Blueleys Limited

Caremark (Aylesbury & Wycombe)

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

Caremark (Aylesbury and Wycombe) is a domiciliary care service offering care and support to adults, young people and children in the Buckinghamshire area. One the day of our visit there were 210 people using the service. The service offer support to people who have mobility limitations, mental health problems, and other long term conditions.

There was a registered manager at the service who had been in post since August 2015.
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.

One person told us, "Yes friendly and efficient, they help me with house work, have a cup of tea and a chat. It's nearly always the same staff". A relative we spoke with told us, "Mum has a main carer 24 hours seven days each week. They have a two hour break where other 'regulars' take over".

Comments from staff were, "They are generally a good company. In terms of caring for their staff they are excellent".

Staff received training in safeguarding. They told us they would not hesitate to report any concerns. One member of staff told us, "Caremark are a good company, a family business they always put clients first". We saw evidence staff had raised concerns about a person's well-being. It had been appropriately followed up and investigated according to the company's policy and procedure.

Safe recruitment procedures were carried out. Files we saw contained relevant documentation required to ensure only suitable staff were appointed. Staff received appropriated induction, training and supervision. Staff received a training programme that spanned the first 12 weeks of working for the company. Support was ongoing and an essential part of continuing development.

Staff told us, "We can have additional training if we want it."
Policies and procedures for the safe management of medicines were in place and being followed. Medicine charts we saw had been completed appropriately. People were given support if required to manage and administer their own medication. However, where people required staff to administer their medicine a risk assessment was in place to ensure the request was appropriate and staff were competent to carry out this role.

People said they knew how to make a complaint and were given the information to do so when they first received the service. One relative told us, "If I had any concerns I just ring the office they are approachable and listen and usually sort things out quickly".

People had access to healthcare services to maintain good health. One member of staff told us, "We have a good rapport with the Occupational Therapist. We can go straight to them if we need advice or equipment". The registered manager told us they work alongside nursing staff when required.

The service had effective quality monitoring systems in place to drive improvements and ensure the safety of people who used the service. Quality assurance checks were carried out by the Field Care Supervisor or Care Manger in people's homes.

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 said they felt safe and knew what to do if they had any concerns.

Sufficient staff were available to meet people's needs.

Safe recruitment checks were in place to ensure only suitable staff were appointed.

Is the service effective?

Good

The service was effective.

Staff acted in accordance with the Mental Capacity Act 2005.

Staff had knowledge and training to carry out their role effectively.

People had access to healthcare services to maintain good health.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

End of life care was available for people with support from other healthcare professionals

Is the service responsive?

Good

The service was responsive

People received care and support in the way they preferred.

People knew how to make a complaint and had information required to do this when they first joined the service.

Care plans were reviewed when necessary and when people's needs changed.

Is the service well-led?

Good

The service was well led.

The management team inspired staff to provide high quality care.

Effective monitoring systems were in place to improve the quality of the service.

People and staff told us the service was well managed.

Caremark (Aylesbury & Wycombe)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which was carried out by one inspector and took place on the 10 and 11 January 2017. The provider was given 48 hours' notice that the inspection was going to take place. This was to ensure senior staff would be available at the services office to assist with accessing information we require to carry out the inspection effectively.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect the service or the people using it.

The provider had submitted a Provider Information Return (PIR). A PIR 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 spoke with five people and 12 relatives who used the service by telephone. In addition we spoke with four members of staff, the company director, the registered manager, the care coordinator and the HR manager. We also had contact from health care professionals who have contracts with the service. We looked at four recruitment files, four care plans, four medication charts (MAR) charts and records relating to the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe and knew who to contact if they felt unsafe. Comments included, "Yes I feel safe because I trust them, they are fantastic" and "My relative has mild cognitive impairment they phone me to say they are there".

People who first joined the service had an initial risk assessment. From this information a plan of care was formulated stating individual needs and preferences on how people want to live their lives.

Staff received safeguarding training during induction and received regular updates thereafter. Staff told us they would not hesitate to report any concerns. For example, one member of staff noticed bruising on a person's forehead during their visit. This was promptly reported to the office and appropriate action was taken. Staff completed daily log sheets for care provided and completed incident forms and safeguarding information where required.

Staff told us the time allocated to people was sufficient to attend to people's care needs. One relative told us, "They talk to my sister about everything they are going to do. They are focussed on their needs. I am fully involved in all assessments and care planning. When pain relief was required they prompted my sister to take the medicine and they told me when it had been taken".

The provider did not use agency staff. Many of the staff had worked at the service for many years. Recruitment of staff was ongoing. The provider offered four young people who were studying Health and Social Care the opportunity to volunteer during the October half term. The young people all had DBS checks prior to working as a volunteer. Those who excelled may be offered the chance to continue working with the service to support their studies to gain more direct hands on experience.

The service referred to risk management as 'positive enablement' seeing it as a 'can do' rather than 'can't do'. Risk assessments were carried out during the initial assessment which included moving and handling, environmental and a general risk assessment. Where additional activities were specified these would be completed on a separate risk assessment together with the person using the service. Care plans demonstrated where people had identified risks, these were addressed and appropriate measures put in place. For example, one person was very anxious and required the same member of staff to keep their anxiety levels low. We saw feedback from the person who stated, 'My regular carers are fantastic and having the continuity enables me to keep my dignity'.

The service encouraged people to administer their own medicine where possible. However, for people who required staff to administer their medicine a support plan identified how the person required support. For example, transferring the medicine from its packaging to a suitable aid and passing the aid to the person. The provider required that administration procedures carried out by care workers were authorised to do so by an accredited medication trainer.

Peoples risk from infections was minimised because staff ensured they followed the correct procedures for

infection control. Staff told us they were provided with personal protective equipment such as gloves and aprons to support people that are receiving a service

Good

Is the service effective?

Our findings

We received mainly positive comments about the skills and experience of staff, one relative commented, "Yes for what my grandmother needs. They are doing a great job. Some carers cooking skills are better than others. They pretty much do what she wants". Other comments were, "By and large the carers have the right skills to support my wife effectively" and "The carers are well taught they have the right attitude which is most important. If mother is a bit grumpy, they soon have her laughing. I never feel the staff are rushed, they are not in and out, they will do that little bit extra".

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received training in manual handling, safeguarding, medication, dementia, infection control, health and safety, food hygiene and other training specific to the needs of people using the service. For example, challenging behaviour, stroke awareness and pressure care. We looked at the training matrix to confirm staff had received up to date training and where a member of staff required a refresher course this was highlighted. Staff told us the training was good. The provider had in house trainers to carry out training. The service had a training room which was equipped with items specific for carrying out training in manual handling. For example, hoist, stand aids, slide sheets and a bed.

When staff joined the service they had an induction programme that had classroom based training together with shadowing an experienced member of staff in people's homes. Staff told us, "Shadowing can be as long as you feel you need". Spot checks were carried out within 12 weeks of the new member of staff joining the service to ensure quality care was provided. The Field Care Supervisor carried out unannounced visits to people's homes (spot checks) to ensure that standards of care were being delivered to the highest standards. Supervisions commenced within one month of the new member of staff joining the service.

Staff told us they had regular supervsions.The supervision matrix we saw confirmed this. One member of staff told us, "I have supervisions every three months; if you need to talk to anyone there is always someone there". We spoke with the HR manager they told us, "They often come in to talk to me in an informal way. I am also a backup trainer and will go out on care calls as well as doing my HR role". Another comment from a member of staff was, "In terms of caring for their staff they are excellent". The registered manager told us the service offered de briefing for staff that had been involved in a difficult experience when supporting people, for example, end of life care. In addition counselling was available for staff that may be experiencing personal difficulties.

Systems were in place to promote communication within the team. The field care supervisor carried a phone that was a 24/7 on call emergency phone service. This was for staff to use in the event of an emergency. If staff were going to be late for a visit for whatever reason they would communicate this to the field care supervisor who would relay this to the person receiving the service. One person we spoke with told us, "They phone if they are going to be late".
Another comment was, "If they are not coming they let me know but they are usually on time".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack capacity to do so for themselves. The Act requires 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA.

Staff demonstrated a good understanding of the Act and knew whether people had the capacity to make informed decisions and if not, what procedure to follow. Staff told us if any concerns were raised regarding a person's capacity then the field care supervisor would make arrangements for a capacity assessment to be carried out.

People and their relatives told us staff sought consent and involved them in decisions. Comments were, "My carer likes to be sure about what I want. They are very good asking me what I want or need" and "We had a full assessment and as things change, we change the care plan to suit mums needs, I am involved in everything". Care records demonstrated people gave consent in agreement to care packages delivered. When people joined the service an agreement contract was signed.

People told us staff supported them with their meals. One person told us, "I am happy with the support I receive with meals there are no problems. My carer washes up and keeps the place clean". Care plans contained people's dietary requirements. Any concerns raised by staff in relation to people's dietary intake were shared with the GP and community nurses. One person's care plan we saw contained specific information regarding how staff should offer the person fluids. For example, 'Give me two glasses of water, holding the straw for me'.

People were supported to maintain good health and have access to healthcare services. We saw examples of referrals being made to various healthcare professionals. For example, one person required a specific piece of equipment to ensure they could transfer safely. A referral was made to the occupational therapist who arranged for the equipment to be delivered.

Good

Is the service caring?

Our findings

People told us staff were caring. One relative told us, "Definitely kind and caring. The carers take time to sit and talk with my grandmother. The biggest thing for her is the company and that she likes familiar faces. They are compassionate. If they think my grandmother is not well they will call the GP and contact the family. They are very efficient in that". Other comments were, "Very much treated with dignity and respect. My carer is very careful to find out what I want and need".

Staff had established good working relationships with people they supported and had a good understanding of their care needs. For example, one relative told us, "My husband gets two regular carers who are fantastic. They are excellent, I am frightened he might fall, but he hardly thinks about it as he has confidence in them as they know each other".

People said staff promoted their independence and supported them to exercise choice. Comments we received included, "The manager came out to see me. She asked me what I needed and left me to decide. It was exactly what I was requiring. Someone came out the other day to see if I was satisfied".

People said staff involved them in planning and making decisions about their care. One person told us, "Caring yes very good, I am fully involved in my care plan always in the loop". Staff told us they always try to encourage people to be independent and do as much as they can for themselves. For example one relative told us, "When they are washing my grandmother they encourage her to do as much as possible".

People said staff were kind and considerate. One relative told us, "The staff are very good with my husband. He is not very good at getting out of his chair and they never rush him. They let him take his time and talk to him. They are excellent; he looks forward to them coming".

The service promoted dignity in care. One relative told us, "The carers always shut the door so my husband is not on show. Another relative said, "When mother is having personal care, staff always make sure she wears a dressing gown going from her room to the bathroom. They check if mother wants her hair washed and respect her wishes if she says no".

The service supported people to remain in their homes when they were receiving end of life care. Staff had received additional training in this area. People could be supported in conjunction with other health care professional such as Macmillan nurses. Macmillan nurses are nurses who have had training in palliative care.

Good

Is the service responsive?

Our findings

The service was responsive to people's changing needs. For example, preferences concerning care workers. How people wished to lead their lives or how they wished to manage their personal care and family involvement were all taken into account when delivering care and support to people. People and their relatives told us staff were responsive to their needs. One relative told us, "Responsive, good. Every week they send my sister a rota so they know who is coming and what time. My sister lives on her own and has learning difficulties. If it was not for Caremark she could not do this. They go the extra mile and make a positive difference". Another person commented, "I speak to the office staff occasionally. They are very pleasant, I rang them last week as my husband had a carer he didn't like. I asked for her not to come again. They were very nice about it". The service recognised that sometimes people were not compatible with their care staff and recognised it as paramount that people felt entirely comfortable with staff. On occasions where this was the case the service endeavoured to provide an alternative member of staff.

Information prior to the start of the care package enabled the service to determine the correct staff to support the person. Initial assessments captured identified needs such as medical history, communication needs and support preferences. For example, some people required support which was individual to their needs. One care plan we looked at contained details about the person's guide dog and specific needs due to sight problems. Other people only required minimal support. One relative told us, "My grandmother needs such little help that they have time to go to the shops". The service was delivered with flexibility, respecting people's independence, privacy and right to make decisions.

The assessment process was carried out with the person and family members where possible. Relatives we spoke with confirmed they had been involved in their family members care plan. One relative told us, "The office organisation is really good and efficient. There have been times when nan has been in hospital. When she comes out the care has always been available".

The supervisor reviewed care regularly to see if any changes were required. From this information the service reassessed visits giving the person control on what change may be required. One person told us, "I feel the overall standard of care is not too bad at all, I would give it eight out of ten".

Care plans were personalised and each file contained information about the person's wishes dislikes and people important to them. The care plans were updated in response to people's changing needs. Staff told us, "We complete a log in each person's home for care provided. Any changes are documented and reported to the office". Care plans were checked by the supervisor or care manager in people's homes to ensure all the correct documentation was in place.

The service offered Caremark Independence Clubs in a response to changing needs of people. They offered the opportunity for people to take part in group community activities such as visits to the theatre. For example, collecting people in groups of two to four, to take them to activities and return them home afterwards. The clubs encouraged isolated or older people to continue to be able to participate in activities even when they were less mobile.

People and their relatives knew how to make a complaint. The services complaints policy was kept prominently in people's files in their home. Concerns and complaints were used to inform and improve the care provided. For example, a member of staff reported concerns regarding a person's mobility and having difficulty caring for her family member. From this concern the service was able to instigate discussions with appropriate professionals who were able to approve a care package that enabled the couple to remain in their home. Complaints we saw were fully investigated in a timely manner. For example, a complaint was made due to a breakdown in communication in terms of the timings of visits. The timings of the visits had been reviewed and monitored to ensure this was addressed.

People told us, they knew how to make a complaint. One person said, "I had brought it to the offices attention when a carer had turned up early at 7am instead of 8am".This was monitored and reviewed by the manager to ensure the person only had visits at the specified time in the agreement. The service carried out telephone reviews with people to see if they were happy with the care provided. In addition, the service carried out annual surveys for staff and people who used the service.

Good

Is the service well-led?

Our findings

People and staff told us the service was well managed. Comments included, "Caremark is very well managed. Right from the word go they have been professional. They have been in touch with me all the time. When I rang initially, they came out to see me quickly. They sat and chatted for an hour and a half. There was no rush. They also talked to mum" and "Speaking from our own experience Caremark is good. I have no complaints. They have always looked after us well". Other comments we received were, "Ninety percent of the time it is well managed. On the whole they are OK. There is the odd problem but they do sort it out".

Staff told us the service was managed well. One member of staff said, "The management are very 'hands on'. If a call needs covering they will be out there at 7am. With that in mind they gain respect". Another member of staff told us, "Although the company is quite large it still has a family feel about it".

The service aimed to deliver high quality care promoting people's independence and equality with compassion and empathy. The service sought views from people who used the service and acted upon them. This was confirmed by people we spoke with who told us the office contact them to see if they were happy with the care they received. In addition yearly surveys were sent to people who used the service to find out people's experience of the care they received. The results of the last survey, confirmed that the majority of people who used the service and their relatives were happy with the care and support they received.

The service had an open door policy where staff could visit the office at any time for advice and guidance. Where issues were identified they were addressed by the managers. The HR manager told us, "They often come in and talk to me in an informal way". Staff were encouraged to be open and honest about issues and incidents that arose. Staff we spoke with told us they were aware of the importance of completing incident forms in a timely manner. During out of hours the field supervisor had an on call phone where staff could contact them with any concerns.

Staff were supplied with a handbook that provided them with policies relating to safeguarding and whistleblowing. The service acknowledged that team building was in important part of ensuring staff were motivated to achieve high standards of care delivery. This was through workshops, quarterly newsletters and annual mid-summer celebrations.

Effective monitoring systems were in place to improve the quality of the service. For example, formal monthly meetings were held with the care manager and the Managing Director to review activities and to ensure that reviews and supervisions were up to date. Audits were carried out by management which included auditing medicine management, care plans, risk assessments, incident accidents and any outstanding training. In addition staff were encouraged to discuss with HR what additional specialist training they would like, and this was arranged where possible.

The service maintained regular feedback with local groups including Age UK, the Quality in Care team, and

Bucks Safeguarding Adults Board. The service kept under review, a clear vision and a set of values that included involvement, compassion, dignity, independence respect equality and safety which was understood and promoted by staff.