Oasis Care-UK Limited

Caremark (Harlow & Epping Forest)

Inspection report

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24 January 2018
25 January 2018
30 January 2018
02 February 2018

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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

This inspection took place between 24 January 2018 and 02 February 2018. We gave the provider 48 hours' notice of our visit. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available. This was the first inspection of the service since it was registered in March 2017.

Caremark (Harlow & Epping Forest) is a domiciliary care service providing personal care to people in their own home. At the time of our inspection, 11 people received personal care from the agency.

There was a registered manager in post at the time of the inspection. 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 receiving a service told us they felt safe and relatives believed their family members were kept safe. They said they had not had any missed calls, and usually received care from staff they knew well. The provider had systems to safeguard people from harm and abuse. Care workers completed safeguarding training and knew how to report any concerns. Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.
Staffing levels were managed in a way to ensure staff were available to provide a consistent service to meet the needs of people who lived in their own homes. The provider had systems in place to ensure suitable staff were recruited for the role. Where people needed support with their medicines, the registered manager ensured they received these as prescribed and safely.

Staff were aware of the importance of seeking consent from people they supported and demonstrated an understanding of the Mental Capacity Act (MCA) 2005. Staff received appropriate induction and training to equip them to support people well. The registered manager carried out an assessment of needs before people started using the service. People were supported to eat and drink sufficient amounts for their wellbeing. The registered manager liaised with organisations such as the local authority and the NHS when needed. People were supported to access healthcare services when they needed it. Staff would provide people with meals of their choice.

People's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided. People told us they had their care visits as planned. Staff were described as kind and caring by people who used the service.

When people's needs changed, staff would notify the registered manager and communicate with other health professionals in order to ensure people received the right care and treatment. People received care from staff they knew. The service provided appropriate information to people when they started using the service to ensure they were aware of the standard of support they should expect.

People told us they knew who to complain to, minor issues were recorded but not in a format that could identify patterns or trends to promote continuous improvement.

The registered manager was visible and approachable. Quality assurance systems needed to be more robust to help ensure the registered manager could identify and make improvements to the service. However, this was not currently impacting on the service provided to people.

We have made recommendations about the management of complaints and the introduction of a more robust quality assurance process.

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.

Staff understood how to keep people safe from abuse and how to raise concerns.

Risk assessments were carried out and followed for individuals to promote the welfare and safety of people and staff.

Adequate numbers of staff were deployed to provide the care and support people required. Appropriate recruitment checks were in place to ensure suitable staff were employed to support people.

Where required, people were supported to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People felt staff met their support needs effectively.

Where required people were supported to eat and drink sufficient amounts for their wellbeing.

Staff had a good understanding of mental capacity and consent.

Is the service caring?

Good

The service was caring

People who used the service described staff as kind and caring.

People had developed positive caring relationships with staff.

Staff treated people with respect and dignity.

Is the service responsive?

Good

The service was responsive

Staff knew people well and responded to their individual needs. Care plans contained information required to meet people's needs.

People using the service and those acting on their behalf were confident and able to raise concerns. Improvements were needed in relation to the recording of complaints.

Is the service well-led?

Good

The service was well led.

Quality assurance systems needed to be more robust to help ensure that the registered manager could identify and make improvements to the service. However, this was not currently impacting on the service provided to people.

Staff were valued and received the necessary support and guidance to provide a person centred service.

Caremark (Harlow & Epping Forest)

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 24, 25, 30 January and 02 February and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure someone would be available to meet with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has had experience of working with this type of service.

As part of the inspection process we looked at information we already had about the provider. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make.

We spoke with five people that used the service, three family members, the registered manager, and six care staff. We looked at four people's care records to see how their care and treatment was planned and delivered. Other records looked at included four staff recruitment files to check suitable staff members were recruited. We checked the provider's training records and saw staff was appropriately trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. We also contacted four professionals associated with the service.

Good

Is the service safe?

Our findings

People using the service and their family members told us they were cared for safely. Their comments included, " I feel very safe when the carer is here and most times it is the same carer"," I feel very safe, the staff are very understanding and we all know each other by name" and, "My [family member] has four visits a day with two carers, I feel [family member] is very safe with the carers, they communicate very well and if they need anything or something needs doing in the house they let me know. Recently there was a leak in the radiator and the hot water wasn't working they communicated very well, I am very pleased."

Staff we spoke with and records we looked at, showed staff had completed safeguarding training on how to protect people from risk of abuse. One staff member told us, "I would contact the manager straight away and wait to see what they would do, if I was not happy I would contact social services." Policies and procedures were in place and the registered manager was knowledgeable about the reporting processes. The service had not received or made any safeguard referrals.

People's care plans contained assessments for risks associated with falls, environment and medication risks. Plans were in place to reduce risks where required. We saw in one care plan a person had a high risk of falling. The plan advised staff to make sure the person had everything to hand before they left. On another care plan, we noted a person had been found on the floor, while we saw the follow up to this, the registered manager had not used this information to update or review the person's risk assessment. The registered manager told us this was the only incident and staff were monitoring the person and they would update this risk assessment. The registered manager had used this to remind staff about procedures following an accident, and staff we spoke with were clear about the actions they needed to take if a person was found on the floor.

People and relatives we spoke with could not recall any missed calls and staff 'generally' arrived on time. One person told us, "I am very happy and feel very safe with my carers who come here. Most times it's the same ones. I have three calls a day always on time and couldn't fault them." Another person said, "Always on time, never lets me down." A relative told us, "[Family member] has sufficient staff to look after them they give them their meals and medication. [Family member is very content with the carers." Staff received their rota every week which set out the times and duration of their calls for the week. Staff told us they usually received the same or similar rotas, so they got to know the same people and knew the length of time it took to get from one call to the next. One staff member said, "They have recently taken on drivers and it is working well, I usually visit the same people." Another staff member said, "We have enough staff now as they have recruited recently."

Staff spoken with confirmed they had pre-employment checks, including a Disclosure and Barring check (DBS) completed before they started to work for the provider. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. However, we noted the registered manager had not explored some gaps in employment history.

Staff spoken with had the knowledge they needed to support people with their medicines, where

appropriate. All staff spoken with had completed training in the administration of medicine. Staff told us if they had any concerns about medicines, they would discuss this with the registered manager. We checked the medicine administration records(MAR) for three people and found we were able to cross reference any gaps found with people's care notes to find an explanation for the gap, which was either the person had gone out or a family member had administered the medicines. The registered manager checked the MAR records as they were brought back to the office but they did not complete medicine audits for this. The registered manager had recently employed a care manager who was looking at introducing a more robust quality assurance process including medicine audits.

Staff we spoke with confirmed they were provided with gloves and aprons when supporting personal care as part of infection control management. All staff had completed infection control training and knew of their responsibility to prevent the spread of infections.

Good

Is the service effective?

Our findings

The registered manager assessed people in their own homes or in hospital prior to the service commencing to determine they were able to meet their needs and choices. The registered manager made sure they had all the information they needed to ensure they provided a safe and effective service. Information was gained from the person or their families as well as other health and social care professionals. These assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. People were positive about the care they received. One person told us, "I was involved with my care plan and I am very happy with it." Another person said, "I have my lunch delivered the carers help me with anything I need, I have plenty of support." A relative said, "All the carers that come are very nice actually, my [family member] gets very well looked after. They heat the food in the microwave, it works well, they do the washing and tidy up. They are more than helpful."

Training records showed mandatory training such as moving and handling, food safety, fire awareness, first aid, safeguarding, medicines and infection control was provided to staff. The provider was part of a large organisation and the service had access to additional training subjects when a need was identified. The registered manager planned to introduce more specific training such as specialist wound care, palliative care and advanced dementia to enhance the skills and knowledge of staff. We did note the registered manager had delivered catheter care training to staff and provided support to all new staff prior to them caring for people with a catheter. People told us they felt confident the staff supporting them had the knowledge and skills to deliver the care they required. Comments included, "They are skilled in what they do, they know what they are doing, they give me my medication and are extremely patient", "I would say the staff are experienced enough" and, "The carers do know what they are doing they have taken me out on many occasion, and if I needed a doctor they would phone for me. They are very good never had a problem with them."

Newly employed staff were required to complete an induction before starting work. This included mandatory training and familiarisation with the organisation's policies and procedure. The induction was in line with the Care Certificate, which is designed to help ensure new care staff have initial training that gives them an understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the staff member felt confident to work alone. Staff told us they had shadowed more experienced staff before they started to work on their own. A staff member told us, "I am new to care so after my training the first week I just watched, I am still learning so I am always with another carer." Another staff member said, "We had two induction days before our shadowing."

Staff told us they felt supported by the registered manager who they described as "very hands on". When we asked to see records related to supervision, spot checks and staff observations the records were minimal. The registered manager told us it was still only a small team and they had worked very closely with all staff but had not yet recorded these observations. The new care manager who only started on the day of our visit told us they had made this their priority and had started planning supervisions, spot checks and observations of practice. Following our inspection, the care manager sent us a detailed plan of supervisions and work place observations, we noted when telephoning staff they confirmed these meetings had been

arranged with them.

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.

Staff told us they asked people for their consent before delivering care or support and they respected people's choices about their care and support. Care records showed people or their relatives signed to give their consent to the care and support provided. However, we noted there was no documentation in place to demonstrate where required, mental capacity assessments had been carried out with best interest decisions. For example, we noted in one person's care plan documentation related to capacity and consent but it was blank. We did note the care plan demonstrated the service had liaised with the person's relative and other professionals when planning this person's care and support. The registered manager told us they had just introduced the documentation and would be completing this soon. They also had mental capacity act training planned for all staff for two dates in February 2018.

People and their relatives felt adequate support was in place for them or their family members to eat and drink well. People's care plans included information about their nutritional needs and any support they may require with eating. Where relatives were involved in providing support for people this information was stated in the care plan so staff were aware. Daily care records showed people were supported to eat and drink sufficient amounts as planned for and confirmed they were able to make choices about what they wanted to eat and drink.

The service encouraged people to maintain their health by referring people to services from a variety of healthcare professionals including physiotherapists, occupational therapists and district nurses. The registered manager provided examples of times when they had requested professional support from health and social care services where people's health or social care needs had changed. This demonstrated the service was acting in the best interests of people they supported. One relative told us, "If [family member] needs a doctor they ring, they always contact me if they need anything. I feel they are well looked after."

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Good

Is the service caring?

Our findings

Without exception, people told us the staff were caring in the way they supported them. Comments included, "They are very caring always, they know me well they have been coming for a long time now. It is mostly the same staff ","My carer is very kind and caring with me I look forward to seeing her I nearly always have the same carer but I am happy with all of them that come", "They are very caring always" and "I feel well looked after couldn't fault them, no complaints."

Care plans we looked at confirmed people who used the service or a family member had discussed their care and support needs with the service. We saw agreement had been reached about how support was to be provided and how they would like this delivered. People told us they had been consulted and listened to about their care and support preferences. One person said, "I was involved in my care plan, it all runs well." A relative said, "The staff know [family members] needs and are very kind and supportive."

The staff described how information was communicated between the main office and community staff. Staff told us they regularly visited or spoke to the office and informed about any changes to people's care packages or updates about their care.

Staff told us they had built relationships with people and knew them well including their likes and dislikes. On a visit to a person's home they said, "She is a lovely one that one" when discussing the staff member. The staff member told us, "I remember my Grandmother every time I visit [named person], and we have time to talk." One person told us, "Same carers and we know each other very well." Another person said, "I get very well looked after, couldn't wish for better care. I would say they are very understanding."

Staff described various ways they helped maintain people's dignity, including asking people how they wanted their personal care delivered, ensuring people remained as covered as possible. Staff referred to treating everyone how they would like to be treated. One staff member told us, "I always talk to people, make sure doors are shut and curtains pulled."

We looked at how people were supported to maintain their independence. The registered provider completed environmental risk assessments to ensure people's homes were suitable to meet people's needs. Staff told us they involved people with all aspects of their care, offering choices and encouraging people to do as much as they can. One person said, "The staff know my needs and are very supportive, but I am independent and do most things myself." A staff member said. "Some people want things done in a specific way and we will do it to suit them."

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning their care and said their care plans reflected their needs. One relative told us, "I haven't been to any meetings but the manager keeps in touch and pops around to [family member]." Another said," [Family member] is fine with the care plan they have and they keep me well informed of things." A third relative told us, "I have never had a questionnaire but I am involved with my [family members] care, I have never been to a meeting but they keep me informed and I know the manager well." In some care plans the review documentation was not completed and we could not always find any evidence of formal reviews held with people or their representatives. We did note most people had not been using the service for very long. Following the inspection the care manager sent us a list of planned dates for everyone using the service to formally review their care and support.

The registered manager and staff team worked closely with the local authority to provide timely support to people. Staff told us if they found people's care calls were too long or to short this information was reported to the office so a reassessment of the person's needs could be undertaken. Staff told us the registered manager listened to them and would frequently come out to deliver care to people and assess their needs.

Care plans reflected people's individuality, diversity and referred to their personal wishes and preferences. Staff we spoke with were knowledgeable about how to meet people's needs. Care notes were detailed and reflected the care and support recorded within the care plan. For example, in one care plan we saw that the service had recorded signs and gestures the person used and what the person was communicating when these signs and gestures were used.

Each person was given a service user guide, which included information on how to make a complaint. People and their relatives said they knew how to make a complaint. One person told us, "Never had to complain, the staff are very good with my care and they always listen if I say anything." A relative told us, "I have no complaints as yet." We spoke to another relative that told us of two issues they had brought to the attention of the manager, when we discussed these issues with the registered manager they explained they were recorded on the communications log and what they had done about the issues. Although the majority of people did not have any complaints, we did see evidence on the communications log of minor issues being recorded and dealt with. We discussed with the registered manager the need to set up a formal complaints process so any trends or patterns that might reoccur can be analysed and used to improve the service.

We recommend that the service review its current processes for recording complaints.

We saw that the service will try wherever possible to support people to access the community and staff confirmed they supported people with appointments and shopping if required. One staff member told us, "The registered manager will go out of their way to make sure people have what they need." They went on to tell us that recently when the registered manager found out a relative was unwell they went out and did the shopping for the person that used the service and to support the relative.

The registered manager told us no one currently using the service required support with end of life care. They told us they had previously and worked with community healthcare staff to ensure an end of life care plan was in the home. An end of life policy was in place to support the service when required.

Good

Is the service well-led?

Our findings

The service had a registered manager in post as required. 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 said the service was well led. One person told us, "I think the management is very good, very friendly always loves a laugh and joke, I have no complaints. I feel I could speak to him anytime if I had a problem. Nothing to improve, I would recommend the service." Another person said, "I think the service is very well led the manager is lovely, he is very caring, he offered to do my shopping and steps in if a carer is off . He is very good." A third person told us, "The service is good, I know the manager it's well led." A relative told us, "I know the manager he is very nice, he calls in to see [family member] to see how they are."

However, regular audits were not completed to monitor the quality of the service provided. The registered manager told us they checked all documents but did not always record this but just dealt with it. The service was part of a larger organisation and the registered manager sent us all the documentation related to a more robust quality assurance process. We saw the registered manager had recognised they needed more support and had recently recruited a care manager. The care manager sent us a plan of supervisions, observations of practice and quality assurance visits to clients they had already booked.

The registered manager was very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. The registered manager was very accessible to both people that used the service and staff. They told us they visited people regularly and discussed whether they were happy with their care and support. They also worked alongside side staff and were confident about the standards of care they provided. People, relatives and staff confirmed this took place but these views or observations were not recorded.

We recommend that the registered manager follows the guidance as stated in their quality assurance policy.

The service held a franchise from Caremark and the registered manager told us a regional manager visited to provide support. Caremark provided the service with legislative up-dates and any new policies or guidance to meet their requirements and advise the service of best practice. The registered manager told us that they will also be visiting to assess the quality of the service as part of their quality assurance processes.

Staff said they felt the service was well led and they could contact the registered manager if they have any concerns to ensure people received safe, effective care and support. One staff member said, "I like it here, it has a personal approach and they care about the clients." Another staff member said, "It is a good company and we have excellent carers." The culture within the service was open and transparent. The registered manager said they ensured staff were aware of the ethos of the organisation by talking to staff regularly and leading by example. They told us, "People, relatives and staff have my number and can contact me at any time." The staff spoke highly of the support they received from the registered manager. The registered

manager had recognised that formal supervisions sessions would provide further support for staff and these were now planned.