OM2 Care Ltd

Caremark (Croydon)

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 9 and 12 October 2015 and was announced. This was the first inspection of this new service.

Caremark (Croydon) is a recently registered service that provides personal care for people in their own homes. At the time of our inspection 16 people were receiving a personal care and support.

The service had a registered manager in post. 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.

People and their relatives told us they felt safe with their regular care staff and that staff treated them well. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported.

People were not always told which care staff would be coming or if they were running late. Systems had been put in place to improve communication for people who used the service and this will be checked again during our next inspection.

Summary of findings

Staff had completed their induction and they were in the process of receiving additional training this included specific ongoing training for people's complex needs. The service followed appropriate recruitment practices.

People's individual risk was assessed to help keep them safe. Care records and risk assessments were regularly reviewed. Staff supported people to liaise with their GP and other healthcare professionals to help meet their health needs.

When required people were asked about their food and drink choices and staff assisted them with their meals. People were supported to take their medicine when they needed it.

People and their relatives thought staff were caring and respectful. Staff knew the people they were supporting and provided a personalised service for them. Staff explained the methods they used to help maintain people's privacy and dignity.

People and their relatives told us they would complain if they needed to, they all knew who the manager was and felt comfortable speaking with her about any problems.

People were contacted regularly to make sure they were happy with the service. Senior staff carried out spot checks to review the quality of the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Sometimes people did not feel safe with inexperienced care staff. People were not always told when staff were late or which staff would be coming and when.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People using the service had detailed risk assessments and these were kept under regular review. People were supported to take their medicine safely.

The provider had effective staff recruitment and selection processes in place. Appropriate checks were undertaken before staff began to work at the service.

Requires improvement

Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received an induction and had begun additional training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Good

Is the service caring?

The service was caring. People and their relatives told us they were happy with the standard of care and support provided by the service. People's privacy and dignity was respected by staff.

All the staff we spoke with had a good knowledge of the people they were caring for.

Good

Is the service responsive?

The service was responsive. Care plans were in place detailing people's care and support needs. Care workers were knowledgeable about people's preferences and needs in order to provide a personalised service.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led. People's views and comments were listened to and acted upon. Accidents and incidents were reported, reviewed and changes made in order to improve the quality of the service.

Staff felt supported by their manager and felt able to report incidents, concerns or complaints.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Caremark (Croydon)

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.

The inspection took place on 9 and 12 October 2015 and was announced. We told the service that we would be coming because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of one inspector. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months. During the inspection we received a copy of the Provider Information Return (PIR). The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we spoke with four staff members the registered manager and the provider. We examined four people's care plans, two staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with two people using the service and five people's relatives.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with and their relatives were happy with their regular care staff and felt safe when they were with them. One person told us, "My regular carer is first class." One relative told us, "[My relative] feels safe and secure when they are with their normal experienced carers." Another said, "Staff are very conscientious about what they do… they don't want any accidents."

The manager told us that they would pair new staff with more experienced care staff to help them learn and understand people's needs. However, two people we spoke with felt that when some new care staff came to them they were so inexperienced that they put them at risk. For example, one person told us about their relative's needs and how they had witnessed one carer about to turn and mobilise their relative in an inappropriate way which may have caused a risk of infection. Another person had experienced a member of staff leaving them, during personal care to answer their telephone. We spoke with the provider about these issues, they told us they introduced new staff to people when they could and that staff were trained to meet people's specific needs however sometimes new staff were needed to cover in emergency situations. They clarified that in future they would endeavour to tell people when this was going to happen. The provider also confirmed they had investigated the issues regarding the use of telephones during personal care and we received a copy of a newsletter sent to all staff covering the use of mobile phones.

The registered manager explained they always tried to keep the same care staff with the same people and worked to build a team of carers that the person would know. This enabled the service to cover annual leave and sickness. Many people using the service had very complex needs and everyone we spoke with confirmed how important it was to have the same care staff assist them so staff knew exactly what should be done and how. However, three of the people we spoke with told us their regular care staff would often change and they were not always informed about staff changes and who would be visiting them. One person explained they had never received a staff rota to inform them who would be coming to provide care and when. Comments included, "If I could see a rota…It would be good to know who is coming", "It's when we have replacements its bad…we are never introduced to carers beforehand" and " The right carers need to be assigned to the right people." We spoke with the provider following these comments who confirmed they were able to give people information regarding which member of staff would be visiting them and when. They told us they would ask people if they would like to have this information and provide it to those who would.

All of the people we spoke with understood that care staff would sometimes be late. One relative explained the office would always telephone them if there was a delay. However, three people commented that there was little communication when care staff were running late. One relative explained how a delay in routine could have an impact on their relative's health they said, "I want them to let me know if they are late." Another person explained that a 10 or 15 minute delay was acceptable and they wanted to be told if it was longer. They went on to give examples where staff had been late and how they had complained to the manager.

We asked the provider to address the issues raised by people, they have agreed to monitor any patterns of late calls to identity any issues such as transport problems and allocated time. In addition we were sent a copy of the October 2015 newsletter sent to all staff emphasising the importance of letting the office know if they were running late so people could be informed.

The provider acted quickly to address and rectify the issues that were identified during our inspection, however, we need to be sure that consistent good practice is sustained over time. We will check that improvements have continued and been maintained during our next comprehensive inspection.

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to their manager. All staff had received training in safeguarding adults as part of their induction programme and this was due to be refreshed every year.

Risk assessments were carried out to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For

Requires improvement

Is the service safe?

example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. One person required the use of a hoist and we noted an occupational therapist had produced guidance to ensure staff were aware of how to use the hoist safely together with advice for safe methods of transfer around the home.

All care staff had completed first aid training to cover emergency situations as part of their induction and the manager confirmed additional first aid training would be provided to all staff in the coming months. Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed so they could contact the service out of hours if there was an emergency or if they needed support. This number was also printed on the reverse of staff identification badges for easy access should something happen. Care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

The service had systems in place to manage and report accidents and incidents, safeguarding concerns and whistleblowing. We heard about one incident that had been reported, the manager was able to describe in detail what had occurred, the action taken by staff together with the outcomes for the person using the service. Records we saw confirmed this.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained for each member of staff. This included up to date criminal records checks, references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. One staff file contained one reference, we asked the manager why this had been accepted. They explained that in some cases there was reluctance for past employers to supply references, however, in this case a character reference was given by a current member of staff. This had not been recorded on the care file, the manager gave us assurance that this would be rectified and in future any rationale for accepting just one professional reference would be recorded in the staff file.

When necessary people were supported to take their medicines safely. Most people using the service did not require support when taking their medicines. However when people needed help their care records contained details of their prescribed medicines and this was reviewed when necessary. Staff noted each time medicines had been taken by the person using a Medication Administration Record (MAR). Staff were trained in medicines awareness as part of their induction and the manager confirmed this would be part of the ongoing mandatory training for all staff.

Good

Is the service effective?

Our findings

People told us they felt their regular care staff had the skills to meet their needs. Comments included: "Some staff are quite balanced [with their skills]", "One [care worker] is very good", "If I ask them to do something…adapt their working practices... they keep to it" and "Some staff are more efficient than others…I think they have enough training."

All new staff attended a three day induction which followed the framework of the Care Certificate. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. These include privacy and dignity, fluids and nutrition, safeguarding adults, basic life support, health and safety and infection and prevention control. The service was still in its first year of providing personal care to people so the yearly mandatory training schedule had not been completed at the time of our inspection. The manager explained that they were in the process of booking additional training for staff and we heard from the provider how staff were actively encouraged to undertake further qualifications in care. Staff we spoke with confirmed this was the case. One staff member told us they had completed the National Vocational Qualification (NVQ) Level 2 in Health and Social Care and had just been enrolled to complete Level 3. We will look at the mandatory training that has taken place during our next inspection.

Systems were in place to monitor staff training needs through regular staff spot checks to review their working practices and during regular supervision. The provider explained how they were the 'train the trainer' for moving and handling and we saw the onsite training room with a hoist and hospital style bed for staff to use and gain practical experience before providing care to people in their own homes .

Care staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities as well as learn new skills. One member of staff told us, "The induction lasted three or four days…I knew certain things already but the way it was set out it was easy to understand and by having small groups, it really helped." Another told us, "The induction helped me with my knowledge and the manager did a great job."

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis every six weeks. An annual appraisal system had been put into place but as the service and staff were all relatively new these had not taken place at the time of our inspection.

People were asked to give their consent for care and we saw consent forms in people's care records. These included an agreement to share information with some professionals, to administer medicines and permission for the agency to provide care. Staff told us how they always asked people for their consent before assisting them. One staff member told us, "We always ask if things are OK and if [the person] is happy with what we are doing."

Most people's nutrition and hydration needs were met by their relatives, relatives we spoke with confirmed this, but where required people were supported to eat and drink. One relative told us, "[The care staff] will get breakfast and lunch and I always cook dinner." The manager explained that in some cases the care staff would heat up a meal or prepare a snack for people. They told us that staff were good at leaving people with drinks or a snack and they considered people's nutritional and hydration needs as part of the initial assessment of care. We were told how the service had identified one person who was having increasing difficulty drinking from a normal cup. They suggested the purchase of a specialist drinking cup that would enable the person to drink fluids independently and liaised with the person's relative for this to happen.

Information about people's healthcare needs were recorded in care records. Care records contained details of where healthcare professionals had been involved in people's care, for example, information from the GP, district nurses and occupational therapists. Staff told us how they would notify the office if people's needs changed and that this was recorded in the daily notes. We noted examples of how additional support from various healthcare professionals helped people receive ongoing healthcare support. For example, the service had good links with the local palliative care team and liaised closely with them when people required end of life care.

Good

Is the service caring?

Our findings

People told us they were happy with the standard of care and support provided by the care staff. Peoples comments included, “Excellent carer…very, very good, very enthusiastic, couldn’t be better”, “The carers are very helpful and do whatever is needed”, “The care staff are very, very friendly [my relative] gets on with them very well” and “The staff are kind and caring [names of regular care staff] are absolutely fabulous, when they are with [my relative] I know all is OK.”.

Staff had a good knowledge of the people they were caring for and supporting. One staff member told us, ”We always have the same set of clients, you get to know them well, you talk to them as you do your routine, it makes it so much easier.” Another said, “Every day we get compliments from the clients, they seem very happy.”

Several of the people receiving care from the service were particularly unwell and nearing their end of life. Peoples care packages were fast tracked from the local commissioning bodies so they could receive the appropriate care when they needed it, in their own home. Staff told us that sometimes they would only be with people for a matter of days before they passed on but felt confident and supported in these situations. We read letters that relatives had sent to Caremark thanking staff for their service, comments included, “[staff name] was kind, caring and efficient” , “Please pass on my thanks to all staff… they were all so kind and caring” and “Many thanks to all the staff who looked after [my relative].”

Staff told us how they made sure people’s privacy and dignity was respected. They said they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, “I always let people know what I am doing.” Another said, “I make sure people are covered when I wash them, I always ask if they are comfortable with what I am doing.”

We heard how subjects such as diversity, privacy, confidentiality, equality and dignity were discussed during staff induction and the provider showed us the prompt cards he used to encourage discussion and understanding in these areas. We spoke with the manager who explained staff supervision also included observations around how staff worked with people and assisted them with their needs. This included observations around dignity, respect and privacy. If any issues were found to suggest people’s dignity and privacy were not being respected then additional training was provided to staff.

Good

Is the service responsive?

Our findings

Relatives told us they felt involved in planning their relatives care. Most relatives told us how they had been involved in the original assessment of care and were continually contributing to the care their relative received. People told us their regular care workers were able to provide personalised care that was responsive to their needs. One relative told us they had requested a later evening visit as their relative had trouble sleeping if they were helped to their bed too early. They told us, "Caremark have tried to adjust the timings…if we ask for something we normally get it."

People's care was assessed when they first started using the service and then reviewed at three monthly intervals or before if their needs changed. The manager explained that some people's health needs changed on a daily basis so they were continually speaking with staff, relatives and healthcare professionals to ensure the care package provided was most suitable for them. We heard how the manager would sometimes go out with a carer to help. She told us, "Sometimes I double up with a carer just to ensure everything is going smoothly."

Where any changes were identified to people's needs, their records were updated promptly so that staff had access to up to date information about how to support them. For example, if people had to go to hospital, on discharge their care and support needs were reviewed and reassessed by

the manager to identify any changes that may be needed to their existing package of care and support. One relative explained how the service adapted each time their relative went in to hospital and how staff were available to care for them when they returned home.

Some people had care packages funded by the NHS continuing healthcare fast track pathway. This is usually when a person's condition is deteriorating quickly and they are nearing the end of their life. Care and support packages such as these are put in place as soon as possible. We looked at the records and care planning provided by the continuing care team and noted they contained detailed guidance about the care and assistance that person needed. The manager used this information and her assessment to create a care plan for staff to follow. This detailed the times of each visit and the type of individual care needed. We noted that sometimes there was little detail about people's history, likes, dislikes and the way they liked to be cared for but we understood the nature and time frames involved did not always allow for this level of detail.

The manager and staff spoke with great knowledge about the people using the service and we heard about examples where care was personalised to each individual. For example one person liked staff to read a certain book to them when they became upset and another person enjoyed laughing and joking with staff when they could. We spoke to the manager about reflecting this information in people's care records and during our inspection we saw the manager had started to record the information in a way that would help staff care for and engage with people as individuals.

The service asked for people's views and experiences. People's care records contained details of regular telephone reviews and visits to check the quality of care people received. We noted most responses were positive, however, where concerns had been highlighted we were told how the service had responded. For example, one person became upset when carers were late, the manager investigated why and put processes to place to ensure carers were on time and if they were going to be late to ensure people were informed as soon as possible.

People and their relatives told us they knew how to make a complaint if they were unhappy. One person told us, "[My relative] complained when staff were late, the manager phoned us to apologise." A relative told us, "I speak to the manager if there are any problems…I leave a message and she gets back to me."

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. The manager took concerns and complaints about the service seriously with any issues recorded and acted upon. We saw the service had received one formal complaint that had been investigated and dealt with appropriately. We looked at the processes in place to identify and address any key issues to help reduce future occurrences.

Good

Is the service well-led?

Our findings

People were asked about their views and experiences of the service. The service had not conducted a stakeholder survey at the time of our inspection as it had been operating for less than a year. We asked how the manager gained people's views or knew that people were happy. She explained people were contacted on a regular basis during telephone reviews, quality assurance checks and care reviews. We noted the results of this contact was recorded in people's care records. Where negative comments had been made we saw the action taken by the service.

When staff first began to work for the service they were given a copy of an employee handbook, this detailed their role and responsibilities and the values of the service. Staff spoke positively about their relationship with their managers and the support they received. During our inspection we saw good interaction between staff and their managers and staff told us they felt well supported. Comments from staff included, "I feel well supported…I am very comfortable talking to the manager if I have any problems", "We can discuss anything with the managers, the door is always open" and "The manager is supportive, she is there for us."

All the staff we spoke with told us they felt able to report any incidents, concerns or complaints to the manager. They were confident that if they passed on any concerns they would be dealt with.

As the service was still in its first year the manager explained they did not have regular staff meetings but communicated work related issues to staff via regular emails, telephone calls and during their face to face visits to the office. After the inspection we received a copy of a newsletter that had just been issued and was used to inform staff of important information. Staff told us they felt part of the team and were able to go into the office whenever they wanted to, one staff member told us, "I think carers sometimes live here…we come in for tea and snacks, the kitchen is open and we can discuss anything." Another said, "We pop in for some tea and toast and have a quick catch up with colleagues…I'm really happy here."

Systems were in place to monitor and improve the quality of the service The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Quality assurance checks were carried out every 2 months and these included an audit of the person's home file and the information contained in the daily log sheets. Regular 'spot checks' were undertaken at people's homes to review the quality of the service provided. This included timekeeping, appearance, professional approach and the quality of the service delivery including people's feedback.

Regular meetings with the manager, the provider and a support manager from Caremark's head office helped to share learning and best practice and the provider told us Caremark Croydon was due to have a full quality assurance audit by the head office to ensure they had robust records and systems in place. We will look at this again during our next inspection.