

R K S Domiciliary Care Ltd

Caremark -Charnwood

Inspection report

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Tel: 01509643434

Date of inspection visit:
18 May 2016

Date of publication:
22 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 18 May 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care; we needed to be sure that someone would be in.

Caremark –Charnwood is a domiciliary care agency that provides personal care to people in their own homes. On the day of our inspection the service was supporting 45 people.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to protect them from harm and staff understood what to do in emergency situations.

Safe recruitment practices were being followed. Systems were in place to ensure that people received support at the times that they wanted to and this was monitored. People were supported by a number of different staff and most expressed a preference for fewer different staff to support them.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to do their role was regularly assessed. Some people felt that less experienced staff required a greater level of training and supervision.

People made decisions about their care and the support they received. People were involved and their opinions sought and respected. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutrition and hydration needs were assessed and met. People's health needs were met and when necessary, outside health professionals were contacted for support. People's health records were being maintained.

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People's communication needs were identified and supported. Dignity and respect for people was promoted.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to

support people who used the service. People contributed to the planning and reviewing of their care.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have. People and staff were kept informed of changes to the service and their feedback was sought.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made.

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

People and their relatives told us that they felt safe. Risks were assessed and managed to protect them from harm. Staff understood what to do in emergency situations. People received their medicines as required and were administered safely.

Is the service effective?

Good ●

The service was effective

Staff had received training and support to meet the needs of the people who used the service. People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People's communication needs were identified and supported.

Is the service responsive?

Good ●

The service was responsive

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals. People were involved in planning and reviewing their care. The registered manager had sought feedback from people using the service.

Is the service well-led?

Good ●

The service was well led

Systems were in place to monitor the quality of the service being provided. There were clear lines of communication between staff and people were given the opportunity to have a say on how the service was run. The staff team felt supported by their managers.

Caremark -Charnwood

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.

We inspected the service on 18 May 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care for people requiring personal care; we needed to be sure that someone would be in. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the visit we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority who had funding responsibility for some of the people who used the service.

We telephoned 12 people who were using the service as part of the inspection to ask them about the support that they received. We also spoke with five relatives of people who used the service. We spoke with three care workers, a senior care worker and the registered manager. We looked at the care records of four people who used the service, people's medicine records, staff training, three staff recruitment files and other documentation about how the service was managed. This included policies and procedures, staff rotas and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "They are very good. I'm very safe with them." Another person said, "Yes, I'm very safe."

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "We don't keep secrets, we go to the management or keep going higher." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided people using the service, relatives and staff with details of how to report concerns and who to. Clear records were kept to evidence what actions had been taken when a concern had been raised.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at the recruitment files. We found that all the required pre-employment checks had been carried out before they had commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

Most people told us that staff arrived at the agreed times to support them. One person said, "Yes, more reliable. They may be caught in traffic like the other day and the ladies called once it was over ten minutes." Another person told us "They are usually on time. ...and they let me know if they are running very late." A staff member confirmed that there had been times when they had been late due to emergencies with their previous client. They informed us that they contacted the office who sent out a replacement staff member.

The times that staff arrived to support people were monitored via an electronic system that alerted office staff if a carer arrived late at a person's home. We reviewed call log times and found that they corresponded with the times that people had agreed to receive care. Senior staff at the service audited call times on a monthly basis. The registered manager told us, "We have had no missed calls, we are really proud of that." People that we spoke with said that they would value having a small number of regular staff members who they could get to know. One person said, "It works as I agreed it but I have so many carers in a week. All different." Another person told us, "I do have some regulars for the mornings but tea times and nights are mostly different." A third person said, "They are good but could be even better with less staff visiting." We reviewed the rota which reflected that people were supported by a number of different staff. The registered manager told us that they had tried to provide the same carers to people and wherever possible match staff to suit people's individual preferences. Staff members confirmed that they usually only visited the same people but on occasion were asked to provide care to other people that they were less familiar with.

We looked people's care plans and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and

guidance for staff to be put in place to minimise the impact of those risks. Risk assessments had been reviewed and reflected people's changing needs.

People could be assured that they would receive their medicines as prescribed by their doctor. One person told us, "They help me with tablets from a dosset box and they make a note of all this. They have not missed any." The service had a policy in place which covered the administration and recording of medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that staff completed training and were also regularly assessed to make sure that they were competent to administer medicines.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards. Where hazards had been identified measures had been put in place to prevent harm. Staff were aware of their responsibility to keep people safe. One staff member told us, "Any problem with equipment I would call the office and wouldn't use it." Senior staff conducted regular reviews of care plans and risks. Where accidents or incidents occurred records were kept. These included details about dates, times and circumstances that led to the accident or incident. The registered manager checked each one. We found that actions had been taken to prevent reoccurrence.

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. One person said, "They seem well trained." Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. One staff member said, "I've learnt a lot." Training included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they supported people on their own. We saw training records that confirmed this. New staff were required to complete induction workbooks to show their learning.

Staff told us that they had attended courses such as, dignity in care and safeguarding and practical sessions using people's safety equipment had taken place. One staff member told us, "I'm booked on my manual handling update." The staff training records showed that staff received regular refresher training and on going learning. We saw that staff's understanding of the training materials used had been assessed. Staff were required to complete understanding based evaluations after they completed training sessions to demonstrate their understanding.

The registered manager told us that staff had access to support at all times via an on call telephone. Staff confirmed this. Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. One staff member told us, "I've had at least 3 [spot checks] since I started, I was shocked to see her at 7am." During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Their knowledge around safeguarding policies and procedures was also checked. Some people felt that newer staff did not have the life experience or skills to meet their needs. One person told us, "The problem was that I got too many new staff every day." Another person said, "The seniors do some spot checks. They should do more." We saw that this had been picked up as a concern as part of people's care reviews. We saw that in one case this issue had been addressed. We asked the registered manager to investigate people's concerns about less experienced staff and let people know how they intended to address them. They told us that they would implement appropriate measures. These included all staff new to the care industry would spend longer working with more experienced staff acting as mentors and senior staff would carry out more frequent spot checks.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility to ensure that the service met the requirements of the Act. The service was developing its policy to guide staff and they had received some training on the subject. The registered manager told us that further training was planned. The staff members we spoke with had an understanding of their role in ensuring that people were supported to make their own decisions.

Staff gained consent from people for the care they gave. One staff member told us, "You have to ask them and be patient as they can't always communicate verbally." Care plans provided information about how best to gain consent from people and made reference to people's ability to make decisions for themselves. We discussed with the registered manager how they could further involve people in confirming their consent. The registered manager told us that they would do this.

People were supported to have sufficient to eat and drink. One person told us, "Yes, they do meals, lunch and tea. Nicely presented always." Staff confirmed this. One staff member said, "We make sure it's in small pieces for him to chew." We saw that care plans detailed how to support people to remain hydrated and staff followed these. For example, we saw in one person's care plan staff were required to leave a cup next to the kettle to remind them to have a drink.

We saw that people were being supported to maintain good health. Health professionals were contacted in good time when required. Relatives confirmed this and one said, "If it's needed they alert us to get the doctor and this includes any spots or bed sores or signs of an early rattling chest infection." Another relative told us, "They rang the doctor direct once when I was not here." One staff member told us that they had contacted emergency service when they arrived at a person's home to find they had fallen. The records that the service kept with regard to health professional input were clear and in depth. Staff were clear on the information within these records and used them to ensure that people received the medical care they required. We saw that the support people received had been changed in response to their health care needs.

Is the service caring?

Our findings

People told us that they were treated with kindness and respect by staff. One person said, "Very good and caring and I could not ask for more." A staff member told us, "They are all different and have their own different ways, we work to how they want us to." People's dignity was promoted. One person said, "They make me feel at ease. They are considerate with me and in the house as well. I always feel good after they have been here." A relative told us, "The care is done right, the girls talk to him. It's done with dignity and carefully but they are friendly and he can have a laugh. He enjoys their company." A staff member told us, "We give them dignity." They then went on to explain how they did so for example ensuring people remained covered while providing personal care.

People were given choices about the care they received. One person told us, "It was all checked out with me." Care plans made clear that staff should offer people choices and how best to do so. People's preferences were recorded. We saw, for example, that one person's care plan made it clear that they did not wish to be called by their formal title and had requested staff only address them via their first name. In another care plan we saw that it stated that they wished to have a particular door in their home kept shut so that they felt safer.

Most people told us that the care that they received was at a pace that suited them. One person said, "The care staff do the wash nicely and they take time to do it right." A relative told us, "They take the time to do it properly and they let him talk." However, some people told us that there were times when staff rushed them. One relative told us, "The girls do not stay and seem in a rush to leave." We asked the registered manager to address this concern with people and provide assurances that staff were allocated enough time to provide support to people.

People felt that they were listened to and that the things that mattered to them were taken into account and respected. One person said, "They chat with me at each stage of the care and treat me like a person." One relative said, "When it was set up they came out to see me, it was [staff member's name] she's good at listening." A staff member told us, "We ask them what they want, at the end of the day we are going into their home." Senior staff employed by the service regularly met with people to check if the support they were receiving was as they wished it to be and if anything needed to change.

People's independence was promoted. A staff member told us, "Encourage them to do what they can and aim to promote independence and support in tasks they struggle with." We saw that care plans gave clear instructions to staff about people's abilities and the support they required to maintain their independence.

People's communication needs had been taken into account. Staff understood these.. One staff member told us, "We have time for them, we sit and talk to them." We saw in one person's care plan that staff needed to ensure that they spoke clearly and slowly in order to maximise the person's understanding.

Is the service responsive?

Our findings

The support that people required was assessed before they started receiving care. One relative told us, "I told them what we wanted and they have delivered." Another relative said, "Before the social care was set up they came and saw me and found out about his needs." Staff understood about people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that the level of detail in the care plans ensured staff had all the information they needed to provide care as people wished. Care plans made clear reference to risk assessments so that staff were made aware to follow these. For example, we saw highlighted in red ink that staff should not support a person with their personal care while they were in a particular position as this would adversely affect their breathing.

People were involved in planning and reviewing their care. Regular review meetings were carried out by senior staff, who would check to make sure that people's care plans were up to date and whether any changes were required. One person said, "Yes it gets checked with me and at the last one they checked it all." Another person said, "They respond to me if there are changes wanted. There have not been many but it gives me the chance to see or change it." One relative told us, "Since it was set up they have checked with me to see how it's going and they ask me." We saw that some reviews were overdue. The registered manager told us that the review meetings were booked for the coming weeks. Changes to care packages were made where necessary. For example, we saw that a person's support hours had been changed to better meet their needs. People were given a choice about the gender of their carers and this was respected.

Staff were required to record the support that they provided in people's daily notes. One person told us, "Each visit they make a note of it all in the book, their times and things." A relative told us, "They make full notes in the book." We saw that these records were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing, such as how much they had to drink, we saw that they had done so and recorded this in the daily notes.

We saw that a person's support hours had changed in order for them to be able to access a community activity and maintain links with the local community. Staff supported people to dress appropriately for their day's activities. We reviewed people's care plans which contained details about people's life history's and preferred activities. In some people's care plans we found very little detail in the life history section. The registered manager told us that some people had preferred to not share this information and that this had been respected.

People told us that they felt comfortable making a complaint. One person told us, "I've only complained once. They handled it well." Another person said, "I've only made one complaint. They took the complaint very seriously." Each person supported by the service and their relatives had access to the service's complaints procedures. We saw that complaints were kept confidential and were addressed by the provider in line with their policy. We identified that one complaint had not been logged and it was not clear how this had been dealt with. We asked the registered manager to investigate the complaint and ensure that it was dealt with appropriately. After the inspection the registered manager sent us a full report of how they had

dealt with the concern. We were satisfied with how this had been addressed.

The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. It was not clear from the results of the survey what action needed to be taken to make improvements. We discussed the out comes with the provider who told us that they planned to make changes to the way the results were presented and share these with people who use the service and their relatives. The registered manager told us that they had found that they were able to achieve more reliable feedback from conducting telephone and care plan reviews with people. We saw that these happened regularly and that people were asked about the service that they received and for any feedback that they had. We saw that action had been taken as a result of concerns that had been raised at reviews.

Is the service well-led?

Our findings

People felt that the registered manager was approachable. One person said, "I can ring them at any time." Another person told us, "The office staff are also first class." Staff felt that communication between themselves and senior management was good. One staff member said, "They listen to you. A lot of support, I could contact the manager even out of hours." Another staff member told us, "Such a nice company to work for. I feel I can go to colleagues and management, it's great, really supportive."

Staff had access to policies and procedures and understood how to follow them. The registered manager had ensured all staff had received the employee hand book. This was to make sure that staff were clear on their role and the expectations of them. When asked about them one staff member said, "It's in the hand book which I keep in the boot of my car." The registered manager ensured staff meetings took place regularly. During these the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. The office staff met regularly. This was to support the smooth running of the service and ensured that the registered manager and senior staff were kept up to date with events that had happened.

Staff received regular communication and support was offered. Staff were required to pick up their rota from the office on a weekly basis. This meant that the registered manager or senior staff at the service would see staff on a weekly basis and support could be offered if required. We saw that staff members visited the office and spent time chatting with the office staff. One staff member told us, "It's a very open atmosphere. We come in for coffee and have a chat whenever we want." In the office there was a board that contained information about the training and development opportunities available, the service philosophy and celebrated achievements.

The registered manager had implemented systems to monitor how staff provided care. People's daily notes were collected monthly and checked by senior staff members to ensure they were completed correctly. We discussed this time scale with the manager who felt that this was sufficient. This was because senior staff conducted informal checks of daily notes when they had visited people at least once per week. We saw that when these checks had identified where staff had not completed them correctly, action had been taken to address this with them.

The registered manager had effective systems for gathering information about the service. Processes for identifying areas of concern and analysing how to improve on quality to ensure the smooth running of the service and drive improvement were in place. For example, an audit had identified that some care plans were in need of review. Once identified as an area for attention, the appropriate people were identified to address it and a time scale put in place for the work to be completed. We saw that checks were made to ensure that the work had been carried out.

The provider had access to a regional support manager who visited the service regularly to audit the service's records and systems. They then produced an action plan for the registered manager to follow to ensure any actions required had been addressed. The registered manager was required to feedback

important pieces of information about the running of the service to the provider, such as the number of support hours provided to people. The provider had demonstrated that they were committed to measuring and reviewing the delivery of care and effective quality assurance processes were in place. The registered manager kept themselves up to date with current best practice and was part of a registered manager's network. This demonstrated a commitment to continued professional development. The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.