

Maestro Care Ltd

Caremark (Winchester & Eastleigh)

Inspection report

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29 June 2016

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 14 and 29 June 2016 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Caremark (Winchester and Eastleigh) provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 55 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency is managed from an office based outside of Eastleigh.

A registered manager was not in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was currently in the process of applying to register or the regulated activity of personal care.

People and their families told us they felt safe and secure when receiving care. However, people's medicines records were not always recorded appropriately and information on where to apply medicated creams was not always clear.

Relevant recruitment checks were conducted before staff started working at Caremark (Winchester and Eastleigh) to make sure staff were of good character and had the necessary skills. However, there were unexplained gaps in staff employment histories.

Staff received training in safeguarding adults and child protection for when they came into contact with children. Staff told us they felt supported and received regular supervisions and support. Staff meetings were held every quarter.

People's risk assessments and those relating to their home environment were detailed and helped reduce risks to people while maintaining their independence.

Staff received regular support and one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in people's care plans. People felt listened to

and a complaints procedure was in place. Regular audits of the service were carried out to assess and monitor the quality of the service. Staff felt supported by the managing director and staff in the office and felt they could visit the office any time and be listened to.

We identified a breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff were trained to support people with medicines. However there were some gaps in medicine administration records and no clear guidance on where creams should be applied.

Recruiting practices were not always safe; there were gaps on Staff's employment history.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns. Risks to people's welfare were identified and plans put in place to minimise the risks.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good 

The service was caring.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

Is the service responsive?

Good 

The service was responsive.

People received personalised care which met their needs.

People's choices and preferences were respected.

People's views were listened to. A complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

Staff spoke highly of the service, and felt the staff in the office were approachable and supportive.

Regular staff meetings were held and staff were also updated by monthly newsletters.

There were systems in place to monitor the quality and safety of the service provided.

Caremark (Winchester & Eastleigh)

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 14 and 29 June 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by two inspectors and an expert by experience who had experience of caring for older people.

Before the inspection, we also checked information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to fifteen people who used the service, or their relatives by telephone and visited two people in their own home. We received completed surveys from twelve people, four relatives, eighteen staff members and one health professional. We spoke with the director, the manager and eleven staff members. We looked at care records for eight people. We also reviewed records about how the service was managed, including five staff training and recruitment records.

This was the first inspection of Caremark (Winchester and Eastleigh).

Is the service safe?

Our findings

People told us they felt safe and felt the service provided staff who kept people safe whilst providing them with personal care. Everyone responded positively to the survey question 'I feel safe from abuse and/or harm from my care and support workers', showing that they felt safe with their care staff. One person said, "Yes I feel safe and I have no concerns." Another person said "I definitely feel safe." Relatives also responded positively to the survey question 'I believe that my relative / friend is safe from abuse and or harm from the staff of this service'.

People were not protected against the risks associated with the unsafe management and handling of medicines. There were up to date policies and procedures in place to support staff with current regulations and guidance. However, on some medicine administration records (MAR) there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. Staff administering medicines are required to initial the MAR chart to confirm the person has received their medicine. Records did not show what medicines people had received. For example one person was prescribed medicines in a blister pack, food supplement drinks, topical creams and medicines to be taken when needed. One was only required for the person to take when they were in pain and staff should record how much was given so the person did not have too many tablets. All these medicines were under one heading for the entire day so we could not tell if the person had received all of the medicines as prescribed. The care plans and MAR did not contain any guidance or information to support the administration of "when required" (PRN) medication. We spoke to one staff member who informed us that they administer a PRN medication for one person at night and they are not sure when this should be taken. We then checked the staff member's and whilst they had received training for the safe handling of medicines there was no record of an assessment to evidence they were competent to give people their medicines as required by best practice. Medicines were not managed safely and therefore, people were at risk of receiving either too much or, not enough, medication when required.

There were not effective arrangements in place for the management of topical creams. There were no topical body maps or care plans to support staff in understanding where and how much cream should be applied. For example one record contained no indication of where the cream was to be applied on the body. The record stated staff were to apply a 'thin layer am and pm'. We asked staff in the office who were responsible for writing and checking MAR charts and they could not tell us what the cream was for. We spoke with two staff who visited the person regularly who told us where and when they applied the cream. However, they also said the cream was to be used as required, but the MAR showed it was to be applied every day. One staff member also informed us it was only to be used for three weeks, stored in the fridge and then disposed of. They told us, "[person's name] had capacity to make decisions about application but as her carer she would monitor skin and advise client if she felt cream was necessary." Another Staff member confirmed that it was only to be applied when required and said, "[Person's name] is able to tell me when she needs it, but I will always check and prompt if needed during personal care." We also saw records that showed one person was having a prescribed cream administered by staff which were not detailed on their MAR chart. This meant that if regular staff were away from work due to holiday or sickness other staff visiting would be unsure of the correct procedures to follow and put the person at risk.

We spoke to the manager and the managing director about our concerns and the lack of clear auditing of medicines to ensure people's medicines are received safely. The manager informed us they had noticed a lack of recording in audits for medicines and would address all of our concerns relating to people's medicines and record keeping.

The failure of the provider to have an effective system in place to ensure the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Robust recruitment processes were followed which meant staff were checked for suitability before being employed by the service. One staff member told us, "My interview was lovely. My DBS took a while to come back, so I couldn't start for a while." Staff files included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records also included copies of staff's business car insurance; this meant that staff were insured to use their vehicle to drive around to people's homes. However, there were a couple of unexplained gaps in staff's employment history. We raised this with the director and manager who updated the form they used to check staff files before staff started to ensure the issue was identified in the future.

People's needs were met by sufficient numbers of staff. One person said, "Oh yes staff are reliable and they don't hurry. I never feel rushed." Everyone who completed our survey told us that their care and support workers arrived on time. Staffing levels were determined by the number of people using the service and their needs. One staff member told us, "I feel we have enough staff, they always seem to be recruiting." The managing director said, "You never have enough staff and we don't stop recruiting."

People benefited from a service where staff understood their safeguarding responsibilities. A safeguarding policy was available and staffs were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. During our inspection we spoke with staff, all were able to articulate how they ensured that people who used the services of the service were kept safe from abuse. One staff member told us, "I would make sure the person was safe first and if in immediate danger call 999." Another staff member said, "I would make notes instantly so it is all fresh in my mind, then fill in an incident form in the office, and inform social services."

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. Areas covered by these assessments included risks to the environment, medication and moving and handling. Plans set out how risks were minimised or prevented, for example ensuring the home environment was free from trip hazards. One staff member told us, "Risks are in the care plan and when you get your rota it will have a warning which means you need to check the care plan and risk assessment. Some risks are very bold and clear at the front of the folder for us to see."

We saw records of accidents and incidents which were given to the office staff to monitor. These records enabled the manager to investigate, take the appropriate action and debrief the staff involved.

The service had a business continuity plan in case of emergencies. This covered eventualities such as severe weather conditions, traffic delays, fuel shortages, pandemic, staff shortages, and the office and equipment being inaccessible. This contained a set of procedures to follow and emergency contacts for staff. For example if there was a postal strike and timesheets could not be posted to staff, then staff could either come in and collect their timesheets or local office staff to hand deliver to staff.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "I have no concerns whatsoever; I can't fault them at all. I welcome the visits that I get; it is always nice to know that someone is coming to see me." Another person said, "I would not be able to find any better carers than I get, they are amazing." All said they had no concerns as to the competency and ability of staff and were happy with the care provided. Everyone responded positively to the survey question, "My care and support workers have the skills and knowledge to give me the care and support I need."

People told us they were always asked for their consent before care was provided and staff confirmed this. One staff member said, "I always get consent from people before providing care, for example I will say 'it's a shower today, do you want one, and are you happy with that?'" People's care plans instructed staff about ensuring people's consent was gained. We saw records for one person who had signed consent forms giving staff permission to enter their home, administer their medication and provide personal care.

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. One staff member told us, "We got given a booklet on the MCA in a staff meeting." Another staff member said, "If I had concerns about somebody's capacity to make a decision, I would do my best to respect their wishes but would report concerns to the office who would deal with it." The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff described the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning and we saw people had signed their care plans where they were able to agreeing to the care the service intended to provide. However there was some confusion with some people's record's which we pointed out to staff who informed us they would make sure this was made clearer.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. They also confirmed that the agency were currently supporting them to achieve their National Vocational Qualification (NVQ) in Health and Social Care. One staff member told us, "Training is going really well the director enabled me to go to college and get an NVQ, which has really boosted my confidence. Really good training, I'm going to do my NVQ 3 next." Another staff member said, "Training is really useful and gives me all the knowledge I need." However records showed some training was due this month, but it was not clear when this was planned. We spoke to the manager who informed us they had just send out new workbooks for staff to complete and update their training.

People told us new staff members were accompanied by a regular staff member and shown how people like things done. The service had appropriate procedures in place for the induction of newly recruited members of staff. New staff were supported to complete an induction programme before working on their own.

Training was provided over five days and was a classroom based. New staff were ready to complete the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "My training was over five days in the office and I also went out shadowing with other staff."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "Supervisions are good, as I can have a word in private and discuss issues with service users or our hours." Another staff member told us, "Supervision is where you can bring up issues privately in the office."

As well as supervisions and spot checks every three months supervisors carried out moving and handling workplace observations. They checked that staff were wearing appropriate clothing and footwear and that the equipment was safe and clean to use in line with the risk assessment. One staff member told us, "In spot checks our line manager will check we are in the right uniform and have turned up on time."

People were supported at mealtimes to access food and drink of their choice. The support people received, varied depending on people's individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people who received a service from the service. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Care plans contained information about any special diets people required and about specific food preferences. One staff member told us, "I always ask people what they want for lunch or will take out a choice of meals for them to choose from." They also told us, "I have had to make porridge four times for someone, as it wasn't quite right for them and it should be how they want it."

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited staff told us they would call the office to let them know, so the next staff member was aware of the person's current health needs and any action needed. A relative described a recent emergency situation when the staff member had acted swiftly which enabled the person to recover back to normal health with no lasting effects. We spoke to a staff member who told us "I know the people I support so well, I got to one person and I knew they weren't right so I called 999, and they ended up in hospital, but due to me knowing them well, there has been no on going effects."

Is the service caring?

Our findings

People told us they felt they were treated with respect and dignity by the visiting care workers. One person said, "They are very good, very caring, I look forward to them coming, I don't know what I'd do without them". Another person said, "All the carers are kind and caring without exception." A relative told us "The [staff] have made a fantastic difference to my mum's life; my family is very impressed with what we have seen so far. [Staff] are fantastic. They support the whole family, not just my mother. The [staff] make it easy for all of my family. I would have no concerns to leave the [staff] with my mum on their own, they are all so trustworthy." Everyone responded positively to the survey question, "My care and support workers are caring and kind."

Care staff said they always kept dignity in mind when providing personal care to people. All staff who completed a survey stated that people who were supported by Caremark were always treated with respect and dignity by staff. Staff told us that information was contained in the person's care plan, including their personal histories and their likes and dislikes. They described how they would close curtains or doors and ensure people were covered with a towel when having a wash. One staff member told us, "I make sure curtains are closed and doors shut. Respect people, it's their home and keep it professional." We saw in one person's care plan it stated "at all times their dignity and choices are to be respected."

People told us they were encouraged to be as independent as possible. Everyone responded positively to the survey question, "The support and care I receive helps me to be as independent as I can be." Staff told us how they promoted people's independence. One staff member said, "I always get people to do as much as they can so they can keep their independence." Another staff member said, "I enjoy working here, I thrive on helping people, whether it be helping service users or carers."

People told us they had a copy of their care plan and had been fully involved in discussing their needs and the way in which the service should meet these before their care package started. Care plans provided information about how people wished to receive care and support. Information seen was very detailed and provided carers with the person's life history and their desired outcomes, which enabled the carers to communicate effectively with the person and what was most important to them. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the care agency's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People received individualised care which met their needs. One person told us, "I can change or amend my care package whenever I want, I just have to say to one of the staff and they will arrange it". Everyone responded positively to the survey question, "I am involved in decision-making about my care and support needs." A comment from a relative's questionnaire stated, "My mum is very happy with Caremark and doesn't want any changes to her care plan or carer. Routine and consistency are very important at her age and Caremark is very accommodating in this regard."

Staff told us they could refer to people's care plans for all the information they needed. One staff member told us, "Care plans are useful and detailed for every day of the week, as sometimes people can have different things on different days." Another staff member said, "Care plans are updated regularly and if I know of any changes I will always tell the office and tell the people I look after if they want anything added just to say." Care plans gave detailed instructions about how people liked to receive care. They gave detailed instructions about how people liked to receive personal care, how they liked to dress and were personalised with how people liked things to be done.

The daily records of care visits we reviewed encompassed all areas of care and support, including getting in and out of bed, personal care, administration of medication, mobility and meal preparation; these records were consistent in their level of detail.

People told us that regular reviews are facilitated by Caremark to ensure that their care plan meets their needs. Care plans were reviewed every three months. We observed some comments from some reviews and comments included; 'very happy, all outcomes are being achieved', 'very happy with morning calls. Previously was too early, but now it has been changed, I'm very happy' and 'I get on well with the carers that visit me, very happy.'

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. We saw the results from the latest questionnaire, which had been completed in June 2015, as the new survey was just being sent out to people. The results were mostly positive. Comments included "all very helpful", "Very pleased with all of them." One of the actions was for senior staff to explain to people using the service the care file fully, and make sure it is understood by people using the service. We observed a member of staff on a home visit to a person in their own home, this was completed at a pace that appeared comfortable for the person and they made sure the care file and review was understood. The managing director of the service also employed two external companies, where people and their families and health professionals could fill in a survey and send it to the company who showed the feedback on their internet site. A recent quote stated, "Very happy with the service that I receive. I feel I get on well with the different carers that visit me daily."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. There had been two complaints in the past year and these had been investigated thoroughly and the person and their relatives were satisfied with the

response. One person told us, "I'd ring the office but I have no complaints." Another person said, "I have a leaflet. I haven't complained but I would if I needed to, I speak my mind."

Is the service well-led?

Our findings

Most people we spoke to believe the service was well-led. One person told us, "I would definitely recommend this service to others, they are absolutely superb". A comment from a questionnaire from a health professional stated, "When I speak to the Caremark office I feel that they listen and are proactive with care planning. They show an understanding of individual cases and are familiar with the cases so a meaningful conversation can be had. I was at a client's home recently when she was receiving her care and I found [staff] to be warm, kind and respectful to her."

At the time of our inspection the registered manager had left the service and a new manager had been in post for a few weeks and has applied to be registered with CQC and their application was being processed. Even though most staff felt supported staff in the office felt morale was low due to the sudden departure of the old manager who they found really supportive especially with supporting them out of hours on call. One staff member told us, "The last manager was so supportive, I could call them anytime and they would get stuck in and help me." They also said, "Staff morale went down when she left."

The service promoted a positive culture and had an 'open door' policy. Staff said office staff and managers were approachable and they were always made welcome at the office. One staff member told us, "I love working here, they very understand of my needs as a working mum, and the office staff and director are lovely." Another staff member said, "The director is always in the office, very approachable, I can raise concerns with him." A third staff member told us, "Office staff are very approachable and always answer my queries." The director of the service told us, "I have an open door policy if there is a problem it will be solved here and not by head office."

Staff meetings were held every quarter, but can happen more frequently if something needs to be discussed with staff. Staff meeting were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service. One staff member told us, "We get an agenda and we can add items at the end. We can also pass on information confidentially which will be brought up but won't know who it is from." Another staff member said, "We are always asked for ideas on how to improve the service, I put in a suggestion about on call, which they are currently looking at." Minutes from a recent meeting in May 2016 showed that staff had been reminded to sign MAR charts and failure to sign medicine records could result in staff not making their performance bonus.

The managing director told us, "Performance bonuses came in one year ago. We used to have a carer of the month before but staff didn't like it, as they felt it went to favourites. So we now have the performance bonus which all staff can achieve just by doing their job role, for example, making sure the timesheets are handed in on time and recording correctly on the MAR charts and it is for a three month period. This means if all staff complete their job well they will benefit with an extra payment every three months." Staff told us they were happy with the performance bonus, one staff member told us, "The staff bonus scheme is very good because 'it keeps us on our toes'" Another staff member said, "I've never had a bonus scheme before, it gives people an incentive."

The service also sent out a monthly newsletter to all staff. One staff member told us, "I receive the monthly newsletters which give details about updates about safeguarding, medication and MCA." Newsletters also included the values of the company reminding staff of the company promise, "To give our best effort at all times for our clients and for each other." Staff also received a company handbook which reinforced the values of the company and their mission statement which was, "To achieve greatness in the provision of domiciliary care."

The manager used a system of audits to monitor and assess the quality of the service provided. The manager compiled a weekly report which included safeguarding, complaints and compliments, staffing issues and achievements. The director of the service told us, "We have audits from head office every three months and every year a full audit of the service."

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

All people who used the service told us that the care workers generally arrived on time or they informed them when to expect them. People and relatives who used the service told us they were not at all concerned by the administration of the service as they were always provided with names of care workers that were coming into their homes prior to them coming. Staff also told us they were happy with support they get from the office. One staff member told us, "Rotas always come on time and I have consistent clients and rounds." Another staff member said, "I have regular clients, and am always informed about updates and changes and I feel very supported in my role." A third staff member said, "I can't fault it here, I have no issues with the company."

The managing director had made links with the local community. They told us, "We help the local community, we are helping to support a local charity event in the summer by providing a raffle prize and some of our carers are coming along to serve tea and cake in the park."

People benefited from staff who understood and were confident about using the whistleblowing procedure. One staff member told us, "I'm aware of the whistle blowing policy, all staff know about it and spoken to us in staff meetings." There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider and manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment medicine breach |