Mars Cheshire Limited

# Caremark (Cheshire North East)

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection of Caremark (Cheshire North East) took place on 24,25,26,27 April 2018 and was announced.

At our last inspection in June 2017 we found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. These breaches related to the service not following the principles of the Mental Capacity Act 2005 to assess if people did have capacity to consent to their care and the service not notifying The Care Quality Commission (CQC) about significant events that they are required to notify of by law.

Following that inspection we asked the provider to complete an action plan to identify what they would do and by when to improve the key questions- Is the service effective and well-led.

At this inspection, we found that all the required improvements had been made.

The action plan submitted identified the service had followed the principles of the Mental Capacity Act 2005. Mental capacity assessments were being carried out if it was felt that some people did not have capacity, or had fluctuating capacity. The registered manager had systems in place to ensure they notified CQC about significant events that they are required to notify by law.

Caremark (Cheshire North East) is a domiciliary care agency based in the Handforth area of Cheshire. It provides personal care to people living in the community. The services provided include care and support provision for older people, people with a physical or learning disability, people living with dementia, children and end of life care. At the time of our inspection, the service offered care and support to 42 people who lived in the area.

There was a manager in post who had submitted his application to CQC to become registered as a manager of the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to check the quality and safety of the service. The manager also sought feedback

from people informally on a regular basis and on a formal basis annually. All the feedback we viewed was positive. Spot checks and observations were carried out with staff to ensure that the standards of care were maintained.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and knew how to respond to and report any concerns they may have.

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.

Care records had been updated and contained personalised information about people's needs which helped ensure that staff had access to up-to-date and accurate information around people's individual needs and choices. This helped ensure that people received the correct level of support.

Medication administration records (MAR) sheets held details of types of medication and the times they were to be given.

There were clear lines of responsibility within the service and the manager and managing director worked positively with the local authority and other professional services in order to develop and drive improvement.

The manager had the ratings displayed in the office from the last CQC inspection.

## 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

Staff were aware of their responsibilities to protect people from the risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Recruitment records demonstrated there were systems in place to help ensure staff employed at service were suitable to work with vulnerable people.

### Is the service effective?

Good

The service was effective.

Staff had been inducted and trained to provide effective care and support.

Daily records were kept that monitored any changes to people's health and wellbeing. Where any changes were noted in people's care need, relevant action taken.

### Is the service caring?

Good

The service was caring.

Positive relationships had developed between people and staff.

People were treated with dignity and respect by staff.

People's confidentiality was protected.

### Is the service responsive?

Good

The service was responsive.

Information in people's care records was personalised and provided a good level of detail around people's needs.

There was a complaints process in place for people to access, with support.

## Is the service well-led?

Good

The service was well led.

The manager had been inducted and supported to ensure the service was led well.

Quality assurance systems were robust and monitored and reviewed all aspects of the service.

# Caremark (Cheshire North East)

**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 24,25,26,27 April 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to ensure that someone was available. The inspection was carried out by one adult social care inspector.

During the inspection we looked at ten people's care records and made observations on staff interactions with people who received care and support from the service. We reviewed the recruitment records for eight members of staff and spoke with ten members of staff working at the service as well as the manager, assistant manager care co-ordinator and managing director. We also reviewed records relating to the day-to-day management of the service, for example daily staff rotas and audit systems, policies and procedures, medicine administration records (MAR), staff rotas and complaints.

With their permission we visited four people who received services from Caremark (Cheshire North East) in their own homes and looked at their care records and medication administration records and spoke with fourteen other people who used the service or their relative by telephone to gain their perception of the staff and services provided.

Good

# Our findings

People told us they felt secure when the care staff visited them and staff made sure wherever possible that their home environment was safe. Comments included "They (staff) make sure I am OK. They check that my doors are locked when they leave so that I am safe in my home" and "They are wonderful. Some are better than others but all the staff are fine" and "They check on my medicine and make sure I take the right dose. They also make sure my fire is on and check my television to see it is on the right station".

Staff were safely recruited. The manager had updated the recruitment policy to ensure that two senior staff conducted interviews for new staff. He said this enabled staff to record clear details of the interview and talk through decision making processes as to suitability of the candidate. New guidelines had also been introduced to ensure any gaps in employment were fully explained and recorded. This helped ensure that people were protected from the risk of harm. New staff had been subject to a check by the disclosure and barring service (DBS) and had been required to provide two references, one of which was from their most recent employer. New staff had also been required to provide two forms of identification so that their ID could be verified. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file viewed held suitable proof of identity, an application form as well as evidence of references.

During the inspection we reviewed the number of staff in post and found this to be sufficient to meet the needs of people using the service. We spoke with staff who told us they felt staffing numbers were adequate and they were able to fulfil all the home visits allocated at the agreed time. We reviewed staffing rotas which showed that travel time had been built into the rotas to assist staff to have sufficient time between visits. Records showed that staff manually signed in and out of people's homes at every home visit. These records were scanned weekly and this system meant that senior staff could check the start and finish times of calls each week or during spot checks. Staff told us that if they had any problems with traffic or emergency calls they would contact the office to alert them. They said that all office staff had received training in care; therefore they could cover for any emergencies or any late visits. People told us that they had regular staff most of the time and staff mostly arrived at a time they expected.

Risk assessments were in place regarding people's needs. For example one person had a risk assessment in place which clearly outlined indicators and signs which showed how this person was at risk of self-neglect. Another risk assessment was in place in respect of medication which had been prescribed as pain relief to be taken as and when required. The risk assessments were monitored and reviewed and also outlined what action staff should take in response to any changes.

We reviewed accidents and incident records which showed that there had been no serious incidents recorded since the previous inspection. Where an incident had occurred, staff had documented this and appropriate action had been taken in response. For example staff requested an occupational therapy assessment when they noted changes in a person's mobility

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and knew how to respond to and report any concerns they may have.

People were supported to take their medication as prescribed. We looked at medication administration records (MARs) which were being signed by staff after medication had been given. The MAR sheets held details of types of medication and the times they were to be given. We did not note any errors with the MAR sheets but discussions with the manager identified that in the event of an error being noted refresher training was immediately arranged for the staff member involved to ensure they were complaint with the agency medication policy which fully detailed how all MAR sheets should be completed.

Infection control procedures were in place to prevent the risk and spread of infection. Staff had received training in infection control. Personal protective equipment, such as disposable aprons and gloves was available for staff to use when carrying out personal care tasks.

Good

# Our findings

People told us they were happy with the services provided by Caremark (Cheshire North East) Comments included "The staff are reliable and helpful. They are always cheerful and although they know what I want, they always ask me just to be sure", "I love them all they are very helpful people".

At our last inspection in June 2017, we found the provider was in breach of Regulation 11 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked whether the service was working within the principles of the Mental Capacity Act (2005) We found the provider was not carrying out mental capacity assessments to see if people had capacity to make certain decisions. However during this inspection we found the service was fully compliant in this area.

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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would contact the office. The registered manager confirmed that if they had any concerns about someone's capacity, they would involve the local authority or GP in order that they could assess the situation and take appropriate action in the person's best interests. We did note where someone lacked capacity the details were clearly recorded within their care plan.

We asked staff how they made sure that they sought permission from people before providing care. Staff told us they could ask the person directly and gain consent and there was also information contained within the care plan to guide them about their needs and preferences. People we spoke with who used the service confirmed that carers would always gain their consent prior to carrying out any tasks. We noted in the care plans that people had been asked to sign their consent to receiving the care prior to the care commencing.

Staff told us that after interview and prior to starting work they had a period of induction. This included training in areas such as manual handling, safeguarding, infection control and medicines. The provider also enrolled staff on the Care Certificate which they were expected to complete within their first three months of employment. This is a nationally recognised and accredited system for inducting new staff. Staff were also encouraged to enrol on further courses following their induction and a number of staff told us that they had

completed or registered to undertake National Vocational Qualifications. The staff members also confirmed that they shadowed a number of shifts before starting work within the service. They stated that they were given time to read the care plan if this was a new visit to them.

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. We were able to view the supervision records. We could see that all staff received regular supervisions. Staff also received regular direct observations of their practice, called spot checks, approximately six times each year. Records showed that each staff member had an annual appraisal.

People's care records contained information regarding any nutritional and dietary needs. During the inspection we observed staff promoting the independence of one person by allowing them to choose their lunchtime meal. Records showed that this person had a very poor appetite and needed encouragement to eat. We saw staff had arranged small items of food in a buffet style which the person was able to pick at and enjoy a varied balanced diet. Staff remained on hand to provide support if this was required. In another example we observed that one person was diabetic and needed to follow a specific diet. We spoke with staff who were aware of this person's needs and supported this person with their routine.

Care records showed examples where people had been supported to access health care professionals. This helped to ensure their health and wellbeing was maintained.

Good

# Our findings

People told us that staff were 'fabulous people, angels, kind, caring, really nice, like my family, hardworking, nothing is too much trouble for them, excellent".

A written feedback received held comments about the caring nature of staff "May I say a very big thank you to whichever carer collected (name) from church lunch club today. It was raining hard at the time and the carer took her own coat off and gave it to (name) to stop her getting wet. That was really kind so thank you.

We were able to view how staff communicated and interacted with people during four home visits. Staff were respectful, encouraging and friendly and we noted an atmosphere of mutual trust and rapport.

There was a friendly atmosphere within the service and staff spoke kindly and with respect to people. During discussions and observations with staff we noted they had a good understanding of people's needs and appeared to enjoy spending time with the people they were supporting. For example in order to give people living with dementia reassurance staff were patient and spoke in level tones to help people to settle. In other examples we observed staff using gentle humour and relaxing people and keeping them calm and focused on their aims for the future. One person said "These girls (staff) are really kind to me. They not only provide me with care they cheer me up and take away my loneliness".

People's relatives told us that the staff respected people's dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with people and not rushing. One person said "I can rely on the staff to make (name) feel more cheerful. They have got to know (name) sense of humour and have a laugh and joke whilst proving care. It brightens (name) up a lot".

People were supported to maintain their dignity. We observed that people looked clean and well cared for and they told us that staff ensured they were dressed in clothing of their choice. Whilst we did not observe any examples of staff providing personal care, staff did give appropriate examples of ways in which they would ensure people's dignity was maintained; for example by ensuring curtains and doors remained closed whilst supporting with personal care tasks.

All the staff we spoke with were positive about their job and echoed the ethos of the provider that they were providing care in people's homes and enabling them to be as independent as possible. One staff member told us, "We are trained and supported to carry out our role in a sensitive caring manner. We endeavour to

provide a reliable, care at home service which maintains people's dignity, choice and rights. I just love doing this job, everyone I meet is lovely."

People's confidentiality was protected. Records containing personal information were stored securely. Where information was stored on computers or other electronic systems this was password protected to prevent unauthorised access to this.

Good

# Our findings

People told us the service was responsive. Comments included, "The staff do what I need, they're very good, they look after me very well", "Staff do what I want them to do. They read my care sheets when they first start and get to know what I want. They are a good bunch", "The same people come most days so they know me well and know exactly what to do" and "They have checks when the manager comes around to see if I need anything changing. If I do then the records are changed and the staff are told about the changes. This is good as I have got a little worse lately so I get more support".

People's relatives were also positive about the services provided. Comments included "The staff are fantastic and quickly adapt to any identified changes in the care plan. They always give (name) a choice of how and in what order (name) wants things to be done. Very good service, they do really care" and "Staff always include me in discussion about any changes I feel are needed and review the care provision frequently."

An initial assessment was in place prior to people starting with the service which included information about people's care needs, risk assessments and drew upon information from other professionals. This helped ensure that people's needs could be met by the service.

Care records contained personalised information about people's care needs which was specific to them. For example one person's care record contained information about their behavioural needs and how they needed to be supported with this. In another example, care records contained information about their activity preferences and dietary needs. There were risk assessments specific to each person and associated care plans. The care plans included the person's voice as it detailed in their words how they would like to be supported in each area, and then there was a detailed section as to how staff could meet this need. This helped ensure that information was available for staff around how they should support people.

Care records also included Information about people's preferred daily routine and important relationships. We spoke with staff who demonstrated a good understanding of people's daily routine and their needs in relation to this. Whilst we saw that staff were documenting how they had supported people on each visit we noted that one person's daily records did not hold sufficient details of all their daily activities such as nutrition, activities and outings. This was dealt with by the manager who arranged an immediate meeting with the staff member to address this shortfall. We also noted that further training and support had been arranged for this person prior to the end of our inspection. This showed that the service had been proactive in ensuring that all recording systems were in line with the policies and procedures of Caremark (Cheshire

North East)

The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. However we noted that no complaints had been recorded since the previous inspection. People we spoke with told us that they knew how to complain and the complaints policy was contained in the service user guide.

We noted that end of life care had been discussed with people who used the service and staff had received training to enable them to carry this out when required.

Good

# Our findings

People told us that Caremark (Cheshire North East) was well organised and well led. Comments included "It's a very good service. Staff turn up when they should and do what they need to do", "The new manager is great. He has been to see us and he has read our care plans and records and asked if we are happy with the service" and "They keep their eye on us all the time to see that everything is going well. They give us questionnaires to fill in and call to do reviews and ask our opinion about things. Good service".

At our last inspection in June 2017, we found the provider was in breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009 as the registered manager had not always notified CQC about significant events that they are required to notify us of by law.

We found improvements at this inspection and the provider was no longer in breach of this regulation.

The manager of the service had made application to CQC to become the registered manager of Caremark (Cheshire North East) and in the short time since his appointment in April 2018 had carried out quality audits to ensure the service was compliant. The manager had been appointed prior to the previous registered manager's departure and had worked alongside her to gain insight into the role.

We saw that the managing director, manager and deputy manager were involved in the day to day running of the business and pride themselves on a friendly family feel. The staff all echoed this vision and talked positively about their jobs and the people they worked with.

The manager told us that he had addressed all the areas of concern raised during our previous inspection and had also undertaken an audit of the service and updated all their policies and procedures, staff training and induction programmes and quality assurance tools.

The manager told us that information about safety and quality of the service provided was gathered continually via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. He or other delegated staff carried out care visits and were able to check that standards were maintained. Surveys in the form of questionnaires were also sent to people who used the service and staff to gain their perception of the service. Feedback viewed was most positive.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the

public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection of the service was displayed for people to see.

Spot checks and direct observations were carried out with staff on a regular basis to ensure that standards of care were maintained. We were able to view a sample of these and could see that they were carried out regularly and where issues were noted, staff attended additional training such as effective recording of information, medication refresher training or action was taken in relation to their performance.

There was an 'on call' system in place to ensure that staff could get support from a senior member of staff in the event of an emergency. Staff commented that the on call system was effective and that someone was always available to support them. This showed that effective contingency measures were in place to support staff and people in emergency situations.

We saw that staff meetings were held regularly and staff had the opportunity to raise any issues and discussions took place regarding individual people who used the service as well as training, planning, documentation and confidentiality.

The manager and managing director demonstrated they had excellent listening skills and were open to all the feedback given throughout the inspection and immediately looked at improving the areas identified. An example was when discrepancies were noted as to how staff recorded daily care and support records, refresher training and extra supervision was arranged with immediate effect.

There were clear lines of responsibility within the service and the manager worked positively with the local authority and other professional services in order to develop and drive improvement.