BSL Healthcare Limited

Caremark (Leicester)

Inspection report

Leicester Business Centre
Ross Walk
Leicester
Leicestershire
LE4 5HH

Date of inspection visit:
20 June 2016

Date of publication:
10 August 2016

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

The inspection took place on 20 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection for the service since registration.

Caremark (Leicester) is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester and Leicestershire. At the time of our inspection there were 66 people using the service.

Caremark (Leicester) had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 with the care staff and the support they received. Care staff were confident to report any concerns about people's safety, health or welfare to the care manager or to the relevant external agencies.

People were involved in making decisions about their care and support needs and in the development of their care plan. Potential risks to people's health had been assessed and guidance was recorded in the care plans for staff to refer to. We found that some risk assessments lacked sufficient detail to give staff the guidance they needed to keep people safe. We raised this with the care manager who told us they would review all risk assessments to ensure they were fit for purpose.

There were sufficient numbers of care staff employed who had undergone a robust recruitment process before they worked unsupervised with people who used the service.

People were prompted to take their medicines where their plan of care had identified that the person required support. We found people's medicines were managed well.

Care staff had received induction and training that equipped them to support people safely. Training records were reflective of the training staff had completed. All staff were supported through unannounced spot checks and observations of practice. Staff received support through regular supervision.

People made decisions about their care and support needs. Care staff sought consent before they supported people and respected people's choices and decisions.

People's plans of care reflected the support they required and, where appropriate, social support which helped to ensure people received effective care.

Care staff supported some people with their meals and drinks in order that they maintained a balanced diet. People were happy with the support they received with meal preparation, cooking and shopping where required.

Care staff supported people to liaise with health care professionals if there were any concerns about their health.

People were happy with the support they received. People had regular care staff who they had developed positive relationships with. People were complimentary about the care staff and found them to be kind and caring. Care staff understood how to maintain people's privacy and dignity whilst respecting their choice of lifestyle and promoting their independence.

Care staff were knowledgeable about the needs of people and took account of their preferences such as times, cultural and diverse needs. Care staff arrived on time and stayed for the agreed length of time in order to ensure they were safe and their needs were met.

People were aware of how to raise concerns. They were confident that any concerns raised would be responded to by the management team.

The provider sought people and relatives views about the service regularly. People were happy with how the service was managed.

There were systems in place to assess and monitor the service, which included checks on care staff delivering care and review of people's care. People had regular home visits carried out by the management team who checked on their well-being and also monitored the care and support provided by staff.

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.

People told us they felt safe using the service. Care staff knew what to do if they had concerns about the safety and well-being of people who they supported. Risks to people's health had been assessed although some risk assessments lacked detail to provide sufficient guidance to keep people safe. Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to meet people's needs. People were supported to take their medicines where it was required.

Is the service effective?

Good

The service was effective.

People were supported by trained staff who understood the needs of people and how to support them effectively. People's choices and views were respected and consent to care and treatment was sought, although records did not always reflect this. People were provided with support to ensure their dietary requirements and health and well-being needs were met.

Is the service caring?

Good

The service was caring.

People told us all the staff were caring, kind and supportive. People were treated with dignity and respect. People were involved in making decisions about their care and support needs and in the development of their care plans.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before receiving a service. Care staff provided care and support that was personalised and took into account people's preferences and individual needs. People felt comfortable to complain and were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

People were satisfied with how the service was managed. A registered manager was in post. They were supported by a care manager who provided staff with clear leadership and support. The registered manager and staff understood their responsibilities and had a consistent view of providing a quality care service. The provider undertook audits to check the quality and safety of the service, which included seeking the views of those who used the service.

Caremark (Leicester)

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 20 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one 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. Our expert-by-experience for this inspection had expertise in services for people with physical disabilities.

Before the inspection, we asked the provider to complete 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. The provider returned the completed PIR.

We looked at the information we held about the service, which included 'notifications' of significant events that affect the health and safety of people who used the service. Notifications are changes, events or incidents that providers must tell us about. We also looked at other information sent to us from people who used the service, relatives of people who used the service and health and social care professionals.

We spoke with eight people using the service and two relatives whose family members used the service. We also spoke with the registered manager, care manager and a care co-ordinator.

We looked at the records of six people, which included their care plans, risk assessments and daily care records. We also looked at the recruitment files of five members of staff, training records, a range of policies and procedures, minutes of meetings and information relating to the quality assurance for the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "I feel safe at all times with the carers." A relative told us they thought their family member was, 'very safe with carers' and they had never had any concerns.

The provider's policies and procedures for safeguarding (protecting people from abuse) and whistle-blowing told staff what action to take if they had any concerns about people's welfare or safety. We found the provider had followed the procedure and reported concerns to the relevant authorities and to us, the Care Quality Commission when there were concerns about people's safety and wellbeing. The provider was able to demonstrate that they had taken steps to ensure people's safety and wellbeing was protected.

Care staff told us they had undertaken training in safeguarding procedures and this was confirmed in staff training records that we saw. Care staff demonstrated they knew how to recognise signs of abuse and what their responsibilities were in raising concerns with the manager. All the staff we spoke with told us they were confident to report concerns about poor or unsafe practices which could put people using the service at risk.

People's care records showed their needs were assessed and identified risk such as assistance to transfer or mobilise and falls had been assessed. In addition, risk assessments also covered risk within the home environment where the care and support would be provided and aspects of people's physical health and safety. We found some risk management plans lacked detail to provide care staff with sufficient guidance to follow in meeting people's needs safely. For example, one person had been assessed as requiring support to walk but the risk assessment did not include how the support was to be provided. Another person had been assessed as at risk of choking during meals but the risk assessment did not include guidance on how staff could reduce this risk. We saw more detailed information was included in local authority assessments which were retained with the person's care plan. However, information had not always been transferred onto the provider's assessment. We discussed this with the care manager who told us they would review people's risk assessments to ensure that they were fit for purpose.

Care staff were knowledgeable about the needs of people and described how they supported them to keep safe. Care staff were introduced to people before the first visit which ensured they were comfortable with them. The care staff confirmed they were informed about people's needs and any specific requirements in relation to their lifestyle or cultural needs. This was usually through a Field Care Supervisor (FCS) who was a senior member of staff responsible for assessments and supervising care staff. One care staff told us, "When we have a new client, I go in with the FCS to be introduced to the person. This gives me time to read the care plan which tells me what I need to do and how I need to do it. I also get to know the person before I start supporting them." Another care staff told us, " I am introduced to people before I start supporting them and the FCS makes sure I am happy that I have everything I need before I start supporting the person." This helped to ensure any special instructions were known, including how to enter the person's home where a key safe was used.

People's safety was supported by the provider's recruitment practices. We looked at staff recruitment files and found all relevant checks had been completed before care staff worked unsupervised. Those included pre-employment history, references, identity checks and checks with the Disclosure and Barring Service (DBS). The DBS check helps employers to make safer recruitment decisions and prevents unsuitable people form working with people using the service. These records were well maintained.

We found there were sufficient numbers of care staff to meet the needs of people and to help keep them safe. People we spoke with told us they had regular care staff that were reliable. Care staff confirmed that there were enough staff to meet people's needs including calls where two care staff were required to support a person.

People told us they received their medicines safely and on time. One person told us, "I am happy to receive support with my medication from care staff. They sign in my care plan each time they help me." Another person told us, "I get my tablets when I should."

People's medicine care plans explained how they liked to be supported to take their medicines and the level of support they required. When medicines were prompted care staff completed MARs (medicine administration Records) to show people had taken them. We looked at recent MARs and found that these had been completed accurately.

Where people needed support to take their medicines, a medicine pen picture had been completed. This was a record in the care plan which included details of prescribed medicines, reasons why the person needed to take the medicines and any harmful reactions including emergency contacts. Care staff told us and training records confirmed that staff had undertaken training to support people to manage their medicines. This meant that people received support to manage their medicines from staff who had the skills and knowledge to keep them safe.

Good

Is the service effective?

Our findings

People and their relatives told us they had confidence that care staff had the skills and knowledge to meet their needs. One person told us, "I couldn't want for better trained staff to help me." A relative told us, "I am happy that the staff who visit my family member are very well trained."

Care staff told us the induction training they completed included practical training on how equipment was used and e-learning. They also informed us they worked alongside an experienced member of staff as part of their induction. One care staff told us, "My induction was very good - very in-depth. I could ask questions and speak up if I wasn't sure about anything. I shadowed staff which meant I could get to know people before supporting them." Another care staff told us, "My induction included values of the organisation, behaviours expected and practical training. It gave me the skills I need to do my job" The care manager had recently implemented the Care Certificate for all new staff. The 'Care Certificate' recently introduced is a set of standards for care workers that upon completion would provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support

Care staff told us they completed further training through e-learning such as supporting people living with dementia, fire safety and practical training in moving and handling and medicines. We found that staff training records were reflective of what care staff and the care manager had told us.

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 any 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 it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us that care staff always sought consent before they were helped. People made decisions about their plan of care which they had agreed to before the service started. We found that not everyone had signed consent forms in their plans of care. When we raised this with the care manager, they assured us that they were taking action to address this and showed us new records and procedures that would enable people's consent to be recorded in their care plan. They told us that arrangements to support people to complete consent records were already being made.

We spoke with care staff about how they supported people to make their own decisions. One care staff told us, "I always make sure the person is in consent with what I am doing. I ask them, but I also watch their body language to check that they are happy with my support." Another care staff told us they always asked the person if they were ready to be assisted and checked if they were happy with the assistance afterwards. We saw care records where a person's right to decline their care and treatment had been respected and guidance was in place for staff to follow. This showed care staff supported people only when they were permitted to do so.

Some people we spoke with needed care staff to help them with the preparation of meals and drinks. People and their relatives told us that care staff prepared meals which they enjoyed. One person told us, "We [myself and care staff] decide at breakfast time what I will have for lunch. They [care staff] always make sure I have a choice of meals." Another person told us, "the carer cooks what I want." A relative told us that their family member showed reluctance to drink fluids and they appreciated that the care staff really encouraged them to make sure they stayed hydrated. Where people had been assessed as at risk of poor nutrition, we saw that care staff maintained care records to record and monitor levels of fluids and meals consumed. Care records also included guidance if someone did not consume sufficient fluids or meals. This ensured people were able to eat meals and take drinks they enjoyed and which met their healthcare needs.

Staff were able to explain what they did to help people maintain good health. For some people, their needs were complex. Staff explained how they provided feedback either to the office or to a person's relatives if they observed a change in someone's condition. One person told us, "I was poorly and the carer rang the doctor and [the care staff] stayed with me until my relative came. I was worried [the care staff] would be late for the next call but they told me not to worry, they wouldn't leave me whilst I was ill."

Care records showed that staff provided care that helped people to maintain good health. For example, one person required care staff to support them to re-position on a regular basis to help keep their skin healthy. We saw that care staff consistently completed turning records as part of the care plan. We saw that a health professional had recognised a big improvement in the condition of one person's skin. This was due to care staff applying topical medicines consistently and monitoring and responding to any changes in the person's skin condition. This meant that people were supported to maintain their health and well-being.

Good

Is the service caring?

Our findings

All the people we spoke with and their relatives told us that care staff were kind and caring. One person told us, "All my carers are so kind, they treat me very well." A relative told us that they relied on care staff as they lived some distance away from their family member. They told us, "I can rely on the care staff. I couldn't ask for better care and carers, They are respectful and caring to my family member who loves them."

People told us they had developed good relationships with their care staff. All the people and relatives we spoke with said they had the same group of care staff who were reliable, consistent and understood their needs and preferences. We saw that one person had requested only female care staff and staff rotas confirmed that only female carers were allocated to each call. Care staff told us that the introduction meetings helped them to know about people's needs and any special requirements. One care staff said, "This is the best care agency I have worked for. The clients always come first."

People told us they had a copy of their care plan and daily care records and were given information about the service during their assessment. Information included types of care and support the service provided, contact information and how to report concerns or complaints.

People we spoke with told us they were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences. Care records we looked at contained information about people's interests, backgrounds and likes and dislikes. The daily care records completed by the care staff showed people made daily decisions about their care and support.

People confirmed that care staff helped them to maintain their privacy and dignity when they supported them. Care staff were able to describe how they always knocked on doors and waited for a response before entering. Care staff were also able to describe how they supported people to maintain their privacy and dignity whilst assisting them with personal care. For example, ensuring that doors were closed, curtains were drawn and people were covered. This showed that care staff respected people's privacy and dignity.

Care staff demonstrated a good understanding of supporting people to maintain their independence. One care staff told us, "I know that one person can do more for themselves some days than on other days. I only provide support and assistance when they actually need it - I am led by them and how they feel on the day." Care plans included a summary of people's abilities and the level of support they needed. This meant that people were supported to maintain their independence.

Good

Is the service responsive?

Our findings

All the people using the service and relatives we spoke with said care staff provided a personalised service that was responsive to people's needs. People told us that care staff supported them to make decisions and take control of their care on a daily basis.

Care records we looked at showed that people's assessment of need had been carried out and the information was used to develop their plans of care. Care plans we read provided care staff with information about the person, their needs, lifestyle choices and cultural needs such as the preferred times to receive the support. Care plans also detailed any specific requirements such as dietary requirements or support to access community and social facilities. One relative told us, "[name], me and the supervisor from the service filled in the care plan all together before we started to use the service."

People told us care staff arrived on time or called to let them know if they were running late and always stayed for the full time they were allotted. People had consistent care staff and consistent relief care staff who covered for absence and holidays. This meant people were able to build a relationships with care staff who were knowledgeable and responsive to their needs.

Two people who we spoke with were supported to go out and access the wider community. They told us they were supported on the day to choose where they wanted to go ranging from a walk in the local park to support to go shopping. This was important to them as it helped them to maintain their independence and build positive relationships with care staff.

One person told us that their care was regularly reviewed and if anything changed, the care staff always updated the care plan in their file. A relative told us that they were involved in the review of their family member's care on a regular basis. Care records we looked at showed people's care needs were reviewed regularly. The care manager explained that the provider had recently reviewed the frequency of care reviews based on a risk and need matrix. For example, people with little changes to their needs were reviewed annually and those with frequent changes or assessed with high risks were reviewed every six months. The care manager explained that this was in response to feedback from people who felt care reviews were held too frequently. This meant there was a system of checking that the plan of care and support put in place was appropriate and people were involved in reviewing their needs in line with their preferences and needs.

The care manager along with care co-ordinators and field care supervisors provided the on-call service and had access to information should they need to call upon another care staff to cover the call in an emergency. People told us that the on-call staff were responsive to their concerns.

Care staff received information about the needs of people before the first visit. A copy of the care plan was kept in the person's home along with the daily care records completed by the care staff after each visit. Care staff told us they read the care plan and the daily care records to make sure there were no changes to the care and support provided. The daily care records showed the support provided was consistent with the care plans, which meant people's needs were met and their independence was promoted.

We spoke with people and their relatives and asked them what they would do if they had concerns. People told us they knew how to make a complaint and felt that care staff and office staff were responsive to their concerns. One person told us, "I have never needed to complain but I wouldn't be worried if I had to." Another person told us, "I would ring the office if I had a problem."

The complaints procedure was in the service user guide. Records showed that staff at the service documented all complaints and concerns and recorded action taken in response. People were provided with an outcome letter and guided on how to proceed with their complaint if they felt unhappy with the provider response. This showed staff took complaints seriously and worked with people and their relatives to resolve them.

Good

Is the service well-led?

Our findings

People told us they were happy with the quality of care and support provided. We asked people how the service sought their views about the quality of care and the management of the service. One person told us, "I filled in a survey about the company and I was asked to fill in and tell them [the service] what I thought about everything they do." A relative told us they had completed a satisfaction survey which asked for their views on all matters regarding care, support and management.

The care manager told us that people's views about the service were sought through regular feedback forms, telephone calls, home visits, spot checks and satisfaction surveys. We looked at the quality folders and found that comments were generally positive from people and their relatives. For instance, we saw feedback forms that praised the standard of care and identified that a person's health and well-being had improved since care staff had been supporting the person. The care manager was in the process of collating responses from recent surveys and informed us there were no concerns other than people seemed unaware of who she was and her role in the service. She explained that she had begun to address this through undertaking home visits and introducing herself to people.

The service had a registered manager in post. They had a clear view of what 'good' care looked like and showed a commitment to delivering quality care. They were supported by the care manager who was responsible for the day to day management of the service. Support was also provided by a team of care co-ordinators and field care supervisors who co-ordinated resources, provided supervision and support to care staff and helped to monitor the quality of the service provided.

Staff told us they felt supported by the care manager, field care supervisors and office staff as and when required. One care staff said, "They [line managers] really support the staff. They helped me when I first started and I feel I can talk freely to them any time." Another care staff told us, "My manager makes sure I am kept up to date with what is going on and I find the office staff are really responsive if I feel something isn't working or needs to be changed. They listen to what I have to say. " Care staff told us and we saw that they received regular supervision and feedback on their performance and work practices.

Care staff understood their responsibilities in providing a quality care service. Care staff told us communication between each other and office staff was good. Staff tended to meet in small area groups with their line manager and were provided with updates and information through their line managers and through regular newsletters.

The registered manager was aware of their responsibilities to ensure people received safe and appropriate care and support in their own home. The provider received support from the parent company who provided advice and carried out themed audits of the care and support provided by the service. The provider was also made aware of any changes to legislation which affected the business and provided with revised policies, procedures and systems to reflect changes.

The care manager regularly assessed and monitored the quality of service provided. People's care records

were regularly audited to ensure information was up to date and completed accurately. We saw that staff training and recruitment files were also audited to ensure records were compliant with legislation. The care manager showed us systems of auditing where field care supervisors carried out audit, spot checks and observations on front line records and care practices. Outcomes of these audits and checks were then forwarded to the next level of managers for checking. A final report was submitted to the care manager who carried out random samples to ensure audits were effective. We looked at recent audits and saw that there was a clear audit trail and the care manager had identified and implemented remedial action where appropriate. Records showed that the care manager provided the registered manager with weekly reports to appraise them of the outcome and findings of audits and quality assurance. That showed that managers took steps to make improvements to ensure people's safety and well-being was protected and promoted by a well-managed service.

The management team understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR was an accurate assessment of how the service operated.