Care Boutique Limited

# Caremark (Hounslow)

## Inspection report

2nd Floor, West Wing, Holdsworth House
65-73 Staines Road
Hounslow
Middlesex
TW3 3HW

Tel: 02037712992
Website: www.caremark.co.uk/locations/hounslow

Date of inspection visit:
01 September 2016

Date of publication:
14 October 2016

## 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

We undertook an announced inspection of Caremark (Hounslow) on 1 September 2016. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Caremark (Hounslow) is a domiciliary care agency that provides personal care for people in their own homes. At the time of the inspection eight people were receiving support including a regulated activity in their own homes.

We previously inspected Caremark (Hounslow) on 17 and 18 December 2015 and the service was rated as Requires Improvement with the Safe domain rated as Inadequate. Issues were identified in relation to safeguarding, administration of medicines, recording incidents and accidents, risk assessments, mental capacity assessments, person centred care planning and quality assurance. During the inspection on the 1 September 2016 we saw that improvements had been made across the issues identified.

At the time of the inspection there was a registered manager in place. 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.

The provider now had processes in place for the recording and investigation of incidents and accidents.

A range of risk assessments were in place in the support folders in relation to the care being provided including ones related to specific health and support issues with guidance for care workers.

The provider had an effective recruitment process in place. There was a policy and procedure in place for the administration of medicines. Care workers were completing Medicine Administration Record (MAR) charts accurately and clearly.

The provider reported any safeguarding concerns to the local authority. People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

The provider now had policies and procedures in place to carry out assessments in relation to the Mental Capacity Act 2005.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

Detailed assessments of the person's needs were carried out before the person started to receive care in their own home. Each person had a care plan in place which described their support needs. Care workers completed a record of the care and support provided during each visit.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

The provider now had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

## 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. The provider now had appropriate processes and training in place for the safe administration of medicines.

Risk assessments and guidance were now in place when specific issues were identified in relation a person's health and care.

The provider had systems in place for the recording and investigation of incidents and accidents.

People using the service said they felt safe when they received support in their own home. The provider reported any concern relating to the safeguarding of people using the service.

The provider had a recruitment procedure in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

### Is the service effective?

Good

The service was effective. Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the act and understood the importance of supporting people to make choices and maintain their independence.

There was a good working relationship with health professionals who also provided support for people using the service.

Care plans indicated if the person required support from the care worker to prepare and/or eat their food.

### Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

The care plans identified the cultural and religious needs of people using the service.

## Is the service responsive?

Good

The service was responsive. An initial assessment was carried out before the person started to receive support in their home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Care workers completed a daily record of the care provided.

## Is the service well-led?

Good

The service was well-led. The provider had introduced a range of audits to monitor the quality of the care provided.

People using the service and care workers felt the service was well-led and effective. Care workers felt supported by their managers.

# Caremark (Hounslow)

**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 1 September 2016 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 available.

One inspector undertook the inspection and another inspector carried out telephone interviews with people using the service and care workers.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with the registered manager and the owner of the service. We reviewed the care records for four people using the service, the employment folders including training and supervision records for five care workers and records relating to the management of the service. We also undertook telephone interviews with one person receiving care, four relatives and five care workers.

Good

# Is the service safe?

## Our findings

During the comprehensive inspection on the 17 and 18 December 2015 we saw the provider did not ensure that people using the service were protected from possible abuse and improper treatment by allowing care workers to provide support unsupervised before the results of a Disclosure and Barring Service (DBS) check for criminal convictions was received. A safeguarding concern had also not been reported to the local authority.

At the inspection on 1 September 2016 we saw improvements had been made as all care workers had received a full DBS check. The registered manager confirmed new care workers did not carry out any visits until they had received a full DBS check and any possible risks were identified and reviewed. The provider maintained a record showing each person's DBS number and when it was received. During the inspection we looked at the employment records for five care workers and we saw they had a DBS in place.

The person we spoke with told us they felt safe when they received care in their home. Relatives also told us they felt confident that their family member was safe. The registered manager confirmed that if they had any concerns about the care provided or if the person receiving care was at any risk of abuse from other people they would raise a concern with the local authority's safeguarding team. During the inspection we looked a number of detailed records of safeguarding concerns the provider had raised with the local authority. Each record contained detailed information including copies of notes from the care workers and any other staff involved, what actions were taken and any correspondence with the safeguarding team or other professional.

During the comprehensive inspection on the 17 and 18 December 2015 we saw the provider had a policy and procedure for the administration of medicines but the care workers were not recording the administration of medicines accurately.

At the inspection on 1 September 2016 the registered manager explained only two people required their medicines to be administered and they had recently started to receive care from the service. We were unable to look at any recent Medicine Administration Record (MAR) charts during the inspection but the provider sent us copies of the MAR charts for August 2016 relating to the administration of medicines for two people. Each medicine provided in the blister pack was recorded on the MAR chart with the dosage, when it should be administered and a description of what the tablet looked like. The MAR charts were completed clearly and showed the medicines were administered as prescribed.

During the comprehensive inspection on the 17 and 18 December 2015 we saw people were at risk because the provider had not taken action when a person receiving support had an accident or action to prevent these reoccurring.

At the inspection on 1 September 2016 we looked at ten incident and accident forms and saw these had been completed with details of the event. Other information recorded included what immediate action was taken at the time of the event which included reviewing moving and handling assessments and care plans.

We saw body maps were also completed to record any bruising or other injury. All the incident and accident forms were reviewed and signed by the registered manager. This meant the risk was reduced as the provider was able to monitor and identify any trends in incidents and accidents and take the appropriate action.

During the comprehensive inspection on the 17 and 18 December 2015 we saw the provider had risk assessments in place for people using the service but detailed risk assessments for specific issues were not in place.

At the inspection on 1 September 2016 we saw improvements had been made. The registered manager explained they had developed new risk assessment forms for specific risks but they had recently been asked not to use them by Caremark as a range of new risk assessment forms were being introduced in the next few months. The records we looked at included the forms developed by the service which were no longer in use. General risk assessments were carried out and we saw specific risk assessments were completed when an issue was identified during the initial needs assessment process. These risk assessments included skin integrity, medicines, mobility and moving and handling and were detailed and up to date. We saw the records for one person provided additional information for care workers as there was an increased risk when being shaved as they were prescribed blood thinners. This meant specific risks were identified and guidance was provided for the care workers. The risk assessments were reviewed annually or sooner if a change in support needs was identified.

The provider had a contingency plan in place to respond to a range of possible emergencies that could occur including bad weather and sickness. The plan provided information on what actions should be taken to ensure people continued to receive their care in a safe and appropriate way.

The number of care workers required to attend each visit was identified from the information obtained through the initial needs assessment and from any referral received if care was organised by the Clinical Commissioning Group. The registered manager explained that they also allocated care workers based on their skills, experience and if they already had visits in the area to reduce travel time.

The provider ensured care workers were supplied with personal protective equipment (PPE) which included gloves and aprons.

The provider had a recruitment process in place and the registered manager explained applicants were asked to provide the contact details for two referees which were either former employers or character references. During the inspection we viewed the recruitment files for five care workers which detailed that the relevant checks had been completed before each person began work. These checks included suitable written references. This meant that checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

Good

# Is the service effective?

## Our findings

During the comprehensive inspection on the 17 and 18 December 2015 we saw the provider had a MCA policy in place but actions were not taken to meet the requirements of the Act when a person had been identified as lacking mental capacity to make decisions or to support them to make decisions if they had capacity.

At the inspection on 1 September 2016 we saw some improvements had been made. 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 so that they can 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.

The registered manager told us they had developed a capacity assessment form to be used during the initial needs assessment. They explained they were told not to use the new form by Caremark as a new set of assessment forms would be introduced before December 2016 which included a section for mental capacity assessments. The registered manager explained that in the interim they informally assessed a person's capacity as well as asking care workers for feedback and referrals would be made to the local authority when necessary.

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard. New care workers completed a three day induction course which included mandatory training and modules of the Care Certificate. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. We saw Care Certificate workbooks had been completed by all care workers since it had been introduced. Once the induction was completed new care workers shadowed a more experience care worker during visits to people's homes.

Care workers were required by the provider to complete the training identified as mandatory on an annual basis. The mandatory training included safeguarding and moving and handling. Records and certificates in employment folders showed that care workers were up to date with their training. The registered manager explained that care workers had regular supervision meetings and annual appraisals in addition to spot checks which were carried out to observe their practice during visits to people's homes. We saw completed supervision records and spot check forms in the care worker employment folders we looked at. Care workers were also encouraged to complete the Qualifications and Credit Framework (QCF) Level Two for health and social care. The registered manager told us a report was produced weekly which indicated which care workers were due to have a supervision meeting, spot check or appraisal that week. The report also identified if a care worker was due to complete a refresher training session. This meant the provider could

monitor the training and support provided for care workers and ensure it was up to date.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP).

Care plans indicated if the person required support from the care worker to prepare and/or eat their food. Some of the care plans indicated the person's food preferences and if the person's family provided pre-prepared meals for the care worker to prepare.

Good

# Is the service caring?

## Our findings

We asked people if they were happy with the care and support that was provided by the service. Their comments were very positive and people made favourable comparisons to other home care services they had used in the past.

The person using the service and the relatives of other people were asked if they felt the care workers supported people in maintaining their independence. They all agreed the care workers helped to maintain their independence as far as possible. Care workers we spoke with told us they tried to encourage people to maintain their independence in their day to day life. One care worker commented, "I always try to encourage each person to be independent where possible."

The care plans we looked at indicated when the person could complete an activity independently and when a care worker needed to provide additional support.

We asked the person receiving care and the relatives of other people if they felt the care workers ensured they acted with dignity, respect and were kind and caring when they provided support. They told us the care workers were very good, kind, caring and friendly. They also confirmed care workers treated the people they supported with dignity and respect. They comments included, "The carers are lovely", "They'd do anything for you" and "They're always friendly and have a joke and a laugh with you."

Care workers were asked how they helped maintain a person's privacy and dignity when providing care. They told us, "Always draw the curtains and close the doors", "You need to cover up the person as much as possible when providing personal care especially when helping people wash" and "Always tell the person what you are doing at each stage and make sure the person is happy for you to continue."

We asked people if they had the same care worker or if they regularly changed. Everyone we spoke with confirmed they had a regular care worker or group of care workers at least during the week. This meant the care workers were familiar with the person they were supporting and their needs. People did comment that at weekends, which care worker would provide support was less predictable.

The care plans identified the person's cultural and religious needs. We saw care workers were provided with information about the personal history of the person they were supporting.

Good

# Is the service responsive?

## Our findings

During the comprehensive inspection on the 17 and 18 December 2015 we saw the provider did not ensure the care plans provided an accurate record of the current support needs of people using the service.

At the inspection on 1 September 2016 we saw the care plans provided information identifying the current support needs of the person. We saw if any changes had been identified to the person's care needs through assessments, health needs or requests to amend the agreed support package. These were reflected in the care plan.

During the inspection we looked at the care plans for four people using the service which included information on the care activities during each visit. The care plans also included information relating to when a person should be encouraged to make choices and any health issues the person lived with. They also included the person's preference for the gender of their care worker.
Care objectives were also identified as part of the care plan which included promoting and maintaining the person's independence. The care plans we looked at had been reviewed annually or when the person's support needs had changed.

Care workers completed a daily record of the support and care they provided for each person using the service. The records included what care had been provided during each visit including if the person had refused care, if the person ate and any other tasks completed. We looked at the daily records of care for three people and saw they were up to date and clearly written.

We asked people if they were involved in decisions regarding their care and support needs and all except one person confirmed they had been involved in decisions relating to the care delivered. All the people and relatives we spoke with told us the provider carried out regular checks and reviews of the care provided and that care was adapted if needs changed.

People's needs were assessed prior to them using the service. The registered manager explained that they received a referral or were contacted directly by a person or a relative to arrange care visits. The person would then be visited and their care needs would be discussed with them and, if they wished, their relatives would also be involved. The service also received rapid response referrals where care packages were required to start the same day when a person was discharged from hospital or there was a sudden change in the person's care needs. The care worker would be waiting for the person when they arrived home and the care plan would be developed from the initial assessments received and then added to if required. People were then contacted by telephone during their first week of visits to ensure they were happy with their care and it met their needs.

We asked people if the care workers arrived at the agreed time and if they were going to be late were they contacted. Everyone we spoke with told us the care workers were generally punctual and usually called if they were going to be late. One person commented that their care worker had to travel on public transport which was not always reliable. We also asked people if the care workers stayed for the agreed length of time.

People told us the care workers stayed for their agreed time and completed all the tasks identified in their care plan. One person said, "Sometimes they stay longer than they are required to."

The registered manager explained that the majority of care workers now used a telephone based system to record the time they arrived and departed a person's home. Other care workers completed time sheets to record their visit times if they were unable to use the telephone based system. The system identified if a care worker was late calling in to record their arrival or if they had not arrived for the visit.

The provider had a complaints policy and procedure in place. We asked the person using the service and the relatives of other people if they knew how to raise any concerns or complaints about the care received. They told us they knew who to contact at the office if there were any questions or complaints. Four people mentioned they had raised concerns or minor complaints in the past and that these had been dealt with swiftly and effectively. During the inspection we looked at the records for two complaints received during 2016. These records included any investigation paperwork and correspondence.

People were able to provide feedback on the quality of the service they received. We saw questionnaires had been sent out to people using the service in February 2016. Questionnaires had been sent to 10 people and the provider received eight completed forms. We saw the majority of responses and comments were positive and if any issues were raised these were identified by the provider and responded to.

Good

# Is the service well-led?

## Our findings

During the comprehensive inspection on the 17 and 18 December 2015 we saw the provider had not identified, managed or mitigated risks to people in relation to a range of issues including the lack of specific risk assessments, management of medicines and reporting of incidents and accidents.

At the inspection on 1 September 2016 we saw the provider now had effective quality monitoring systems in place to identify issues and a range of audits were regularly carried out.

The registered manager explained the usual practice was to review the MAR charts monthly to ensure they were completed accurately. We were unable to review any medicines audits during the inspection as the service had only started to provide care for two people where care workers administered medicines in the previous month.

We saw an audit of complaints and incidents and accidents was carried out quarterly to identify if there were any trends in the type of issues recorded.

An audit was regularly completed in relation to the supervision, spot checks, appraisal and training which enabled them to ensure care workers had completed training and received support to help them in their role.

Monitoring of the arrival and departure times recorded was carried out regularly which enabled the provider to contact care workers who did not use the system correctly and they would contact them by email to remind them to log in and out for each visit.

The registered manager carried out a review of the documents in each care folder every quarter to ensure these were up to date and provided current information relating to the care provided.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Care workers were able to provide feedback on their views relating to the service. A questionnaire was sent to care workers in February 2016 asking for their views in relation to having enough time for each visit, if they had regular supervision and team meetings, if they felt their training was appropriate and they knew how to contact the senior staff. We saw the results of the questionnaire were very positive with care workers mainly agreeing or strongly agreeing with the questions.

The person using the service we spoke with and the relatives of other people receiving care told us they felt the service was very well-led. We asked care workers if they felt supported by their manager and if the service was well-led. Two care workers told us they felt they were well supported but three other care workers felt they would like more training. The care workers commented that they felt the culture of the

service was positive and they could speak openly with the senior staff. Two care workers told us they had gained in confidence since working at the service. One care worker did say, "There is an open culture at the service but they don't always listen." Other comments included, "It's a nice company. They're genuinely caring" and "Communication with clients and staff could be better."

The registered manager told us they held regular team meetings for the care workers. We saw the minutes from recently held team meetings and the registered manager confirmed these had been circulated to all the care workers.

A handbook was given to new care workers during their induction. We saw the handbook included the philosophy of the service, code of practice and standards of performance. The aims and objectives of the service were also included in the handbook. This meant that care workers had information about the aims of the organisation.