

Ross Jones Limited

Caremark (Sefton)

Inspection report

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Tel: 01704563333

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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

Caremark is a home care provider which offers domiciliary care services and personal support, it provides care and support for people of all ages within their own homes. The service provides assistance with personal care, medication, nutrition and hydration, pressure area care and accessing the community. At the time of our inspection there were 45 people using the service.

At our last inspection in March 2016 we rated the service overall as 'Good.' We rated the domain of 'Well-led' as 'Requires Improvement,' this is because the service did not have a registered manager in post. We have now improved the rating to 'Good.' The service had a registered manager in post who was appointed in 2017. A registered manager is a person who has registered with 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.

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

We found people were kept safe by the use of appropriate risk assessments and provision of care by staff who were familiar with their needs. Any accidents and incidents were reported and recorded appropriately.

Staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

Staff had received training which equipped them with the knowledge and skills to ensure people received adequate care. Some staff had received more specific training to meet the needs of people living with specific health conditions, for example, training in dementia, mental health and PEG (percutaneous endoscopic gastrostomy) care. Medication was managed safely and was administered by staff who were competent to do so. People who wished to self-medicate were supported by staff to do so safely, this helped to promote their independence.

Care records contained information to identify people's requirements and preferences in relation to their care and there was evidence to show that they had been consulted about decisions. People we spoke with told us their choices and preferences around their care and support were respected.

People were supported by staff to attend health care appointments. This helped to maintain people's health and well-being.

Quality assurance processes were in place to seek the views of people using the service. This helped to drive

improvement.

Although all of the people using the service were able to consent to their care and treatment, staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation which protects the rights of people to make their own decisions.

We asked both people using the service and staff about how they thought the service was managed and their feedback was positive.

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 remained safe.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service remained caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? We have revised the rating to 'Good' for this domain.	Good ●

Caremark (Sefton)

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 23 November 2018 and was announced. This was because it was a small service and we wanted to ensure the registered manager was available to assist us with the inspection process. The inspection was conducted by an adult social care inspector.

Before the inspection we checked information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. We also invited the local authority commissioners to provide us with any information they held about the service. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the managing director, a field care supervisor, four members of care staff, four people who used the service and a relative.

We looked at care records belonging to four of the people using the service, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

Although we were unable to directly observe the delivery of care people received, we asked them about their experiences over the telephone.

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe using the service. One person told us, "I feel safe knowing the staff come every day."

The service carried out a detailed assessment of people at home before offering a package of care, and took time to ensure they could meet the needs of the person in full. Risk assessments were in place to help keep people safe and were reviewed regularly. Assessments were also in place to ensure the environment was safe.

Accidents and incidents were recorded appropriately and analysed by the registered manager for any trends and patterns which helped to prevent reoccurrence.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff we spoke with were confident and knowledgeable about how to recognise the different types of abuse and how to report any concerns.

We looked at the recruitment records for four members of staff. We found that the provider carried out appropriate pre-employment checks such as disclosure and barring service (DBS) checks. This helped to ensure that staff members were safe to work with vulnerable people.

Although most people using the service self-medicated some required staff to assist or administer their medication. Staff had received training in how to administer medication safely. We looked at a sample of MARs (medication administration recording charts) and found they were completed appropriately.

Is the service effective?

Our findings

The registered manager told us the service operated a key worker system. This matched staff and service users depending on their shared interests and personality traits. People had a choice about which key worker they would like. This helped staff to build good relationships with the people they supported and ensured people received personalised care and support dependent upon their needs and preferences. Comments from people using the service included, "I have a choice about who supports me and the manager respects my choice" and "I have the same staff, it's important to me and makes a difference."

People's care records showed evidence of both the person and their relative's involvement in the initial assessment process. This ensured that the service could meet the needs of the person in full and that the appropriate level of care, support and staff were implemented. Care records also contained a detailed record of people's preferred daily routines.

Senior members of staff carried out a regular assessment of people's care needs and requirements so that any changes in care could be implemented.

People were supported by staff to attend healthcare appointments. This was important for people who were unable to communicate with healthcare professionals and needed an advocate to speak on their behalf. One member of staff told us about how they supported a person for whom English was not their first language, "I helped them attend their appointments and answer any questions the doctor asked, they wouldn't have had the confidence to do this on their own."

The registered manager provided us with information on staff training. We saw that training was provided in a range of health and social care topics such as health and safety, medication, safeguarding, whistleblowing, infection control and food hygiene. In addition, some staff had received specialised training to meet more specific healthcare needs of people such as dementia care and PEG care. A PEG (percutaneous endoscopic gastrostomy) is a tube which is surgically inserted into a person's stomach and provides a means of nutrition when adequate oral intake is not possible. People told us they felt staff had the skills and knowledge to carry out their role. A member of staff told us, "The training here is very thorough and we get every opportunity to ask questions."

Staff appraisals and supervisions were held regularly. Staff we spoke to found these useful and a good way of enhancing their own personal development.

We checked staff were familiar with the Mental Capacity Act 2005. The (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 had a good understanding of the MCA. All people being provided with services had capacity to consent.

Is the service caring?

Our findings

People told us staff were care caring and supportive, comments included, "The staff are fabulous," "[Staff] are flexible, supportive and respectful" and "The staff are so professional, I can't fault them."

We saw evidence from people's care records that they were involved in choice around their care and personal preferences. One person told us, "They know my routine and what I like." A member of staff told us, "I always read people's care records so I know as much as I can about them, I always ask the person what they would like."

We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality, culture and religion. One person's records showed they were unable to verbally communicate. Because the same staff supported the person daily, staff were able to recognise the person's facial expressions and body language and what that meant for the person, for example, if they were in pain or discomfort. We saw that for another person with a sight impairment, there were specific directions in their care records for staff to put everything back in the exact same place so the person could locate them with ease. We also saw guidance for staff in people's care records on how best to communicate with the person, for example, "Make eye contact" and "Likes you to hold their hand when talking to them."

We asked staff what equality and diversity meant to them. A member of staff explained, "It's about getting to really know that person and their beliefs and abiding by that."

Is the service responsive?

Our findings

We saw that people's care records contained information about people's preferences in relation to their care and treatment. A member of staff told us, "We find out as much as we can about the person, then we tailor care to what that person wants."

Some people were involved in setting goals they hoped to achieve with support of staff. Goals were recorded and an action plan was implemented which set out the support the service would provide in helping people to achieve those goals. This ensured that care remained responsive to people's needs. For example, staff had helped a person access the community firstly with support and then independently. Forging strong links with the community helped the person to develop their confidence and self-esteem. It also helped to give the person a sense of independence and belonging. One senior member of staff told us about how they had helped a person to gain confidence to go to the shops which was something the person had been unable to do before, "We achieved this by providing the same staff to the person so they were able to gradually build up trust and confidence."

People had access to a complaints procedure and people we spoke with knew how to make a complaint. At the time of our inspection the service had not received any complaints. One person told us, "If I had an issue I would ring the office, there is always someone at the end of the phone." The registered manager told us they had an open door policy and were always on hand to address people's queries.

Is the service well-led?

Our findings

During this inspection we looked at how the registered manager and provider ensured the quality of the service.

Audits were in place for risk assessments, infection control, medication records, care records, missed and late calls and accidents and incidents. The audits we reviewed were up to date and identified where improvements were required and what action was needed to implement change. We noted from records that the service had not missed any calls this year. The registered manager told us, "There is always someone to cover even if it's myself or a supervisor."

We spent time talking with the registered manager who was keen to develop the service further. Areas identified for further development included continual goal setting with people and putting measures in place to help people achieve their goals with direct support from staff.

We looked at processes in place to gather feedback from people living at the service and listen to their views. We saw that questionnaires were used to gather people's opinions and suggestions about the service. Comments included, "Everything is working well, I'm happy with the service" and "I'm kept informed of any changes." We did note that some people had fed back that they would like more contact with the supervisor for their geographical area. The registered manager confirmed they would respond to this feedback. There was not an alternative questionnaire format in place to gain the views of people who were unable to complete written questionnaires. We discussed this with the registered manager who confirmed they would develop an alternative format.

People's feedback about the management was positive. One person told us, "If I want something changed I can tell the manager and it's done, I know I am listened to." It was clear staff enjoyed working for the company, comments included, "They are the best manager we have had, on the ball and works wonders," "[Management] is so organised, there is always someone on the end of the phone, they are so supportive" and "I wouldn't hesitate to raise any issues or suggestions I had as I know [manager] really listens to me" and "It's the best care company I have ever worked for."

The registered manager had notified CQC of incidents that had occurred in accordance with registration requirements. The provider's website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC 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.