Homehelp (Solihull) Limited

Caremark Solihull

Inspection report

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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 carried out this inspection on 18 May 2016. We told the provider we were coming 48 hours before the visit so they could arrange for staff to be available to talk with us about the service.

Caremark Solihull is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit 87 people used the service.

The service has 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 2008 and associated Regulations about how the service is run. A registered manager was in place and had been since 2010. This person was on holiday during our visit. They were also the registered manager for another of the provider's services, and were based in their other office, while the provider was based in Solihull. The provider worked alongside the registered manager in managing the service and was there on the day of our visit.

People told us they felt safe using the service because staff were skilled and knowledgeable, and knew how to care for them well. Care workers had a good understanding of what constituted abuse and referrals were made to the local authority when safeguarding concerns were raised.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service. Care workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs. Care workers referred people to other professionals if they had any concerns. People and families had regular opportunities to meet with staff to review the care.

People had care workers they were familiar with, who arrived at the expected time and completed the required tasks. There were enough staff to care for people they supported.

People told us care workers were kind and caring and had the right skills and experience to provide the care their family members required. People were supported with dignity and respect. Care workers encouraged people to be independent where possible.

Care plans contained relevant information for care workers to help them provide personalised care including processes to minimise risks to people's safety. People received their medicines when required

from staff trained to administer them.

People knew how to complain and could share their views and opinions about the service they received. Care workers were confident they could raise any concerns or issues with the registered manager and provider, knowing they would be listened to and acted on.

The management team gave care workers formal opportunities to discuss any issues or raise concerns with them. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, including surveys. Other spot checks and audits ensured care workers worked in line with policies and procedures.

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 received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and referrals were made to the local authority when safeguarding concerns were raised. There was a thorough staff recruitment process and there were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and staff were trained to do this.

Is the service effective?

Good

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The management team understood the principles of the Mental Capacity Act (2005) and care workers gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People and relatives were supported by care workers who they considered kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence where possible. People received care and support from consistent workers who understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People received support based on their personal preferences. Care plans were regularly reviewed and care workers updated these when there were changes to people's care needs. People were given opportunities to share their views about the service

and the registered manager and provider responded promptly to any complaints raised.

Is the service well-led?

Good

The service was well-led.

People were happy with the service and felt able to speak to the registered manager or provider if they needed to. Care workers were supported to carry out their roles by the management team who were available and approachable. Care workers were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and relatives, and spot checks to ensure care staff worked in line with policies and procedures.

Caremark Solihull

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from people, relatives and visitors, and we spoke to the local authority commissioning team who gave us some information about the service following their last visit. Before the inspection the provider completed 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 plan to make. We received this prior to our inspection and it reflected the service we saw and future plans for the service.

The inspection took place on 18 May 2016 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with staff. The inspection was conducted by one 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.

We contacted people who used the service by telephone and spoke with 16 people and two relatives. During our visit we spoke with two care workers, two care co-ordinators and a field care supervisor. We also spoke with the provider.

We reviewed four people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe because care staff were skilled and knew how to support them well. Comments from people included, "Yes I feel safe all the time," "Yes they are careful," "They are always 'doubling up' the care to make sure I am safe," and "They do everything 'by the book'." Another person told us before staff left their home, "They make sure they have secured everything," and this made them feel very safe.

There were enough staff to complete the care calls and meet people's needs. The care co-coordinator told us, "Yes, there is enough staff." One care worker told us, "At the moment we are okay for staff." Some people told us the care staff were occasionally late to calls, but always called them if they were delayed. Typical comments from people included. "They do come late sometimes, but no fault of theirs because they get delayed," "They don't miss a call they always come," and "There can be delays, but not very often though." One relative confirmed, "Staff never, ever miss a call," and were "very reliable."

There were currently 38 staff working at the service with six staff vacancies. One vacancy was for a field care supervisor and this role was currently being covered by an existing care worker. The provider told us it could be difficult to recruit the right care staff and this meant they could not always support all the new people who were referred to them. Existing staff covered any absences, which meant there were consistent staff to support people.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. One care worker told us they had background checks completed and references sought from their previous employer before they could start work. We saw these on the staff files we checked. Potential new staff were interviewed over the telephone, submitted an application form and then attended an interview in person. The provider told us they were given scenarios of what they might do in certain situations, to assess their suitability to work with people at the service, before being offered a position.

Staff received support during a period of induction to ensure they were able to support people safely. One person told us, "They get training I believe," another person told us, "They shadow for a while." One staff member told us, "We had a week at (other office), it was helpful." Staff received five days training during this time and also completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Staff worked alongside experienced staff and were observed by the field care supervisor to ensure they were competent to work at the service. Staff received a handbook when commencing employment which detailed policies and procedures for them to follow.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One care worker told us, "I have had safeguarding training, it was face to face training. Abuse could be physical, financial, it could be mental abuse of someone. I would ring [Provider], record the facts. You could ring social services or CQC also." The care worker went on to explain about 'whistleblowing' (staff reporting information of concern in relation to their place of work) and told us there was a policy about this. A care co-ordinator told us, "If anyone calls in with something to do with safeguarding. We complete an incident form;

we would call the social worker or doctors. All the procedures are in place." Another staff member told us they had notified the office when they had seen some bruising on a person so it could be looked into.

Procedures were in place to ensure people's finances were managed safely and staff clearly documented any expenditure to safeguard people's money. The provider wrote to people when any staff left the service, so that key safe access codes could be changed to ensure people remained safe. Key safes are secure coded boxes where people's keys are kept, so care staff can access the property, if people cannot answer the door themselves.

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. One care worker told us, "If someone's needs change, I would ring the office. Perhaps if we were having difficulty moving someone, I would report this and record this in the notes." The provider told us, "Any changes around risks, staff report to us immediately." Risks were assessed as being low, medium or high and records documented how to reduce these risks. We saw risk assessments were in place for the home environment, moving people and individual areas. For example, one person had risks around their skin care and it detailed how staff should care for them to reduce these risks.

People received medicines correctly and from staff trained to administer this. One person told us, "I do my own medication during the day, in the evening they check that I have had my medication and give me them for the night." Other people told us, "They always give medication, they never miss," and "Yes, they always give it to me on time." One relative told us, "They check it when they come in the evening and monitor everything."

Some people had medicine 'as required', known as 'PRN'. The people who took this medicine were able to tell staff when this was required. Some people who used the service self-medicated. We asked the provider how they ensured people were safe to do this. They told us, "Staff report back if there are any concerns, they check people have taken this." We asked the field care supervisor what they would tell care staff if someone refused to take their medicines. They told us, "I would ask staff to try again, perhaps word it in a different way, if the person continued to refuse, to document it. Depending on what this was, we would talk to their GP and family member also."

All staff completed training for managing medicines. The provider told us that any medication errors were recorded, so that they all learned from this. They told us, "We do not have many medication errors." Where there had been an error in the past, the care worker had been unable to continue to administer medicine before a one to one supervision meeting had been held and refresher training had been completed.

'Medication alert forms' were completed if there were any incidents around medicine. We saw these had been completed when a person had been out one day when staff arrived, and another when a person did not want to take medicine. Medicine 'pen pictures', summarised information on care records so this was clear for care staff to follow.

Records of accidents and incidents were completed. We saw a form had been completed when a person became unwell. The correct action had been taken and their family member and professionals had been contacted by care staff.

Good

Is the service effective?

Our findings

People told us care workers had the skills and knowledge to meet their family member's needs. One relative told us, "Yes I think they are very good." One relative told us, "Staff do their best."

Staff received training considered essential to meet people's care and support needs. One person told us, "Yes, staff are trained." One staff member told us, "I have done all the mandatory training, such as medication, and health and safety." They told us they had some training around using a piece of equipment for helping to move a person. They told us, "This has made it so much easier for us." The provider told us, "The staff training is 'blended learning'; it is a mixture of e-learning (on the computer), some practical learning and observations."

Communication with people and relatives was recorded in a 'client communication' folder. An additional 'care staff communication' folder recorded any information for staff, and we saw reminders for staff in relation to using the electronic call recording system. Both these folders enabled staff to keep up to date with any relevant issues or changes.

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 to 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider understood the relevant requirements of the Mental Capacity Act (2005). No one using the service required a DoLS authorisation, however they were aware of when this may be applicable for people. We saw this had been discussed with one person's family and advice was being obtained by them as to whether this may be relevant to their family member.

Staff had received training in the area of mental capacity. One staff member told us, "It's about the choices people can make. Maybe they can make some choices, but not when it comes down to more difficult choices. It is decision specific." We gave another care worker a scenario if a person who could not make a decision to keep themselves safe, wanted to go out alone. They told us, "I would advise them to stay in the house, contact the office and family members." Whether people had capacity to make decisions was recorded on care records. One person had a diagnosis of dementia and was unable to make some more complex decisions themselves. A mental capacity assessment was recorded on their care records, detailing what decisions they could make.

Care workers understood the importance of obtaining people's consent before assisting them with care. People told us, "They do consult me," and, "They ask for consent all the time." We saw consent forms had

been completed correctly for areas such as staff using people's key safes and consent for staff to administer medicine.

People's nutritional needs were met by care staff if this was part of their care plan. Comments from people included, "Although they have a shopping list, they check if I need anything else," "They ask if I need anything, a drink," and, "They help with shopping and bring receipts, we work together in the kitchen." One care worker told us, "Quite a few people need prompting (to drink); we leave drinks out while we are there."

We were told about one person who, when they first came to the service were not eating or drinking well. Staff had slowly built up trust with the person, and learned how best to encourage them to eat. This was by using continuity of staff, buying food they liked and giving them manageable portion sizes. This has meant the person had improved, and was now eating and drinking well.

People were supported to manage their health conditions and to access other professionals when required. One person told us, "Yes, (if I need to see someone) they make the calls for me." However many people were supported by their families in relation to this. One person had very complex care needs and staff had been working closely with the social worker to support them. Another person had a problem with their skin and staff had been liaising with the district nurse in managing this condition. Staff referred for occupational therapy support when equipment was required to support people and we saw this had been done for one person recently.

Good

Is the service caring?

Our findings

People told us care staff were very kind, caring and supportive. People told us, "They are very caring staff, I can't fault them, "I don't know where I could be without them," and "They do really care, the way they speak and the way they look at you." One relative told us, "They have a good laugh with [Person]."

Staff told us what being 'caring' meant for them. One care worker told us, "It's reassuring people, so they let you know if there is a problem." Another care worker told us, "I think the staff are caring, it's the way they come across and talk to people." The field care supervisor told us, "Staff provide really good care, they actually 'care'. They phone in if they are slightly worried about anyone. They work to a high level, it is not just a job for them."

People's privacy and dignity was respected by staff. One person told us, "It's fantastic, they treat me with respect and dignity." Another person described staff as 'courteous' and another person described staff as 'well mannered'. One relative told us, "They are all respectful all the time." Another relative told us they felt the way care staff moved their family member with a hoist was very respectful.

Staff told us how they ensured people were cared for with dignity, "It's about making sure parts of the body are covered up (when helping with personal care), keeping the curtains closed and being discreet." The field care supervisor told us, "With staff this is one of the most important things. Staff need to be aware. For instance, with personal care, to ask people 'Shall I look away?' People might need help, but there is a correct way to do this."

People were supported to increase their independence and the support they received was flexible to their needs. One person told us, "They are very good, if I think I can't do it, they help, but when possible I do it myself." Another person told us, "My independence is maintained." One relative told us their family member used to be hoisted for care, but did not need this anymore as they had improved so much with support from care staff.

One care worker told us how they encouraged people's independence, "If people are able to wash themselves, we don't do it, we encourage them, we just make sure they are okay." Another care worker told us about a person who initially needed help with all their personal care needs, who could now dress themselves with only a small amount of assistance from care staff. A different person had been very unwell following a serious illness, and through their determination and staff support, required no care at all eventually.

The registered manager and staff knew when to offer people additional support to help them make decisions if this was required. One person had used the services of an advocate to make a decision about where they lived. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Good

Is the service responsive?

Our findings

People told us staff supported them in the ways they preferred. One person told us, "Yes, they involve me in everything." Other people told us, "They know how to work with me," and "They support me the way I chose."

Prior to coming to the service people were assessed by the management team to ensure the service could meet their needs. One person told us, "They sat down with me at the beginning," and this gave them the opportunity to tell staff about themselves and their care needs. The provider told us, "I try to go and see people myself. We assess people's needs around moving and handling, medication and assess the environment."

Staff told us how they knew about the people they cared for, "The provider will give you a brief idea, you read the care plans at the property and speak to people to find out more about them." The care co-ordinator was based in the office and told us, "I have been out to meet clients, I also read the care plans, so I know them." This helped when they were planning the care calls as they knew people's individual needs.

The management team ensured as far as possible that people received care from consistent care workers who they had a relationship with. The care coordinator told us, "The only time the allocation (of staff) changes is if someone is on holiday." One care worker told us, "I've got regular clients and I love looking after them." They told us this meant they could notice any small changes as they knew people so well. Where possible care staff were matched to meet people's preferences. One person had asked for a care worker who spoke a certain language and the provider had been able to arrange this for them.

Care coordinators planned calls to people, and rotas were issued weekly for staff with calls for the following week. People had staff rotas sent to them directly, so they were aware in advance of who was providing care for them.

Care was recorded on an electronic system using mobile phones, for care staff to log in and out of calls. This enabled the management team to monitor call times. The phones were also used as a means of communicating with staff. One care co-ordinator told us, "We always call staff, text them and confirm they have received information about any changes."

Care was divided into geographical areas and was arranged so that staff did not have to travel far between calls. The care co-ordinator told us, "We make our own little maps; we know where the clients live and make this into a 'run'." Care calls were matched to people's preferred times where possible. If care staff were late for a call, then they would let the office know to inform the next person of the delay. We looked at people's care records and saw people were allocated calls based on their preferred times.

Staff told us they had enough time to get to each care call. One care worker told us, "The time from one call to another is generally okay. There is only the odd one where we struggle." Staff told us they had time to sit and chat with people if the care call ran smoothly, but they were less able to do this if there were any issues

or if they were delayed.

Care records contained information about people's backgrounds, routines and preferences, so staff could support them in the ways they preferred. People told us about the care records, "It's all written and checked," and "They write everything in the book." Care records were signed by people to show that they had read the information.

Staff completed records at each call with information about the person, their care and any changes to their needs. The provider told us, "In the home file, there is an 'individual review form,' to complete. If there are any changes, people, relatives or staff complete this." One area of the care record noted any particular concerns. We saw staff had completed this, for one person who had not eaten or drunk much that day. This made sure the next care worker would be aware of this in case the person was unwell.

Care records were 'person centred' and contained details of how people wanted staff to support them with care. For example, one person's record stated, 'I like my cup of tea first.' Another person's said they wanted scrambled egg on toast for breakfast each day. For one person their pet was very important to them and staff had instructions of how to support them looking after this.

For one person living with dementia, their care record stated, 'You will need to take time to build a relationship with me.' Information was recorded for staff about how best to support one person to eat. The record stated, 'I may refuse my meals, you should still prepare one and leave it next to me,' staff did this which encouraged the person to eat.

People and their families were involved in reviews of care which took place every three months. We saw a meeting for one person had been held in February 2016 and comments by the person were, 'The service is good, the girls do their best." For another person, a review had been held in April 2016 with their relative, and comments were, "All is working well."

People told us they had no complaints, knew how to complain and would be confident to raise any concerns with the provider or staff if they needed to. Complaints were recorded and the management team took action to resolve these. Comments from people included, "I have never complained but know how to, I have the supervisor's number," "They have been great I haven't complained, the delays in timings are not their fault, they apologise, they are wonderful," and "You can phone the office." One relative told us, "I have raised a couple of queries, they have been sorted."

Compliments were also recorded and one in January 2016 stated, 'All the staff were helpful, considerate and polite.' One relative complimented the staff saying, 'Carers have done a good job, and it has made my life better.'

Good

Is the service well-led?

Our findings

People told us they were very happy with the management of Caremark Solihull. Comments included, "Anytime I can pick up the phone," "Yes I can speak to manager or supervisor," "They return my calls" and "They are lovely, the supervisor has been several times."

People told us the management were approachable. One person told us, "They will listen to everything you have to say and try their best." Another person told us, "Yes they are approachable."

The management team consisted of the provider, a registered manager and two field care supervisors. Three care coordinators worked in the office to support them. The provider worked in the office alongside staff and knew the people who used the service very well. An on-call system operated where the managers were available until the last call of the day was completed. The field care supervisor told us, "We know what time the last care call is, we can see when staff have 'clocked out'."

Staff told us they felt supported by the management team and had one to one meetings to review their performance. One care worker told us, "I feel definitely supported." Another care worker told us, "They are every three months, and you get spot checks where they watch you, we get yearly appraisals. You can raise any concerns about clients."

The field care supervisor supported staff with one to one meetings. They told us, "We talk about any problems or concerns. If staff have any ongoing training needs, any new policies or procedures." One to one meetings were held every three months or if there were any concerns, more frequently. Appraisal meetings were held annually where staff could discuss their roles, objectives and training needs. The provider had also introduced a financial incentive for staff based on their performance to encourage staff further.

Staff told us they felt the service was managed well. One care worker told us, "I have no concerns, if I ever have to ring up, the staff are very helpful and I feel listened to. People are cared for well by the service." Another staff member told us, "I think the service is run well, I feel supported if there is a problem." Then went on to say, "You can go to the managers with anything, they will try to help."

A staff meeting was held around every three months and gave staff a formal opportunity for discussion. One staff member told us, "They are useful; we have reminders about issues like logging in and out, and medication."

The provider used a range of other quality checks to make sure the service was meeting people's needs. A 'quality assurance checklist' was documented on each care record to ensure these were completed correctly. If any care calls were 'missed', staff were asked to provide a written explanation of this and a one to one meeting was arranged to prevent this from reoccurring. This information was then fed back to the local authority who commissioned the service. A regional manager visited the service monthly and supported the management team by completing independent audits to ensure their systems were effective.

The management team completed spot checks for care staff in people's homes to assess their working practices. One person told us, "They come and observe the carers." Another person told us, "[Supervisor] came three times to observe carers and examine the paperwork." Other people commented, "The supervisor came and asked me questions", "They do regular checks" and "The manager comes to check the carers."

We saw one spot check had been completed in May 2016 and the supervisor had assessed one care worker for their uniform, wearing their ID badge, their knowledge and communication skills. A staff member said they found the spot checks useful as a learning opportunity. The field care supervisor told us about this, "I go around and spot check staff. I will arrive 15 minutes before they are due to. I make sure they have the correct uniform and footwear. Assess the way they communicate to the customer. Look at their moving and handling skills. Are they completing documentation correctly and working to the care plan, as this can be changed at any time."

Satisfaction surveys offered people and relatives the opportunity to feedback any issues they may have. One person told us, "Definitely we are asked, they ask for my views time and again." Another person told us, "We had a questionnaire." In November 2015, 32 responses had been returned and most people said that care staff arrived on time and stayed for the allocated times. Comments included, 'I am perfectly satisfied and 'I am very happy, it's great and flexible.' People stated that 84% of the care staff were professional and helpful and 96% of people said they had regular care workers.

The provider told us their plans for the service. They would like to move their office to a ground floor location so people could access this more easily. People were unable to do this currently due to the service being on the first floor.

The provider told us what they were proud of at the service, "I am proud of some of my service users, when we see improvements, and of the girls. I am proud when people say to me that staff have 'made their day.' They explained that many of their referrals were from recommendations and they told us, "That makes me keep going." They told us they felt the work that staff did was the most important job in the community and they felt passionately about this.

The provider told us it was sometimes a challenge for them in getting support for people from other professionals in a timely way. Also sometimes systems did not always support them to do this, for example they did not always get full information about people where they first started at the service. Another challenge was staff recruitment, and they had introduced an incentive scheme for staff, if they recommended a suitable new staff member.

The provider kept up to date with any changes to current social care issues and attended an information sharing meeting with other services. The local authority had visited around 12 months ago and suggested that staff made sure they completed any gaps on the medicine administration records if people did not have this medicine. We saw staff were now doing this. The provider told us that they welcomed any advice or recommendations which would help to them provide a better service.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the provider information return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.