

L & M Care Limited

Caremark (Welwyn & Hatfield)

Inspection report

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on the 10th and 13th of April 2015 and was announced. We told the provider two days before our visit that we would be coming to make sure that the people we needed to speak with were available.

Caremark (Welwyn & Hatfield) is a domiciliary care service registered to provide personal care to people living in their own homes. There were 130 people receiving care.

There was a manager at Caremark who had applied for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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

At an inspection on the 23 and 26 September 2014 we asked the provider to take action to make improvements in relation to safeguarding people from abuse, requirements relating to workers and staffing. We completed a responsive follow up inspection on the 19 January 2015. We only looked at the requirements for safeguarding people from abuse and found that they were meeting the requirements. We received an action plan from the provider against the remaining areas of noncompliance that said they would meet the relevant legal requirements by April 2015. We found at this inspection the provider had not met all the relevant legal requirements.

The provider used safe systems when new staff were recruited and the staff were aware of their responsibility to protect people from harm or abuse.

Staff received regular training but we were not able to view evidence of some training we requested to ensure people's individual needs were met.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005). Staff also understood the importance of giving people as much choice and freedom as possible. Staff gained consent from people whenever they could and where people lacked capacity we saw that arrangements were in place for staff to act in their best interests.

People were provided with appropriate care and there were systems in place for staff to support people, so that their health needs were met.

Staff were kind and people appreciated the positive relationships they had with staff. People we spoke with were complimentary about the staff providing the service. Staff told us about the importance of choice. People's privacy and dignity were respected and all confidential information was held securely.

Care plans included information about people's history and interests. People's individual needs were assessed and were specific to them as individuals. Staff were knowledgeable about how to manage people's individual needs.

The provider had a complaints policy and people we spoke with knew how to complain. The provider did not have effective quality assurance monitoring in place to monitor trends to recognise areas that required improvement.

At this inspection we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

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 felt safe.

Staff were able to describe what constitutes abuse and were confident about how to report any concerns.

There were sufficient staffing levels to meet people's needs.

Good



Is the service effective?

The service was not effective

People received care and support from staff who received regular support and supervision.

We were not able to view evidence of some training we requested and some staff felt they had not received the training to meet the clients needs.

People had been involved with planning their care.

People had access to other health care professionals.

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Requires improvement



Is the service caring?

The service was caring

People were treated with dignity and respect.

Staff understood the importance of supporting a person's independence.

People told us that staff were caring.

Good



Is the service responsive?

The service was not always responsive

People were involved with their care.

People who used the service still were not receiving their support when required.

Care plans were person centred.

People knew how to complain or express concerns.

Requires improvement



Is the service well-led?

The service was not well led

The provider had taken steps to improve the service since the last inspection.

Requires improvement



Summary of findings

Manager developed opportunities for the staff team to communicate and share knowledge and practice.

The manager undertook quality audits and surveys however no service improvement plans had been developed from these.

Caremark (Welwyn & Hatfield)

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 was announced and took place on 10th and 13th of April 2015. We gave 48 hours' notice of the inspection because we needed to make sure that the manager would be there. The inspection team consisted of two inspectors. One inspector visited Caremark while the other inspector called people at home to get their views.

Before we visited we reviewed information we held about the home including statutory notifications that had been submitted. We spoke with the monitoring officer for the local authority and reviewed their report. Statutory notifications include information about important events which the provider is required to send us

During our inspection we spoke with twelve staff and eighteen people who used the service. We looked at five care records and seventeen staff files. We looked at a range of policies, procedures and other documents relating to the running of Caremark.

Is the service safe?

Our findings

Our previous inspection of 23 and 26 September 2014 we found that the provider had not ensured that there were enough suitably qualified, skilled and experienced staff available to provide care for people and as a result some calls were late or missed completely.

We inspected on the 10 and 13 April 2015 and we found the provider did have the necessary recruitment practices in place and where documentation had previously been missing the provider contacted staff to request this information. There were now suitable recruitment checks in place to make sure people were suitable to work for the service.

We saw that there were enough staff to meet the hours of care that were being provided. However we saw from records that calls continued to be regularly attended late. This meant that people were kept waiting for their care which could compromise their safety. We received mixed feeling from people about this. One person said, "Staff usually come on time unless there has been a crisis somewhere". Another said, "staff have got better but recently no one came so I had to ring the office and then the person came". Staff told us there were enough staff available to deliver care safely.

People were supported by staff who had received training in safeguarding adults. Staff members were knowledgeable in recognising signs of potential abuse and told us they would report any concerns to the management.

We found that care plans contained risk assessments in areas such as: moving and handling, Medication and management for my environment, these were regularly reviewed. The care plans contained information about the person and gave guidance for care staff to follow. There were documents for use in the case of emergencies that gave information about the person's health needs. There was information about what to do for example, if a person was found on the floor, who to contact and where to find their medicines. Staff we spoke with were able to describe what to do in an emergency.

People we spoke with told us they felt safe. There were risk assessments to help staff care for people in a safe way. For example where people required fluids to be thickened to prevent the risk of them choking the guidance was in the care plan. A supervisor told us that when a staff member had not been to a person before that they would be provided with information about the person before attending and they had the care plan for guidance. We saw that care plans had good guidance for staff.

There were systems to manage emergencies, for example if a staff member went sick after the office had closed the on call person would alert the supervisor. They had access to the staff rotas to see availability for cover and as a last resort they covered the shift if required.

We saw that staff had received training in the safe administration of medicines. This enabled them to support people to take their medicines at home. Staff received regular spot checks and competency assessments. This helped to ensure that people received their medicines safely.

Is the service effective?

Our findings

Staff told us they had received supervision from line management and records confirmed this. Staff had received regular spot checks about every six weeks and these were unannounced. They were completed by supervisors to check staffs competency and skills. Staff we spoke with confirmed that they had received these checks. People told us they felt staff knew what they were doing and were well trained.

We saw that staff had completed inductions and now received regular supervisions and training. Staff told us they had training but this did not cover all areas. For example, some staff told us that they supported people who lived with dementia, mental health condition and learning disabilities but they had not received the relevant training. One staff member said, "Me and the person's family have learnt as we have gone along". We asked the deputy manager and the person responsible for training to send us evidence of training that staff that completed. However although this was agreed we did not receive the information. This meant not all people's needs were being met by staff that had the appropriate training.

Staff we spoke with understood their responsibilities under the Mental Capacity Act 2005 (MCA). They explained the importance of giving people as much choice and freedom

as possible. One staff member said, "We talk to people about what we are doing and always respect their wishes." We saw in people's care plans that they had been involved with the planning of their care. People were given choices. For example, what they had for breakfast and what clothes to wear. People we spoke with told us that staff explained what they were doing and gained the persons consent to personal care and support.

Staff had received training that covered food handling, preparing meals and assisting people to eat. There was guidance in care plans to support people with their meals. For example, "I require assistance in making a snack and hot drink of my choice". We saw where people had medical conditions such as diabetes that guidance was provided about the person's diet and medication. People who used the service had their needs assessed and regularly reviewed.

Staff told us what they would do in a medical emergency, for example all staff knew if a person was found on the floor that they would call the emergency services and wait for support. Staff told us that if there were changes to people's health then this would be reported and GPs would be made aware. One person told us how they had helped to arrange for a GP to attend a person who had developed an eye infection.

Is the service caring?

Our findings

People we spoke with told us that all the staff were very caring. Some staff we spoke with told us they had built up positive relationships with the people they provided care for and one staff member said, "I treat people the same as if they were my own nan or granddad". Staff were able to tell us about the people they cared for. One staff member told us about a person who could get a little aggressive when receiving personal care. They told us that if this happens we just offer the person a cup of tea and talk to the person in a calm and reassuring manner and eventually they will allow us to provide their care.

Staff we spoke with confirmed that if they were running late that they would contact the office to ask that the person was informed they were late, some staff called the people direct to let them know. People told us that the office did not always let them know when people were running late which did not show people respect.

People we spoke with told us that they were treated with respect by care staff and that their dignity was preserved. Staff we talked with were all aware of the importance of

protecting people's dignity and one person said, "If we are giving personal care and there are friends or family members in the room, we would ask them to leave. Or if people are able to manage but just require help getting to the toilet then it's important to give them privacy". Staff told us that they supported people to do as much for themselves as they could and understood the importance of a person's independence but said they would support people where required.

People had initial assessments and were involved in their care plans. We saw from the care plans that people had been listened to, for example people's likes and dislikes and people's goals had been documented. There were examples of how people would like to be supported; We were told that regular quality assurance checks were done with people who used the service to see if they were happy with the service. However people we spoke with gave mixed responses about being asked for feedback. Some said they had received questionnaires but did not find these allowed them to feedback the points they wanted to because they were tick boxes that did not allow for comments.

Is the service responsive?

Our findings

At a previous inspection in September 2014 we found some people did not receive their care calls at the times they should have done. At our inspection on the 10 and 13 April 2015 we found that people were not consistently receiving the care and support they needed when they needed it. We viewed the actual time that people received their support against the planned time the support should have been delivered. We found that there were still a lot of calls that ran late and some calls were early. For example, one call that was scheduled at 09:30 am was attended by staff at 07:10 am; this was two hours and twenty minutes early. We saw calls running up to an hour late. This meant people were left waiting for their care. We spoke with the provider about this and checked the call logs where information relating to the calls delays were documented but we found that no reasons for the call delays had been logged. The provider said that they will look at ways to improve attendance.

We found that the provider did not ensure that staff attended calls on time to effectively meet people's needs this was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed views about the staff team. One person told us that, "They have sorted out the staff recently and now I get the same ones every day. Before I never knew who was coming". . However one person told us, how fed up they were with the constant changing of rotas, "so you never know who is coming". People we spoke with told us that they would like a weekly rota so that they knew who was coming.

People and their families told us they had been involved with their care, and where required other professionals would be involved. For example, staff told us that where people were on soft diets that a nutritionist would be involved to help meet the person's needs. Care plans showed how people wanted to be supported. For example, how they would like to be communicated one person's care plan stated "Politely. I like to be independent so prompting me to do tasks is the best way. Need to talk loudly because of my hearing".

A supervisor told us that they assessed all new clients and the importance of asking the person what support they needed and how they would like this to be given. The care plans were person centred and had lots of information about the individuals as well as guidance to meet people's needs. People's history, preferences and goals were documented.

The provider had a complaints policy and procedure and people we spoke with knew how to make a complaint. One person said, "I have complained". We saw the complaints log and all complaints had been responded to and the service's policy followed. People had the necessary contact numbers available in their care plans to support them to call the office if they had any concerns. Staff we spoke with confirmed that people's complaints were taken seriously and that they would report any concerns back to the management. The provider used quality assurance checks where people were contacted and asked: "Are you aware of who to contact, Is this information in a format you understand" This was done to ensure people knew who to contact should they need to.

Is the service well-led?

Our findings

We received mixed views but most of the staff told us that the managers were approachable. However people who used the service commented about the number of changes in managers recently and how unsettled they felt about it. One person said, "It would be good to have some contact with the new manager, too have some communication to know what's going on."

The provider told us that they now had enough staff to meet people's needs and that they had taken on a new manager plus a deputy manager. However we found that calls were regularly attended late and no reasons for this lateness had been logged. We found that people did not receive their care and support at the allocated times. The provider's quality monitoring systems had not identified this as a problem and action had not been taken to address the issue despite it being part of the action plan to meet the regulations following the previous inspection and it having a direct impact on people's care.

The provider did not ensure there were adequate systems in place to monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had also employed a person for training and recruitment. The provider explained that this had allowed them to step back and work on other areas of the business. They had sought external advice from a business coach to help them develop their business. The provider said that their vision and values were discussed during inductions and in staff meetings. We were shown a planner for regular group meetings. However staff gave mixed responses about meetings most people said that they had happened but not that often. The supervisors confirmed that they had regular meetings. Staff did feel that the changes were for the best and felt that the management were approachable.

The manager was not registered with the Care Quality Commission; however the registration process had been started.

There were systems used to monitor the service. For example all supervisions and spot checks were reviewed by the managers for quality assurance before supervisors could file them away. We asked the manager how they used the information that is gathered from audits, surveys and staff meetings. We found there were no systems in place to use this information to develop the service. The only action plans in place had been the action plans from the last inspection.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations
2010 Care and welfare of people who use services

The provider did not ensure that staff attended calls on time to effectively meet people's needs.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations
2010 Respecting and involving people who use services

The provider did not ensure there were adequate systems in place to monitor and improve the quality and safety of the services provided.