

APC Care Limited

# Caremark (Eastbourne & Wealden)

## Inspection report

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Date of inspection visit: 27 January 2015

Date of publication: 07/04/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We inspected Caremark (Eastbourne & Wealden) on the 27 January 2015. Caremark (Eastbourne & Wealden) is a domiciliary care agency providing personal care for a range of people living in their own homes. These included people living with dementia, older people and people with a physical disability. At the time of our inspection the service supported 29 people and employed approximately 25 staff. Caremark (Eastbourne & Wealden) operates as a franchise business, trading as APC Care Limited. Caremark provide domiciliary care franchises and services across England.

On the day of our inspection, there was no registered manager in post; however a registered manager application had been received by the Care Quality Commission (CQC), which has subsequently been accepted since the 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.

# Summary of findings

Caremark (Eastbourne & Wealden) has not been previously inspected. We found areas of practice that required improvement.

Where people lacked mental capacity to make specific decisions, the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. However, despite senior staff having appropriate training and knowledge, we found that care staff had not received formal training around the MCA. This is an area of practice that requires improvement.

Quality assurance was undertaken by the provider to measure and monitor the standard of the service provided. However, we found that despite checks taking place, we could not identify how the provider monitored or analysed information over time to determine trends, create learning and to make changes to the way the service was run. This is an area of practice that requires improvement.

Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

The service had good systems in place to keep people safe. Assessments of risks to people had been developed and reviewed. The service employed enough, qualified and trained staff, and ensured safety through appropriate recruitment practices.

People said they always got their care visit, they were happy with the care and the staff that supported them. One person told us, "They're very thoughtful, always polite, they're very good".

People told us they were involved in the planning and review of their care. We were given examples that showed the service had followed good practice and safe procedures in order to keep people safe.

Staff received an induction, basic training and additional specialist training in areas such as dementia care, nutrition and first aid. Staff had group and one to one meetings which were held regularly, in order for them to discuss their role and share any information or concerns.

If needed, people were supported with their food and drink and this was monitored regularly.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed the service acted quickly to ensure the person received the care and support they required. A member of staff told us, "We take notice of any problems with the clients and the office listens to us. One person was having real problems with their hearing aids, so I called the office and they sorted it all out".

People and their family members told us they were supported by kind and caring staff. A person told us, "I'm happy with the way they look after me, and the way they look after my husband". Another said "They do what they do very well". Staff were able to tell us about the people they supported, for example their personal histories and their interests.

People's personal preferences, likes and dislikes were recorded on file and staff encouraged people to be involved in their care. A person told us, "They'll do anything I ask them to. If I want to change my time by 10 minutes – no problem".

People knew how to raise concerns or complaints. People and their relatives were regularly consulted by the provider using surveys and meetings. A person told us, "If something goes wrong, I only have to mention it".

The manager, along with senior staff provided good leadership and support to the staff. One member of staff told us, "I feel that Caremark are excellent and really supportive".

# 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 and relatives told us they felt safe with the staff that supported them. Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support. Medication was administered and managed appropriately.

The service had clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff to deliver care safely, and ensure that people's care calls were covered when staff were absent. When the service employed new staff they followed safe recruitment practices.

Good



### Is the service effective?

The service was not consistently effective.

Care staff had an understanding around obtaining consent from people, but had not had any formal training around the Mental Capacity Act 2005 (MCA), and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

Staff understood people's health needs and acted quickly when those needs changed. Where necessary further support had been requested from the social services and other health care professionals. Where required, staff supported people to eat and drink and maintain a healthy diet.

There was a comprehensive training plan in place for staff. The staff we spoke with were complimentary about the support they received from the service. The service tried to match staff with similar interests to people.

Requires Improvement



### Is the service caring?

The service was caring.

People were pleased with the care and support they received. They felt their individual needs were met and understood by caring staff. They told us that they felt involved with their care and that they mattered.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care. Staff were able to give us examples of how they protected people's dignity and treated them with respect.

Staff were also able to explain the importance of confidentiality, so that people's privacy was protected. Care records were maintained safely and people's information kept confidentially.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People and their relatives were asked for their views about the service through questionnaires and surveys. People told us they felt listened to and staff responded to their needs.

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen the manager had completed a detailed investigation, and action had been taken to reduce the risk of the issue from happening again.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

**Good**



## Is the service well-led?

The service was not consistently well-led.

The provider completed a number of checks to ensure they provided a good quality service. However, we found that despite checks taking place, we could not identify how the provider monitored or analysed information over time to determine trends, create learning and to make changes to the way the service was run.

Staff felt supported by management, said they were listened to, and understood what was expected of them. People were able to comment on the service provided to influence service delivery.

We saw that the staff promoted a positive and open culture. The staff we spoke with had a clear understanding of what their roles and responsibilities were.

**Requires Improvement**



# Caremark (Eastbourne & Wealden)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 27 January 2015. This visit was announced, which meant the provider and staff knew we were coming. We did this to ensure that appropriate office staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views.

An inspector and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people.

Before the inspection we 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 planned to make. This enabled us to ensure we were addressing any possible areas of concern and looking at the strengths of the service.

We also reviewed other information we held about the service, and considered information which had been shared with us by the Local Authority, and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority to ask them about their experiences of the service provided to people.

On the day of the inspection we spoke with the manager, the owner, and a co-ordinator. After the inspection we contacted 15 people that used the service and six relatives by telephone. In addition to this we spoke with a further three care staff following the inspection.

Over the course of the day we spent time reviewing the records of the service. We looked at four staff files, complaints recording, accident/incident and safeguarding recording, staff rotas and other records related to the management of the service. We also reviewed four care plans and other relevant documentation to support our findings.

# Is the service safe?

## Our findings

People said they felt safe and staff made them feel comfortable. One person told us, “Oh Lord yes, I feel very safe”. Another said, “No problems at all, there’s nothing to worry about”.

People told us that their care calls were not missed, they always got their visit from regular staff, and that staff arrived on time. One person said, “I have the same carers now. The company changed hands last July and it’s much better now”. Another commented, “Punctual, cheerful and friendly. She phones if she’s running late and they ensure the work is done”. Another person told us they have four visits per day that require two care workers, they stated that the calls were on time and that the continuity of care was very good.

Systems were in place to cover sickness and ensure that care calls went ahead as planned. The manager told us “When staff call in sick, their calls get re-allocated to other care workers, or they are picked up by the supervisors. No calls get missed”. The provider used a system of real time telephone monitoring. This system required care workers to log in and out of their visits via the person’s telephone when they arrived and left. This system enabled the provider to track in real time whether people’s care visits had gone ahead, whether they were late and enabled them to make alternative arrangements if required.

There was a system in place to identify risks and protect people from harm. Each person’s care plan had a number of risk assessments completed, that had been discussed with them and reviewed. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. The manager told us, “We carry out an initial assessment of people before the care starts. We look areas such as moving and handling, medication, food and drink, skin integrity and risks in the home environment”.

Systems were also in place to assess wider risk and respond to emergencies, such as extreme weather. We were told by the manager that the service operated an out of hours on-call facility within the organisation, which people and staff could ring for any support and guidance needed. There was a business continuity plan, which instructed staff on what to do in the event of the service not being able to function normally. The manager told us, “We

have a risk rating system where we prioritise the most at risk people first, and we can access the computer systems remotely. When there has been flooding in the local area, we plan different routes and support staff to get to calls. We would adapt and we have corporate contingency support and advice from Caremark”.

Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. For example, after analysis of an incident, one person received a review of care to determine if it was still meeting their needs. Additionally the importance of reliability was reiterated to staff.

Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There were a number of policies to ensure staff had guidance about how to respect people’s rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly.

We asked staff if they felt that the service had enough staff to meet the needs of people. One staff member told us, “I think we have enough staff, and I get enough travel time on my rota to get to everyone on time”. Another said, “I don’t have any concerns about staffing. We provide good continuity of care and have a standby system to cover all calls”. The manager told us, “We have enough staff at the moment and we continually recruit. We always ensure we have the correct number of staff to cover the work we have. We look at the length of call required, the travel time and the distances involved and determine what is needed and whether we can take it on. We would not take on a care call if it cannot be covered”. The co-ordinator told us that the service forward planned their staffing arrangements to make sure people were kept safe. They said, “We schedule our care calls about two weeks in advance. The scheduling system doesn’t allow us to just squeeze calls in, for example if there is not enough travel time available to get between calls. There is an allocation of travel time on all calls”.

Safe recruitment practices were followed when they employed new staff. All records we checked held the

## Is the service safe?

required documentation. Checks had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to work with vulnerable adults.

We looked at the management of medicines. Care workers were trained in the administration of medicines. The manager described how staff completed the medication administration records (MAR) and we saw these were accurate.



# Is the service effective?

## Our findings

People told us they received effective care and their care needs were met. One person told us, “I’m very happy with my current carers”. Another said, “I don’t have to ask, they just get on with it”. However, we found areas of practice that required improvement.

The Mental Capacity Act (MCA) 2005 was designed to protect and restore power to those people who lack capacity and are unable to make specific decisions for themselves. The manager understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. They were aware any decisions made for people who lacked capacity had to be in their best interests. Staff understood the importance of gaining consent from people before providing care, whilst also respecting people’s right to refuse consent. One staff member told us, “I always ask first and respect people’s decisions. If people don’t want their care that’s fine, I’d ask again, otherwise I’d record it and contact the office”. However, despite staff having an understanding of obtaining consent, we found that care staff had not received formal training around the MCA. This is a risk as staff may not have clarification about the actions they can take if someone does lack capacity, and the legal safeguards that govern this. We raised this with the manager and saw that three senior staff had received formal training around the MCA. However, this has been identified as an area of practice that requires improvement.

Information around advocacy services was available for people, and also available for staff. Details of local advocacy services were also given to people in their information pack about the service, so that people knew they could have an advocate to help them with decisions if they wished.

People told us that they were matched with care workers they were compatible with. If they felt a care worker was not suited to them they were able to change them. One person told us that they did not want a male care worker and this was respected. Another person told us they preferred more mature staff visited them. A staff member told us, “It’s nice that we match carers to clients, so we get along. I’m really happy about this and it means the world to me that the clients are happy with me too”. The manager

told us, “We record people’s likes and dislikes and preferences and the computer system alerts us if a client doesn’t want a particular care worker. Whenever we get a new client or care worker we carry out an introductory visit”. Records showed where a person had requested a change in staff this was agreed.

Staff had received training that was specific to the needs of people, for example in food hygiene, manual handling, medication, health and safety and equality and diversity. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until they were deemed competent to work unsupervised. They also received training which enabled them to provide effective care, for example around the care of people with dementia. People felt staff were well trained. One person told us, “Oh yes they are very good”. Another said, “They are very skilled and they look after me properly”. Staff received ongoing support and professional development to assist them to develop in their role. Staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. We saw copies of supervision records, and any concerns identified were recorded and actioned by management.

Where required, staff supported people to eat and drink and maintain a healthy diet. Three people told us that their care workers prepared breakfast for them and that they always had a choice of what they wanted. A person told us, “They do my shopping and then they have a chat with me, I like that”. Care plans provided information about people’s food and nutrition. The manager told us “People’s food and drink requirements are in their care plans, and any special diets are recorded. We have liaised with dieticians for people who have a high fortified diet. We monitor people’s food and drink intake. We’ve had no complaints yet about our cooking”.

People had been supported to maintain good health and have ongoing healthcare support. A person told us, “I’m very grateful, they’re very helpful. I couldn’t manage now without them”. We spoke with staff about how they would react if someone’s health or support needs changed. One told us, “We take notice of any problems with the client and the office listens to us. One person was having real problems with their hearing aids, so I called the office and they sorted it all out”. Another staff member said, “We’re always listened to by the office and taken seriously. There was a lady with dementia I visited and she didn’t look well. I



## Is the service effective?

phoned the office and they got the GP to come out to her". The manager told us, "The care workers are good at reporting in concerns. For example, we were told that one of the gentlemen we see wasn't himself. We sent out a field care supervisor to see him and we called an ambulance for him. We provide consistent care, so we understand

people's conditions. We work with people to get help and encourage them to call the doctor, even if they don't think they need to". We also saw that if people needed to visit a health professional, such as a dentist or an optician, then a member of staff would support them.

# Is the service caring?

## Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, “Compassionate and caring, they go the extra mile”.

We asked people if they felt that staff understood them and their needs. One person said, “I’d recommend them to anybody”. Another person said, “I’m happy with the care I get”. A relative said, “We’re thoroughly satisfied with Caremark, and surprised at their personal service”. Staff were also able to describe how they met or understood people’s individual needs and preferences. One staff member said, “You get to know your clients and what they like. I have a lady who only wants her sandwiches cut into squares with no crusts. She didn’t eat them when I cut them into triangles”. Another staff member told us, “I go and visit the same people all the time. We give really good continuity, so you get to know people really well”.

We asked staff how they ensured that they knew what support the person they were caring for needed. All of them said the information was contained in the person’s care plan, including their personal histories. People and their relatives told us they had been involved in the planning and review of their care. People also told us that they understood their care plans and had discussed choices around their care.

People we spoke with said they felt staff treated them with dignity and respect. One person told us, “When showering me, she’s very careful and thoughtful”. Another person said, “They’re very respectful and kind”. A relative added, “They treat [my relative] very well”. Several people told us how staff made sure they removed their shoes before they entered their home, and that they fully respected their home and possessions.

Staff were able to give us examples of how they protected people’s dignity and treated them with respect. One member of staff said, “I treat people how I would treat my own Mum and how I would want to be treated”. Another told us, “We promote equality, we promote dignity and make sure people are happy and have their choices respected”. A further staff member told us, “I have a client who really wants to maintain her independence with getting washed in the morning. She does what she can and then we do the rest, it is all done in a very dignified manner, supporting her all the way”. A person told us, “They treat me as equals and with respect”.

The service had a confidentiality policy which was accessible to all staff. People using the service received information around confidentiality as well. One staff member told us, “We are told at induction about the importance of confidentiality”. The manager told us, “We have a confidential information policy. For example, all key safe numbers are stored away from people’s addresses, so if a care worker dropped their documentation it would still be confidential. All staff have a good understanding of confidentiality and also not talking about other service users”.

# Is the service responsive?

## Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, “They’ll do anything I ask them to. If I want to change my time by 10 minutes – no problem”.

People had up to date care plans which recorded information that was important to them, and staff we spoke with said they felt the care plans were detailed enough so that they could provide good quality care. One staff member told us, “The care plans are good and full of detail. The supervisors’ update them as well”. When we reviewed the care plans we saw that people’s personal histories, likes, dislikes and hobbies and interests had been recorded.

People received care which was personalised to reflect their needs, wishes and aspirations. Care plans showed that assessments had taken place and that people had been involved in the initial drawing up of their care plan. These plans also provided information from the person’s point of view. They provided information for staff on how to deliver peoples’ care. For example, information about personal care and physical well-being, communication, mobility and dexterity. One person’s care plan stated ‘I suffer from dementia and am therefore quite forgetful, so please be patient and understanding with me as I tend to forget things’. Another person had requested in their care plan that every Wednesday they wished staff to introduce themselves, walk them to their car and take them to a supermarket of their choice. The manager told us how they had arranged for a person to attend a local church on Christmas day and that the service was happy to try and facilitate any trips out that people wanted.

People were treated as individuals and their care needs reflected personal preferences, for example, people were able to change the times of their calls to suit their plans. One person had received earlier calls so that they could

attend a regular appointment. We looked to see if people received personalised care that was responsive to their needs. People were happy with the standard of care provided. They also told us that the care met their individual needs and their decisions were respected. One person said, “They look after me very well, if I want extra help I just phone the office”. A staff member told us, “All people are treated as individuals. If somebody wants to stay in bed and have a cup of tea until they are ready that’s fine. We’ll just go off and do something else”.

Everyone told us they had been asked to give feedback about their care or support. One person told us their care needs had reduced as they were getting stronger following an operation and they had discussed this with the service. Another person told us that they now needed further help, due to deteriorating health and this had been implemented. Further people told us they had recently received satisfaction questionnaires, or had been contacted for their feedback over the phone or in person in the past three months. A service user and relatives’ satisfaction survey had been sent in January 2015. Results of people’s feedback had been gathered, but as yet had not been analysed.

We looked at how people’s concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. One person told us, “Any negative comments are usually dealt with quickly”. Another person said, “Complaints in the last year? No, they should complain about me! Only little niggles, but things have improved”. Staff told us they would encourage people to raise any issues they may have. One said, “I’d always support somebody to make a complaint”. Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that in light of one complaint a review of care took place and an apology was issued.

# Is the service well-led?

## Our findings

People indicated they felt the service was well led. One person told us, “Since the new manager took over the staff have changed and things are much better now”. Another said, “There is a good manageress now. The girls are fabulous”. However, despite people’s positive feedback, we found areas of practice which required improvement.

Quality assurance was undertaken by the provider to measure and monitor the standard of the service provided. For example, the manager checked all medication administration records (MAR) for errors, and accidents and incidents and complaints were routinely recorded and investigated appropriately. However, we found that despite checks and monitoring taking place, we could not identify how the provider monitored or analysed information over time to determine any trends or concerns, to create learning and to make changes or improvements to the service where required. We raised this with the manager, who agreed that more robust and formal audits of quality would improve the service. Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. The information gathered from regular audits and monitoring over time is used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. We have identified this as an area of practice that requires improvement.

The service had a clear set of values in place. We discussed the culture and ethos of the service with the manager. The service had a mission statement and statement of purpose that set out its intentions to provide high standards of care to people and value and encourage their staff. This information was available to staff and people. We asked staff about the culture within the organisation. One said, “Caremark does what is says on the label, we’re a care company. We care for clients, we care for staff, we care”. Another staff member said, “This is a very caring organisation, I’d let Caremark look after my Nan, no problem”.

We asked the manager about how people were given the opportunity to give feedback about the service. They told

us that both face to face and telephone reviews were carried out regularly, and that questionnaires about the service were sent out. A person told us, “There’s always someone at the office to talk to”. Another person said, “The care is much better now, as there is more contact from the office. It feels more secure”.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager’s would support them to do this in line with the provider’s policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

Staff said they felt well supported and were happy in their roles. One staff member told us, “This is the best company I’ve worked for. I can’t think of anything they need to improve on”. Another said, “It’s like a little family here. All the staff are lovely and really supportive. We all help each other out”. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. One member of staff told us, “I get excellent support and really feel listened to”. Another said, “The manager is great, if we have a problem they solve it for us”. A staff member told us they had raised concerns in the past and that they had been dealt with satisfactorily. Further comments included, “I’m really happy here and well supported” and “Caremark are excellent to work for”.

There were good systems of communication within the service, and staff knew and understood what was expected of them. Regular spot checks took place between care workers and supervisors to assess competency and provide support and guidance. Staff meetings took place and the service regularly updated staff with memos, or on their weekly rotas with any issues, changes or relevant information they may require. Furthermore, staff were issued with a handbook that detailed their role and responsibilities, and the purpose of the company.