

Balman Care Limited

Caremark (Wychavon and Wyre Forest)

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 

Overall summary

This inspection took place on 18 August 2015 and was announced.

Caremark (Wychavon & Wyre Forest) provides personal care for people in their own home. There were 26 people using the service when we inspected and there was 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 and associated Regulations about how the service is run.

People were protected from the risk of potential abuse and told us they felt safe when the staff visited. People had their individual risks looked at and had plans in place to manage them. There were enough staff employed to

Summary of findings

meet people's needs and changes to call times as requested by the person who used the service or their relatives. People looked after their own medicines; however staff would remind them when they were there.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People's meals were prepared where needed and they got the meals they enjoyed or chose. People told us they got healthcare appointments as required to meet their needs.

People's consent was appropriately obtained by staff when caring for them and people who could not make decisions for themselves were supported by representatives or family members.

People received care from staff that spent time chatting while providing care and getting to know them. People felt the care they had received met their needs. They were also supported in maintaining their dignity and encouraged to be involved in their care needs where able.

The registered manager was accessible and approachable. People, their family members and staff felt able to speak with the management team and provide feedback on the service. The management team had kept their knowledge current and they led by example. The provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks.

Good



Is the service effective?

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Good



Is the service caring?

The service was caring.

People and relatives were happy that they received care that met their needs. People's received care met their needs, reflected individual preferences and maintained their dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required.

Good



Is the service well-led?

The service was well-led.

People, their relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

Good



Caremark (Wychavon and Wyre 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 August 2015 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. Two inspectors carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

We spoke with six people who used the service and two relatives by telephone. We spoke with five care staff, one supervisor, two care co-ordinators, the registered manager and the provider.

We looked at five records about people's care, computer records that monitored call times, complaint files, incident forms and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when staff were in their home providing personal care. One person said, “They (staff) are very gentle”. One relative said, “They encourage [person] to walk with frame for safety”. Staff told us that they also made sure that when they left the property was secure and one staff member said they also “made sure there were no trip hazards” when they left people’s homes. Three people we spoke with were happy that their home was left secure by care staff.

Staff told us they would report any concerns to their supervisor or office staff and felt assured these would be dealt with. They told us about situations that may mean someone was at risk of abuse. For example, if a person’s changed their behaviour or had unexplained bruising. Staff also said where they needed would lock doors on leaving where people had requested this to keep them safe.

People’s risks had been looked at when they started receiving care from the provider. Their risks had been reviewed regularly and were recorded in the care plans. Staff told us they followed the guidance to make sure the person would be protected. The provider had also assessed the risks for staff working in people’s home. For example, how to leave person’s home when the call had finished and any obstacles when providing care. Staff were aware of how to carry out care and support to ensure individual and environmental risks had been considered.

The two care co-ordinators told us they had enough staff to cover the number of calls people required. They also ensured that people received care from the appropriate number of staff with the right skills. For example, people who required two staff members or had a particular care need. The registered manager also told us that care staff did not provide care and support unless they had the skills and knowledge to care for that person. They would also use this when considering providing a new care package.

Staff told us they were contacted by the office staff if there was a change to the rota. For example, if a person no longer required a call or if they were needed to cover staff sickness or staff absences. They felt the workload was flexible and there was always enough staff to cover the calls to meet people’s needs. One supervisor felt that the number of care staff has increased and this had been positive for people as they had been able to improve on consistency of staff where requested by people. They also looked at where people enjoyed a varied group of care staff to provide their care.

One person said the care staff looked after their medicines for them and that care staff, “Assist me with taking them”. Five people we spoke with managed their own medicines, however staff provided assistance and reminders when providing care. Staff had received training in medicines and had recorded where they had given or prompted a person to take their medicine. The registered manager had looked at people’s medicine records monthly and where any gaps or concerns had been noted the care staff were supported with supervision and training.

Is the service effective?

Our findings

Five of the people we spoke with told us the care staff knew how to look after them. One person said, “They noticed if things change”. Another person said, “Very confident. They are OK with my catheter care”. One family member that we spoke with said, “They are able to sort out what [persons] needs”.

Staff told us they felt confident to deliver care that matched people’s needs and their training helped them to do this. They also told us they were supported in their role with regular meetings and supervisions. One member of staff said, “They’re good about our training”. Another said, “You can talk about training at supervisions”. Staff also felt supported by their supervisor and they were available and able to talk to them.

People had been able to consent to their care and treatment and supported in developing their care plans. One person said, “They listen to me. Talk about the care plan and my decisions”. Records showed the involvement of the person wishes and needs. One person said, “They will ask what I need doing, even though it’s been the same routine”.

Four care staff we spoke with told us people had choices and they always listened to these when delivering personal care and support. The registered manager was aware when a person needed support to make decisions. One person

had received additional support from the registered manager and social services in supporting a person with a decision where they had not had the capacity to make it on their own.

People who received support with their meals told us that staff were able to make meals they enjoyed or left something for them to eat later. One person said, “They cook what I ask, or warm something up”. Another person said “If I ask for a Chinese meal they make sure I get it”. People were left drinks that made it easier for them to access. For example, a jug of juice would be left next to their chair.

All care staff we spoke told us that people were able to tell them the meals they liked and enjoyed. One staff member said, “They have their own food and we ask them what they want”. People were happy with their meals and how they were prepared.

People told us they felt supported in looking after their health. One person said that care staff would help them arrange appointments if needed. Relatives told us that the agency responded well to any changes with family member’s health. The registered manager told us they offered support people to contact and follow up health visits and results. The registered manager that although it was not always easy due to timings of calls they had good working relationships and communication with district nurses in supporting people with any health needs.

Is the service caring?

Our findings

We spoke to six people who used the service, and two relatives, who all said that they got on well with their regular carers. One person told us that the staff were great and that “The carers are always happy; we have a chat and a laugh”.

People told us how staff found out about things that were important to them, and included their relatives in conversations. One person said that staff, “Find out about our lives. They are very good.” One staff member said “It’s easier to chat with (people) as you know them, you know if you should comfort them with touch, and you chat about their interests and families.”

One person and one relative said that there were occasional inconsistencies in the staff sent to provide care, for example, because regular carers were on annual leave, or ill, but that they were happy to raise these concerns directly with the provider.

Staff explained how they got to know people by chatting to them and their relatives and by reading people’s care plans. One staff member told us that they were supported on their first few visits by going with a member of staff who was more familiar with the person. One member of staff said that there had been occasions when they needed to spend extra time with a person in order to provide support as “Clients become part of the family”. One relative told us that “Staff are lovely and give my husband time and encouragement. This makes me feel very happy”.

All people we spoke with said staff encouraged them to be involved in their care and that staff asked them how they would like their care to be given. One person said that when they had first discussed the care they wanted with the provider they told them that they did not want a male carer, and that the provider had never sent one to them.

People told us that staff asked them how they would like their care to be given. One person told us “(Staff) ask me if I would like a wash, staff make me feel nice and clean, and they ask me if I would prefer to stay up or go to bed”. One person said that if they wanted different staff or change the way the care was delivered they would tell staff.

Staff explained how they involved people in decisions about their care. One member of staff told us how she had seen that a person looked unwell and had involved them in decisions about seeking help from health professionals. The staff member had taken time to explain to the person what help was available and had encouraged them to decide what action to take. The staff member said “It is their decision (to make)”. A relative that we spoke to confirmed that staff “Will ask for my advice and will listen to what I say”.

Three people we spoke to told us that staff encouraged them to take part in their personal care, where they were able to do this, so that their independence was maintained. People told us that staff were respectful and kept their privacy and dignity. One person told us that they felt staff took into account their wish for privacy when they was wanted it and that “I shout them when I want them”.

Staff we spoke with also provided us with examples of how they respected people’s wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people’s dignity and privacy was maintained. One relative confirmed that staff treated their family member with dignity and “Respected their home”.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted by staff who responded with kindness. One person told us the staff, “They notice changes to my skin” and then supported the person to manage this. People told us staff listened and responded to their choices and preferences and knew their preferred routines.

Staff were able to talk about the level of support people required, their health needs and the number of staff required to support them. All staff we spoke with told us they listened and responded to people’s wishes on each call and how they liked their care provided. For example, how to approach them in their bedroom or how people liked things left at the end of a call.

People’s needs were discussed by supervisors and the registered manager at the end of each week and this was then shared between the care staff team. These included any appointments that had been attended and any follow up appointments and changes to medicines. Care staff were provided with information about each person and information was recorded. Staff also confirmed that any immediate changes were sent thorough to them with a telephone call or text messages.

We looked at five people’s care records which had been kept under review and updated regularly to reflect people’s current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how much assistance a person needed with their personal care. All staff we spoke with knew about the information in the care plans we looked at and reflected the information recorded. People told us that their care was reviewed regularly by the provider, and people said that they would be happy to discuss any changes that they would like.

People we spoke with told they had not had any cause to make a complaint. However, people were happy to approach the staff to raise issue or concerns. One person said, ““They would keep me happy if I needed to complain”.

One relative told us they had raised concerns. One relative said, “I have raised concerns. They will listen and respond”. Other relatives told us they would be happy to approach staff to raise a complaint or concern and one relative said, “They listen to what I say”.

We saw that complaints had been recorded, investigated and a response sent to the complainant. We saw action taken had looked at how the same incident could be prevented from occurring in the future. For example, providing staff with further training or support.

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. All people who we spoke with knew their regular care staff and were confident in the way the service was managed. People's comments included, "They are brilliant" and "I'm happy with everything". People also had access to a contact telephone number that they could use to access help or assistance at any time. These calls had been recorded and showed that this had worked well for people when used.

People and relatives told us they had been asked for their views about their care and had completed questionnaires and received visits from the supervisors or registered manager. One person said, "They have come to visit me from the office and we talk about my care and the staff". Records showed that advice had been sought from other professionals to ensure they provided good quality care. For example, we saw that they had worked with advice and guidance from district nurses and GP's.

Three people told us that the office staff contacted them often to ask for their views on their care over the telephone. These had been recorded and we saw where people had made comments changes had been made. For example, one person had not been happy with the consistency of staff. The records showed that the person concerns had been addressed and resolved.

The registered manager had reviewed the care notes staff had completed when providing personal care to ensure the care provided matched the care plans. For example, they had checked that two staff had attended when needed and all tasks had been completed. They told us if required they would contact the local authority for review of the care package. We saw that one person now had calls changed through review and support with the provider and local authority.

When staff were together in the office they were relaxed and friendly towards each other. When conversations were held about people who used the service, the person's

name was used and conversation was appropriate. For example, the conversations were respectful and about people's health and well-being. When the care coordinator spoke to people on the telephone they were kind and helpful, and provided assurance to people where required.

The provider had ensured that people and staff knew who the registered manager was and all people and staff told us they were approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "I raise any issue at supervision. This can be about the clients or other staff". Another staff member said, "There is always someone available on call" which they felt supported both them and the people they provided care for. The registered manager told us that they had good support from the staffing team and the provider.

The care supervisors undertook unannounced spot checks to review the quality of the service and observed the standard of care provided by care staff. Staff told us the care supervisor frequently came to observe them at a person's home to ensure they provided care in line with people's needs and satisfaction. The supervisor told us they wanted to ensure people received care that met their needs from staff who were trained and supported.

The provider had set office based staff objectives to achieve through the year. For example, one of the objectives looked at recruitment of care staff to ensure that people were supported with enough suitable care staff. The registered manager was monitoring the office staff performance to support and assist them in achieving these. The registered manager and provider told us they kept their knowledge current with support from the franchise brand Caremark. They were provided with support and guidance about best practice and any changes within the industry. The registered manager was also undertaking an additional national qualification in management. They felt this would increase their knowledge which would provide better support for staff, which would then support the people they provided care for.