

M D J French & Co Ltd

Caremark (Weymouth & West Dorset)

Inspection report

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Date of inspection visit:

09 January 2017

10 January 2017

12 January 2017

Date of publication:

06 February 2017

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 on the 9 and 12 January 2017. It was carried out by one inspector. Caremark (Weymouth and West Dorset) is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 27 people.

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 2008 and associated Regulations about how the service is run.

People were positive about the care and support they received. They told us staff treated them kindly and we saw people were comfortable with staff in their homes. People told us they felt safe. They were protected from harm because staff understood the risks they faced and how to reduce these risks. Staff knew how to identify and respond to abuse; including how to contact agencies they should report concerns about people's care to.

Staff understood how people made choices about the care they received, and encouraged people to make decisions about their care. Care plans mostly reflected care was being delivered within the framework of the Mental Capacity Act 2005. We discussed where records did not reflect the MCA and the registered manager began work to address this immediately.

There were enough safely recruited staff to ensure people received their visits as planned. These staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet those needs. They were professional in their approach and motivated to provide the best care they could. They told us they felt supported in their roles. They had received training that provided them with the necessary knowledge and skills to do their job effectively. Staff kept accurate records about the care they provided and these records were used to review people's care.

People's medicines and creams were administered safely.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. Where people had their food and drink prepared by staff they told us this was prepared well. People were left with access to appropriate drinks and food between visits.

Management were committed to making continual improvements to the quality of care. This included development of new skills and expertise amongst the staff team in response to people's identified needs and specific training needs identified and requested by the team. There were systems in place to review and monitor the quality of the service people received including feedback from people and staff.

People were positive about the care they received and told us the staff were friendly and compassionate. Staff treated people and each other with respect and kindness throughout our 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 ●

The service was safe. People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

There were enough, safely recruited, staff to meet people's needs.

People were at a reduced risk of harm because staff knew how to identify and report possible abuse.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective. People were supported by staff who worked within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected. This was not always reflected in care records, however the registered manager took steps to address this immediately.

People received care from appropriately trained and experienced staff. People's views were sought as part of this process.

People were supported by staff who were supported to do their jobs through regular supervision and appraisal.

People were supported to access healthcare and with food and drink where this was appropriate.

Is the service caring?

Good ●

The service was caring. People were cared for by staff who treated them kindly and with respect.

People were comfortable with staff and they had formed positive relationships.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. People had been involved in developing individual care plans which took into account their likes, dislikes and preferences.

People knew how to make a complaint and where they had made complaints these had been responded to appropriately.

Is the service well-led?

Good ●

The service was well led. There was a clear management team and staff had defined roles and responsibilities .

People, staff and professionals spoke highly of the service.

The service that people received was monitored and there were systems in place to continually improve the quality of the service.

Caremark (Weymouth & West Dorset)

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 the 9 and 12 January 2017. The provider was given notice of our inspection because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and to assist us to arrange home visits. The inspection was carried out by one inspector.

Before the inspection we reviewed information we had about the service. This included notifications from the provider; a notification is the way providers tell us important information that affects the care people receive. Before the inspection, we also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information before we visited the service.

We visited two people in their own homes and observed interactions with two members of staff. We also spoke with people who used the service or their relatives by telephone. In total we spoke with five people and two relatives. We spoke with six staff, the registered manager and the nominated individual. We reviewed records relating to five people's care and support. We also looked at records related to the management of the service. This included two staff files, training records, meeting minutes and the documentation of audits and surveys. We also spoke with three representatives from the local authority who had knowledge of the service.

Is the service safe?

Our findings

People told us they felt safe whilst receiving their care. One person told us, "I welcome their visits and always feel safe." Another person told us: "They always listen to me... I have never felt unsafe at all." People were protected from harm because assessments had been carried out that identified the risks people faced including individual risks and risks within their home environment. For example one person was identified as at risk of developing sore skin. There was a care plan in place that provided guidance for staff about how to support them safely to reduce this risk. This included guidance on how to support the person with personal care and which creams were needed. Staff understood the risks people faced and described the support people needed confidently. Another person needed support to manage risks associated with their mobility and staff understood how to use their equipment safely.

One person had been identified as being at risk of becoming agitated and this could result in physical aggression. The care plan explained how staff should respond to attempted aggression but not what to do if the person hurt a member of staff. We spoke with staff and they all told us that this was not a current risk as they knew how to support the person in a way that did not lead them to become agitated. They all described the same support as being effective and told us how they would respond if the person did become aggressive. We also spoke with a social care professional who told us they worked safely with this person. We discussed the importance of written guidance to protect staff with the registered manager and nominated individual and they told us they would address this immediately. A senior member of staff also discussed with this how this guidance should reflect MCA principles.

People were at reduced risk of harm and abuse because staff were confident about how to identify and report abuse. They were able to describe to us how they would recognise potential abuse and how they would report any concerns that they had. We saw records that showed the provider had managed safeguarding incidents appropriately and had taken appropriate action to ensure that people received a safe service. We spoke with a social care professional with expertise in safeguarding; they told us that the staff and nominated individual had worked effectively and professionally with them. Staff were also clear about their willingness to challenge poor practice and knew how to raise any concerns; including how to whistle blow if required.

Staff were aware of how to report accidents and incidents. For example, where people had fallen this was clearly recorded including actions taken to ensure their safety. There was a record of what longer term actions, such as staff training and liaison with other professionals, had been taken after accidents to reduce the risk of them reoccurring. During our inspection the registered manager was taking steps to ensure the safety of a person and the staff team following changes to the person's domestic circumstances. This showed the management were responsive to changing risk factors.

There were enough safely recruited staff to meet people's needs. People told us staff generally arrived on time and they usually saw regular carers. We looked at the visit schedules that people had received during our home visits and saw that they reflected a core group of staff working with people. Staff working in the office explained that they tried to achieve regular staff for people and we saw that majority of people did

have regular staff providing their care and support.

People received their medicines safely. People told us they were happy with the support they received to take their medicines and to apply their creams. One person told us: "They always get my medicines right." Staff had received training and been assessed to ensure they were competent to administer people's medicines. Records related to medicines administration were reviewed monthly and any errors not picked up as they happened would be addressed at this point. This meant that staff understood the importance of notifying the office of changes and completing these records. Where people needed to take their medicines at specific times this was clear in their care plans and supported by visit times that could not be moved on the staff rosters.

Is the service effective?

Our findings

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People who were able to make decisions about their care told us that they did so both by agreeing their care plan and on a day to day basis discussing with staff how they would provide the support they required at that time. One person said: "They listen to how I want things done." Staff were able to describe to us how they supported people to make their own decisions and what they would do if this changed to ensure that care was provided in people's best interests. This meant that people received care that was not restrictive and reflected their wishes. Where people could not consent to their care because they did not have the mental capacity to do so this was not always recorded appropriately. We discussed this with the registered manager and senior staff and they showed us how their new assessment documentation would highlight the need to undertake a MCA assessment and record if care was being delivered in a person's best interests. We also received evidence immediately following our inspection that this recording omission had been addressed.

People told us the staff had the skills they needed to do their jobs. One person told us: "I have always had wonderful carers. They have the skills they need to do their jobs. I am very happy with them indeed." Another person said "They are well trained." Staff had all found their induction and training to be appropriate and explained they could ask for guidance and support whenever they needed it. For example, staff identified that they had asked for additional training around dementia care and this had been sourced for them. Staff were also supported to undertake training for their own professional development. They told us this was beneficial to their work and reflected that the management valued them.

Staff told us they felt they were trained and supported to do their jobs appropriately and described how people's care plans enabled them to keep up to date with people's current needs. One member of staff described this support by saying: "I am so well supported. I can ask any questions." They went on to describe the support of the registered manager, senior staff and nominated individual as "amazing". Another member of staff said "I can always get hold of someone if I need to ask a question." Staff were also positive about their supervision processes. They felt these supported their professional development and reinforced the values of the organisation.

There was a system in place for ensuring that staff kept their training current and the nominated individual reviewed this regularly. They worked in partnership with local training providers to ensure staff could access a variety of training options. The Care Certificate which is a national certificate designed to ensure that new staff receive a comprehensive induction to care work had been implemented for staff who met the criteria.

People who had support with food and drink commented that this was done to a good standard. People also told us they were left with access to drinks and snacks between visits. Staff were aware of people who were at risk of not eating or drinking enough, or had difficulty swallowing safely. They explained this information was always in people's care plans and described the records they kept to monitor nutritional intake when appropriate. We saw that records were kept accurately and guidance from professionals was sought and followed.

People told us they were supported to maintain their health. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. One person described the support they had received with their health reflecting on care provided during an emergency as being exactly what was needed. They also reflected on the support they had received during an on going period of recovery: "They have played a huge part in helping me to recover." Staff fed any concerns back to the office where the staff who coordinated care had regular contact with district nurses and GPs. Changes and health updates were communicated effectively to staff and care plans updated in a timely manner.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. They told us they had been able to get to know the staff who supported them and appreciated this familiarity and continuity. People and relatives made comments like: "I feel really very cared about." and "they are wonderful... awfully good at listening and very thoughtful". People were positive about the caring nature of staff and we heard about and saw records relating to times when staff had shown this kindness in ways that people valued. For example, one person described how a member of staff had stayed with them during an episode of acute illness.

We saw and heard that people were relaxed and comfortable with staff; we heard light-hearted conversations taking place. These interactions were familiar and warm and respectful at all times with people being encouraged to make decisions about their support whenever possible. One person told us: "They are very respectful in my home." Another person said: "they are very courteous and discrete... they respect my dignity."

Staff demonstrated they knew people well through their conversations; they asked after family and recent events. People told us they appreciated this familiarity and kindness. People were supported to retain their independence. Records reflected that staff asked people to undertake the tasks they were able to do for themselves and people also told us that they had regained skills whilst being supported. For example, one person described how they had never felt pushed but that they had been encouraged in a way that helped them develop their confidence and regain their independence.

Staff told us they enjoyed their work and spoke with warmth about people. One member of staff described how they liked to go to work every day because they enjoyed visiting the people they provided care to. Another member of staff said: "I really love my job... I see and help such lovely people." They all told us they would recommend the service to people they cared about because they believed all their colleagues to be committed and caring. One member of staff reflected on this saying: "I would be happy with any of the carers to look after my mum. They are all caring and approachable."

Is the service responsive?

Our findings

People told us their care was delivered in a way that met their personal needs and preferences. They told us that staff throughout the service listened to them and responded; that they had been involved in planning their care and as a result they received care and support which was tailored to their needs and reflected their preferences. One person told us: "I get the help I need in the way I like it." People and their relatives, as appropriate, were involved in the development of their care plan through an initial assessment which took into account their likes, dislikes and preferences. Care plans described how staff should support people with the areas they had identified they needed help with and made the desired outcome of the support explicit. For example one person's outcome was for them to be comfortable receiving the care they needed to stay in their home. They also provided a summary of their life story emphasising the things that were important to the person.

Staff told us the care plans were useful and that if any changes were needed the staff responsible for this would respond quickly. People described a flexible and responsive service. One person said: "I can ask for changes if I need them." Another person described how their needs were reviewed as their needs had changed. They explained that as they had experienced an improvement in their ability to care for themselves their care plan was updated to reflect their decreased care needs: "My needs are changing so I don't need so many visits. We have reviewed this together." All care plans were reviewed regularly, this meant that people and appropriate others had regular opportunities to contribute to the way that care was provided.

Staff knew people well and were able to describe their support needs and preferences with confidence. They kept accurate records which included: the care they had provided; physical health indicators and whether they were content if this was appropriate to the support they received. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were taken to the office from people's homes on a regular basis and were reviewed against their care plans. This meant that if changes in need had not been identified by the staff providing care they would be picked up at this check. We did not see evidence that this had been necessary but it provided additional assurance that the service would be responsive to changes.

We discussed how people's needs and wishes were reflected in scheduling with staff in the office. During our inspection the scheduling was being done by senior staff who also provided care. They told us how they worked out the staff rotas to reflect the preferences of both people and staff. People told us that where they had made requests about the times of visits and staff that these had been respected. For example, one person had asked for a specific carer when this was possible and they felt this had been respected.

People told us they felt listened to and were able to approach all the staff. They told us they could also phone the office with any issues and would feel comfortable to speak with anyone there to make a complaint if necessary. The complaints procedure was available to people in their homes and we saw that where complaints had been made these had been addressed in line with the policy and people had been informed of outcomes. It was possible to identify the actions taken following complaints and this meant that

the service was improved as a result of these processes being followed. The nominated individual took an active role in supporting staff and seeking to find resolution in complex situations. This input was acknowledged and appreciated by staff and social care professionals. One relative had raised a number of concerns about decisions made about their loved one's care with the service. There were plans in place made in consultation with professionals and the relative to address these concerns.

Is the service well-led?

Our findings

Caremark (Weymouth and West Dorset) was held in high esteem by the staff and people receiving a service. Staff were proud of their work and felt part of a team committed to providing good care. Staff made comments such as: "I love my job. This is an amazing company." When asked to explain these comments they referred to the support they received from management and colleagues and the commitment they shared to providing quality care. People told us they thought the service was good and one person told us: "I can't speak highly enough of them."

The registered manager, nominated individual and senior staff referred to the care staff with respect and valued the skills and experience evident in the team. They acted supportively and were approachable to staff throughout our inspection. Staff told us they appreciated this openness and felt able to make suggestions. We observed the registered manager responding to feedback from a member of staff by reviewing the organisation of one of the established evening runs and seeking to achieve a better outcome for staff whilst still meeting the needs of people.

The registered manager and nominated individual spoke about their aim of providing quality domiciliary care enabling people to remain living in their own homes. This commitment was reflected in and shared by other members of the staff team. Staff spoke about being motivated to provide quality care individually during our inspection and we saw that this underpinned the way they discussed their work with each other and was reflected in staff meeting minutes. There was a personalised and enthusiastic attitude evident in all staff discussions with us. They also acted respectfully to colleagues present and past and the extent to which this professional approach was embedded in the whole team was noteworthy.

The service was structured in a way that supported the work of the care staff. The registered manager was supported by the nominated individual who was present during our inspection. The service had recently appointed a care coordinator who had not yet taken up their post. This meant the senior care staff called field care supervisors where taking on the role of coordinating care with the registered manager. They also carried out assessments and developed care plans with people, conducted reviews and did spot checks on staff competence. The field care supervisors and registered manager also provided care regularly so they retained knowledge about the care and support people received. Care staff told us they valued the hands on care experience of their line management and believed it to be important in respect of their roles supporting people and care staff.

There were systems in place for monitoring the quality of the service. For example, care and support plans, care delivery records and medicines records were all audited and clear records made of actions identified. For example where individual staff members had not recorded information accurately this was addressed with them individually and where care plans needed altering to improve their clarity this had been done.

The provider sent out annual surveys to people and staff. We saw feedback from people was mostly positive and where people had identified areas for improvement an action plan had been put in place. For example one person had said they did not know how to complain and this had been addressed with them. Staff

suggestions were also acted upon. One comment related to the need to introduce new staff to people when they first worked with them. We heard this offered during our inspection.

The staff team also worked with other health and social care professionals to ensure people received good care. This included managers following processes around staff support and supervision when this was identified as necessary through partnership working. This ensured staff had the appropriate skills and their work reflected the standards and values of the service. Records and feedback from professionals indicated that the staff followed guidance and shared information appropriately. This meant people received appropriate care informed by professional knowledge.