

Mars Cheshire Limited

Caremark (Cheshire North East)

Inspection report

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Date of inspection visit:
05 June 2017

Date of publication:
03 October 2017

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 

Summary of findings

Overall summary

The office inspection took place on 5 June 2017 and we gave the provider 48 hours' notice. This was to ensure that someone would be available in the office as it is a domiciliary care service. We spoke with the people who used the service, their relatives and staff after this. The service had been previously inspected in 2015 and rated Requires Improvement. At the time of this inspection there were approximately 28 people using the service with a range of support needs such as people with a physical disability and older people.

There was a Registered Manager 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.

At this inspection we identified breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one of the Care Quality Commission (Registration) Regulations 2009. You can see what action we asked the provider to take at the back of this report.

The principles of the Mental Capacity Act 2005 were not always being followed. Mental capacity assessments were not being carried out if it was felt that some people did not have capacity or had fluctuating capacity. Evidence had not always been sought to verify that representatives had Lasting Power of Attorney or that people had given permission for their relative to sign consent on their behalf.

The registered manager had not always notified CQC about significant events that they are required to notify us of by law.

Reviews of care plans had not always identified that some lacked personal detail and information was not consistent throughout the care file. The registered manager told us they would review files to ensure they contained more personalised information.

People told us they felt safe and we saw risk assessments and plans had been put in place to keep people safe. When an incident had occurred, action had been taken to protect the person and to reduce the likelihood of another incident occurring.

Medicines were managed safely. People told us they received their medicines and there was clear guidance available for staff to follow.

There were appropriate amounts of staff to care for people and people told us staff were generally on time. Staff were aware of their responsibilities to safeguard people from abuse and referrals had been made if there had been an incident.

Safe recruitment practices were in place and staff had appropriate checks prior to starting work to ensure

they were suitable to work with people who use the service.

Staff had sufficient training to support people effectively and staff were able to refresh this training when required.

People had access to other health professionals in order to maintain their health and wellbeing.

Most people we spoke to could prepare their own food or were supported by relatives to make their meals throughout the day. Of those who were supported by staff, they felt staff did this appropriately.

People felt staff were caring and that they were treated with dignity and respect and people were encouraged to maintain as much independence as possible.

People felt they were supported appropriately by staff and had regular staff they were able to get to know. We recommend that plans are reviewed to ensure that they are all person-specific and details of life histories so staff can continue to get to know people.

People and relatives were able to complain if they needed to and it was recorded that this feedback was acted upon. We saw that complaints were recorded, investigated and responded to.

People were asked for their opinion about their care and staff were able to have team meetings. Staff felt supported in their role and had confidence in the registered manager.

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.

Risk assessments were in place and action had been taken if an accident or incident occurred.

Medicines were managed safely.

People were protected by staff that knew how to report abuse.

Safe recruitment practices were followed to ensure appropriate staff were working with people who used the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The principles of the Mental Capacity Act 2005 were not always being followed. Capacity assessments were not always carried out and Lasting Power of Attorney's were not always checked or that people had given permission for their relative to sign consent on their behalf.

Staff had been trained sufficiently to support people effectively.

People were supported to maintain their nutritional intake.

People had access to other professionals to help keep them healthy.

Is the service caring?

Good ●

The service was caring.

Privacy and dignity was respected.

People found the staff kind and caring.

Staff offered choices and encouraged people to be independent.

Is the service responsive?

Good ●

The service was responsive.

People felt appropriately supported and we recommend that plans are reviewed to ensure personalised information is consistently included.

People were asked for their opinion about their care.

The service recorded and responded to complaints.

Is the service well-led?

The service was not always well-led.

Notifications were not always submitted in line with regulation.

Quality monitoring systems were in place however they had not always identified that some things had not been completed.

People were asked for their opinion about their care.

Staff felt supported by the registered manager and their colleagues.

Requires Improvement 

Caremark (Cheshire North East)

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 was 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 office inspection took place on 5 June 2017, with phone calls to people, relatives and staff following this. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We looked at information we held about the service including statutory notifications that we had received from the provider. Statutory notifications include information about important events, which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service. We used this information to help us plan the inspection.

We spoke with five people who used the service, two relatives, four members of staff that supported people, the registered manager and the provider. We also spoke with a professional that was involved in the support of a person who used the service. We reviewed the care plans and other care records for six people who use the service. We also looked at management records such as quality audits. We looked at recruitment files and training records for four members of staff.

Is the service safe?

Our findings

People told us they felt safe. One person we spoke with said, "I feel safe, I don't know why I just do." Another person said, "Yes I feel safe. Two of the staff are marvellous and they come the most." A relative we spoke with told us, "I feel my relative is safe. It's the [positive] attitude of the staff." Another relative we spoke with said, "My relative is safe absolutely. It's my relative's reaction – they'd tell me if something went wrong." Staff we spoke with were able to tell us about the different types of abuse and the action they would take if they suspected someone was being abused. Staff also told us they had received training about safeguarding. Staff also told us they knew about the whistleblowing policy and knew they could report concerns if they felt something was wrong. We saw where allegations had been made or an incident had occurred it had been referred to the local safeguarding authority. This meant people were protected as people were supported by staff who knew and understood their responsibilities regarding safeguarding people.

Risk assessments were in place and people told us staff were following these. Some people needed equipment to help keep them safe. For example, some people needed a hoist or other equipment to help them move. One person we spoke with said, "They always bring me my walking frame and they leave it where I can reach it." Another person told us, "I use a walking frame and a stick and they [the staff] make sure I have them." Equipment was detailed in people's risk assessments. Some people needed support to help maintain their skin integrity. One relative we spoke with said, "My relative can become sore but they've not got a problem at the moment." We saw plans in place for staff to follow which included the details of the equipment, if they needed cream applying and any other interventions people needed. If an incident or error had occurred we saw that this had been recorded, action was taken to protect people at the time of the incident and action had also been taken in order to reduce the likelihood of it happening again. This meant people were being protected from risk and being supported to maintain their safety.

Medicines were managed safely. People told us they received their medicines. One person said, "I always get them [medicines]." Another person said, "I do my own tablets but they [the staff] always remember to put my creams on." A relative we spoke with said, "I sort the tablets out and the staff apply the creams, my relative always has the cream applied." There was guidance for staff to follow on the Medication Administration Records (MARs) alerting staff if medicine had to be given in a certain way. The recording of the administering of medicines was clear and staff were regularly recording when they were administering any medicines. If an error had been made, appropriate action had been taken to protect the person. This meant people were kept safe as they were receiving their medicine as prescribed.

People and staff told us there was enough staff. One person said, "The staff are pretty well on time with odd exceptions." One person we spoke with said, "The staff are generally on time." Another person also told us the staff were 'generally' on time. One member of staff told us, "I work in one particular area and there's plenty of breaks and travel time. I never feel rushed, even if there's traffic." Another member of staff said, "We've had some new staff so it's not so bad now" and they went on to say, "We don't get asked to be in two different calls at the same time." Another staff member said, "I'm only asked to cover the odd call occasionally. I have a set rota so I go to the same people." We looked at a sample of rotas and could see that

carers were not expected to be in more than one call at the same time. This meant people were having their health, safety and well-being maintained by appropriate amounts of staff.

The service followed safe recruitment practices. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people who used the service.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us that staff always checked their consent prior to staff supporting them and staff said they offered choice to people.

We checked whether the service was working within the principles of the MCA. We found the provider was not carrying out mental capacity assessments to see if people had capacity to make certain decisions. For example, one person's care plan stated the person did not have capacity due to their condition. However, there was no mental capacity assessment carried out to check whether this person did have capacity. The registered manager told us at the start of our visit some people had fluctuating capacity. However when we asked the registered manager how people's capacity had been assessed they said, "I don't think we've got anyone that hasn't got capacity." However, we saw it was documented and some staff told us that some people may not have had capacity to consent to their care.

The provider had not consistently checked that relatives had the legal ability to sign consent on behalf of people receiving services. Only a person who has Lasting Power Of Attorney (LPOA) for health and welfare has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions. There was also no evidence that people who still had capacity had given permission for their relative to sign on their behalf. We saw some evidence that the service had some copies of LPOA for those who had them. However, this meant the service was not consistently working within the principles of the MCA. Following our feedback the provider sent us details of how they had rectified this and recorded how people chose to make decisions.

This is a breach of Regulation 11 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they felt the staff were well trained. One relative we spoke with said, "I feel the staff are fully competent. I have every confidence in them." Staff told us and we saw records to confirm that they undertook an induction when they first started working in the service. One member of staff told us, "We did face to face training and shadowing." They went on to say, "I did medicines training. I've just had a follow up to check I've remembered it and they do a spot check." Staff were supported to complete the Care Certificate training when they were new to the role. Staff were also supported to refresh their training, both online and face to face, and told us they received regular supervisions and support. A training matrix was in place which tracked when staff needed their training refreshed..

Most people we spoke with were supported by relatives to make their meals. People who were supported by staff to have food and drink told us this support was suitable. One person we spoke with said, "They give me my morning drink and they always offer to get me drinks." Another person said, "The staff do my food for

me, they prepare it well." We saw recorded in people's care notes that staff were supporting them to access drinks. We also saw it recorded in people's care plan who supported them with their food and drink. This meant people were supported to have their nutritional needs met.

People had access to health professionals. One person said, "They let my relative know if I am unwell." One relative we spoke with told us, "The staff mention if there are any changes with my relative, they let me know." We spoke with a health professional who was involved in the support of a person who used the service. They said they felt the person was being supported appropriately and the staff make appropriate referrals in a timely way to ensure the person remained healthy. We saw evidence of involvement from other professionals; for example District Nurses and Continence Teams. This meant people were able to maintain their health as they were able to consult with other health professionals.

Is the service caring?

Our findings

People and relatives told us they felt the staff were caring. One person we spoke with said, "The staff are all very good at asking how I am. We always chat first, I never feel rushed." Another person told us, "I have two very regular staff. We have a little laugh." Another person said, "I feel able to chat to my carers." A relative we spoke with said, "We get the same staff and they're approachable." Another relative we spoke with said, "The staff will do anything for my relative" and went on to say, "I'd recommend this company, I wouldn't want to change."

When we asked people if they felt the staff treated them with dignity and respect, everyone told us 'yes'. One relative we spoke with said, "They're always pleasant and my relative has never complained about the staff." Staff were also able to tell us about how they supported people to retain their dignity, such as ensuring people were covered whilst supporting them with personal care and keeping doors closed. One member of staff we spoke with said, "I tell people what I am going to do and what is happening." We saw that documentation referred to people in a respectful and appropriate manner.

People were offered choices and encouraged to retain their independence. One person we spoke with said, "The staff ask me what I want." A relative said, "They check with my relative first before supporting them." One member of staff we spoke with said, "I let people do as much as they can for themselves and I ask if they need help. I don't try to take over." This meant that people were supported to make choices about their own support.

Is the service responsive?

Our findings

People told us they generally had the same staff visiting them. One person told us, "The staff do what I need, they're very good, they look after me very well." A relative we spoke with said, "The staff do everything I believe they need to" and went on to say, "They try to accommodate things – every time I've asked for a specific request they've met it." Staff were able to tell us how they supported people, which matched what was documented in people's care plans. A member of staff we spoke with said, "If I know the people I am supporting it makes it easier. They made sure I got to meet most of the people on my rota before I went out on my own." We saw that when staff were documenting how they had supported people on each visit that this also matched people's care plans. We saw evidence that people were involved in writing their care plans and evidence of reviews of their care. One person said, "I've written a plan for staff myself." Some plans were personalised and contained good detail on how people liked to be supported but one did not include information specific to that person and had no life history. We fed this back to the registered manager and they said it would be reviewed. People told us they felt appropriately supported by staff and staff were able to tell us how they supported people.

People told us that they had regular staff most of the time and staff mostly arrived at a time they expected. One person said, "On the whole they are punctual. If they're running late they do telephone." Another person told us, "Yes the staff are generally on time, sometimes it's late due to traffic but they are generally on time." A relative said, "We have regular staff." Another person told us, "They sent me a rota in the post for next week which tells me which staff are coming." This meant people were receiving support from staff they were able to get to know and it was generally at a time they expected it to be.

There was a complaints policy in place and people and relatives confirmed they knew how to complain. One person said, "I've only complained once, but I was satisfied with the response." One person said, "I've never had to complain but I'd ring the office number." One relative we spoke with said, "I've never had to complain but there's information in the book of where I can call." We saw that complaints were recorded and a written response was sent to the complainant which they were satisfied with. The service had not received a complaint for a number of months at the time of our visit. This meant the service dealt with complaints, would act upon and respond to feedback.

Is the service well-led?

Our findings

The registered manager had not always notified CQC about significant events that they are required to notify us of by law. We use this information to monitor the service and ensure they responded appropriately to keep people safe. For example, although we had received some notifications of safeguarding referrals that had been made, other safeguarding referrals had not been notified to us. This meant we could not always be assured they were dealing with incidents and issues in an appropriate way as the CQC was not always being informed of incidents.

This was a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

There were quality assurance systems in place, with regular reviews. The registered manager showed us a tool she used to track when people needed a scheduled review. She was in the process of reviewing all documentation and we viewed some plans which had been reviewed. These reviewed plans contained details of the level of support required. However, there were some reviews of documentation that had not yet taken place and some care plans did not contain personalised information or information that was no longer current. For example, one person's file stated they did not have any sensory impairment however the person did have a sensory impairment. The same plan also stated a person was independent in standing but they were no longer able to stand independently. The risk assessment was correct however the plan of care had not been amended. There was also no personal information about the person. When we fed this back to the registered manager she told us it would be reviewed. Reviews had also not been identified that people's capacity was not being assessed when it was suspected that they may have had fluctuating capacity and people who did not necessarily have the legal right to give consent on behalf of people were signing documentation. Care and treatment of people must only be provided with the consent of the relevant person and there was not always evidence that the registered manager or provider had considered this for people we were told who did not always have capacity. The registered manager told us that care notes, which are a record of what support each person has on each visit from a member of staff, are returned to the office weekly so that she did not have to wait a month before any issues were spotted and we were shown examples of these. This meant issues were being addressed in a timely manner and the registered manager was ensuring staff were documenting all care visits.

There was an Equality Policy in place which took account of the protected characteristics. The provider was also able to give examples of some people they supported who had religious needs and how they were supported with these. Staff assisted them at different times on the days they wished to attend places of worship. However, the service also did not consistently collect or utilise information relating to people's sexuality. This meant the service could not always be sure they were effectively supporting people with maintaining same-sex relationships or ensuring people could be open regarding their sexuality, if they chose to. Following the inspection the provider told us their plans to ensure this was incorporated which included more equality-based monitoring and training for staff. The provider explained to us that they recognised it can be a sensitive subject for some people and that people will be encouraged to provide information if they chose to.

People were asked for their opinion about their care and had reviews with the service. We saw evidence of these reviews and people told us. One person said, "I've had a survey and definitely had visits from people in the office." We saw the results of the last survey of people who use the service and the results were very positive. There was also a staff survey which had a positive response.

Staff felt supported by the registered manager. One member of staff said, "The registered manager is really good, they gets things done and is really organised." Another member of staff told us, "I get on with the registered manager; they try to sort things out." Staff also felt supported by other staff. Staff told us there were team meetings held and we saw these meetings were recorded. One member of staff said, "We go over concerns in team meetings. It's great to get together and get to see the other staff. It helps me to get more insight into people we support as we share knowledge." Another member of staff told us, "Everything is covered in the meetings. I find them useful and it's nice to meet the team and new starters." Another member of staff said, "The office is open all day and the on call is open all night. I can get support from other staff." Staff told us and we saw evidence that they had 'spot checks' or they were observed to ensure they were competent to carry out their job, such as administering medicines or supporting a person to mobilise. This meant that staff felt supported to effectively care for people.

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 18 Registration Regulations 2009 Notifications of other incidents Although some notifications had been submitted, some safeguarding referrals had not been notified to the CQC which is required by law.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the Mental Capacity Act 2005 were not always being followed. Capacity assessments were not always carried out and Lasting Power of Attorney's were not always checked or that people had given permission for their relative to sign consent on their behalf.