on really well" and that they felt supported by the registered manager. Staff said, "We all work together to help each other". They said that flexible working enabled them to meet people's needs effectively and that shifts could easily be changed to meet staff's personal needs.

Staff surveys were undertaken on an annual basis and the latest one had recently been circulated. The registered manager told us that results would not be available until January.

The registered manager felt supported and said that the chief executive of Caremark visited the service and met with people at least annually. The organisation is in the process of changing providers and there was a level of uncertainty amongst staff. However, staff felt positive about plans for the future of the service and had met with the new provider.

Whilst the registered manager did not receive formal supervisions, she said she felt supported by Caremark's management and said they had a, "Very friendly and personal approach". She told us that she met with management at the head office or had informal supervisions with the commercial manager over the phone. An audit of all aspects of the service was undertaken internally and every month the registered manager submitted performance figures and updated budgets for the senior management team. Any improvements that had been identified were acted upon. For example, the registered manager told us that late afternoons could be a difficult time for some people who lived with dementia. She said that the service was planning to have a daily group teatime, with sandwiches, tea and cakes and hoped this would help promote people's wellbeing and prevent social isolation.

Accidents and incidents were recorded appropriately and an analysis of these helped the registered manager to identify any patterns or trends and to make any necessary adjustments to people's care and support. External audits

Good

Is the service well-led?

were undertaken by the local authority annually who checked the quality of the care provided, staff files, training and other records. They then fed back their findings to the registered manager.