

REXD Corporation Limited

Caremark (Cheshire West and Chester)

Inspection report

123 Station Road
Ellesmere Port
Cheshire
CH65 4BW

Tel: 01513567455
Website: www.caremark.co.uk

Date of inspection visit:
15 July 2016
18 July 2016

Date of publication:
31 August 2016

Ratings

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

Summary of findings

Overall summary

The inspection took place on 15 and 18 July 2016 and was announced. The inspection was announced to ensure someone would be available at the office. Caremark (Cheshire West and Chester) is a domiciliary care service that provides personal care to people living in their own home. On the day of the inspection 45 people were supported by the service with their personal care and support needs.

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.

During our inspection we observed staff within the office who were welcoming and there was a pleasant atmosphere. All the information we requested was supplied promptly, records were clear, easy to follow and detailed. People, relatives and staff all spoke positively about the service. Peoples comments included, "Staff are absolutely fantastic", "Continuity of care is essential, and that's what I get" and "[Name] is a credit to the service".

People told us they had developed good relationships with staff and they valued these. People said they felt valued by the staff and office team. One person said, "All the staff are caring and friendly". A relative commented, "The registered provider has gone above and beyond to support us as a family".

People told us they felt safe. All staff had undertaken safeguarding adults from abuse training and put their knowledge into practice. Records showed staff had raised concerns and these had been managed promptly and where required, investigations had been undertaken to protect people. People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults before they started their employment.

People were supported to take their medicines by staff that had undertaken medicines training and completed competency assessments. People were supported by staff that received training appropriate to their role. Staff put their training into practice and delivered good care.

People and relatives were fully involved in the development of the person centred care plans. People's preferences acknowledged and followed. Staff responded quickly to emergencies and people's changes in need.

People's risks were fully anticipated, identified and monitored. Risk assessments were very detailed and specific to the individual. Staff managed risk appropriately and supported people's personal decisions. Risks were regularly reviewed and updated promptly following any changes in need.

Staff had a good appreciation and understanding of how to respect people's privacy and dignity. Staff

supported and encouraged people to remain as independent as possible.

People and their relatives knew how to raise complaints and confirmed they had received information about how to do this and to whom. People and their relatives who had raised concerns confirmed they had been dealt with promptly and resolved to their satisfaction.

Staff described the management to be very approachable and understanding. Staff were positive when speaking about their roles and the people they supported. People told us they benefitted from having regular staff visiting them that got to know them well. They highlighted the importance of continuity. Staff said that visiting people regularly allowed them to develop positive working relationships and to fully understand the person's individual needs and preferences.

The service had effective quality assurance systems in place. Actions were highlighted and promptly addressed. The service sought to highlight and address areas for improvement. Changes had been made to help ensure the service moved forward and continually improved.

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.

Safe recruitment practices protected people who used the service. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse.

People were protected by staff who understood and managed risk.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

People described the caring approach shown by staff as very good.

People felt they had strong positive relationships with regular staff and valued these.

People were supported by staff that were focused on maintaining their independence. Staff respected people's dignity and maintained their privacy.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and focused on a person's whole life. Staff had a good understanding of the way people wanted to be supported.

People were encouraged to give feedback and raise concerns or complaints as part of continual improvements

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place.

People told us the management team were approachable and supportive.

Quality assurance systems were used to raise standards of care.

Caremark (Cheshire West and Chester)

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 15 and 18 July 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. The inspection team consisted of one adult social care inspector.

During the inspection we spoke with the registered provider, registered manager, a field supervisor, the graduate management trainee and five members of staff. We spoke to three people that were supported by the service by telephone and also visited three people in their own homes and observed staff while they were working. We observed positive interaction between staff and people using the service. We spoke to five relatives of people that use the service in person and by telephone.

We looked at six records that related to people's individual care and support needs. These included support plans, risk assessments and daily monitoring records. We also looked at five staff recruitment files and records associated with the management of the service, including quality audits.

We reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority safeguarding team and they told us they had no immediate concerns regarding the service.

Is the service safe?

Our findings

People told us they understood what keeping safe meant when they were being supported. One person said "I always feel very safe when staff visit". A relative said "All the staff without exception have earned my trust well and truly".

People were supported by staff who had received regular training in safeguarding, and could recognise signs of potential abuse. Staff spoken with confirmed any signs of suspected abuse were taken seriously, investigated thoroughly and appropriate alerts had been made to protect people. For example, the documentation demonstrated a clear process had been followed after an allegation had been made. The staff and registered provider had acted promptly and appropriately.

The service had a whistleblowing policy in place and all staff spoken with explained clearly about the process they would follow should they have any concerns regarding anyone's working practice within the organisation. Staff explained that by highlighting any concerns they could improve the service people received.

The recruitment practices in place were robust and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed and records showed these checks had been applied for and obtained prior to commencing their employment with the service. Checks included the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People were protected by staff who understood the procedures to follow and how to respond when emergencies or unforeseen events occurred. Records clearly showed all events that had occurred and included a description, actions taken and by whom, other people contacted or involved and an outcome. The outcomes included practice improvement and learning as well as resolutions.

People and staff had access to on call telephone numbers for the service. These were operational seven days a week. This ensured a member of staff was always contactable if needed. A member of staff said, "There is always someone available to speak to whatever time you are working".

There were sufficient numbers of staff to keep people safe. People told us they had a team of staff to ensure they always received care and support from someone that knew them. This ensured that staff had the right skills, knowledge and experience to meet people's individual needs. The registered provider regularly reviewed the staffing levels so that people received reliable and consistent care.

People were supported by staff who understood and managed risk effectively. Prior to providing support to people a member of the management team completed a series of comprehensive risk assessments. This confirmed whether the service would be able to safely meet the needs of the person concerned. The management team included the registered manager, registered provider, two field care supervisors and a

care co-ordinator. Environmental risk assessments indicated where risks could occur and measures were put in place to minimise the likelihood of incidents occurring. Risk management plans recorded concerns and actions required to address risks whilst maintaining people's independence. The risk assessments used an easy to follow rating system which highlighted areas of concern clearly. The rating system identified the need for additional staffing requirements for safe moving and handling. Plans were reviewed regularly with the full involvement of the person receiving the service.

Staff understood the importance of safe administration and management of medicines and had all completed the appropriate training. Records showed that all staff responsible for administering medication had undertaken competency assessments which were updated annually. All care plans included a risk management document where people required any level of support with their medicines. A medication assistance authority had also been signed by each person which identified the level of support required. This was reviewed and updated as needs changed. Each person had a medication pen picture which detailed GP and pharmacy details as well as all medications, the reasons why they are taken and potential contra indications for staff and people to be alert to. These were reviewed regularly and updated every time there was a change in medicine requirements. Medication administration records (MARS) were completed at every visit where medication was administered by staff. All records reviewed were fully completed and up to date. There was evidence that these were reviewed every month by the registered manager. Records showed any missing signatures or concerns raised were actioned promptly with the individual member of staff. The service had medicine policies and procedures in place which were in line with current and relevant guidance and regulation.

Staff were aware that it was their responsibility to keep the people they supported safe as well as being responsible for their own safety. A selection of policies and procedures were available to all staff through their employee handbook. In addition to this staff were provided with regular mandatory training in health and safety, fire safety, prevention and infection control, basic life support and moving and handling. The service had personal protective equipment (PPE) which was held at the office and made available to staff on request. This included gloves and aprons used by staff when undertaking personal care tasks. These are used to protect staff and people to reduce the opportunities for spreading infections.

Is the service effective?

Our findings

People told us they felt supported by staff who had the right training and skills to fully meet their needs. People spoken with told us, "They [Staff] have made me feel like I am important and that they really care about me. A relative said "I believe the staff and service are as good as you get" and another said "All the staff are well trained to undertake their role".

Staff undertook a thorough induction programme and completed on-going training to develop their knowledge and skills. They told us the training was very interactive and inclusive. The person being supported was always the focal point of all training. Newly appointed staff, completed the Caremark induction which was tracked to the new care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give workers a good basis from which they can further develop their knowledge and skills. Staff shadowed other experienced members of the team until they were competent in their role. Field supervisors and the services trainer signed staff as competent following multiple observations. One member of staff commented, "The training is good and I always learn something new".

Staff were supported to achieve nationally recognised vocational qualifications. The service worked with an external organisation to offer staff the opportunity to undertake QCF qualifications that are nationally recognised qualifications relevant to staff roles. This enabled and encouraged staff to take part in training designed to help them improve their knowledge. It also helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the registered provider to increase their skills and obtain qualifications. Comments from the training provider included, "The central management team seem to take a keen interest in developing their staff and offering them opportunities to grow" and "What I like about Caremark is that the Learners [Staff] always appear happy and confident and it's nice to work alongside a manager who is really proactive with staff development".

Staff received effective support through regular supervision and appraisals. All staff files looked at demonstrated supervision had taken place every two to three months over the last 12 month period. The registered provider had introduced an improved system of spot checking every member of staff while working in the community every month. The field supervisors had undertaken this task and records showed spot checking had taken place every month since March 2016. Information gained through spot checking fed in to the supervision process. This provided the opportunity to highlight areas of staff good practice, identify where support was needed and raise ideas on how the service could improve. Comments included, "I have been supported through some really tough times" and "I feel really well supported".

People were supported by staff who had good communication skills. People and relatives all spoke highly of staff's ability to communicate effectively. Comments included, "Staff are always courteous and include my mother in all communication" and "The office staff always alert the family to any concerns regarding our mother", "The service promotes a holistic approach inclusive of the family" and "The staff use wonderful techniques to support my mother with her short term memory difficulties".

People were supported at mealtimes to access food and drink of their choice. The support people received was dependant on their assessed needs and individual requirements. Some people required more support which included staff preparing and serving meals, snacks and drinks. Staff had completed training in food hygiene and they knew how to respond to any concerns they had about a person's diet. For example if a person's appetite significantly changed or if a person showed obvious signs of weight gain or loss. Records showed concerns had been raised and professional advice had been sought. Nutritional intake records showed food and drinks that had been given to a person as well as how much had been eaten and drank. People confirmed that staff always ensured they were okay prior to leaving their homes and ensured they had a drink available.

We checked how the service followed the principles of the Mental Capacity Act and its associated code of practice (MCA). 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.

These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the Court of Protection and are necessary to protect the person from harm. There was no-one subject to a DoLS at the time of our inspection.

Staff were aware of their roles and responsibilities in relation to the MCA, and put this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. The registered provider demonstrated that assessments of people's mental capacity to make specific decisions had taken place. Following these assessments, best interest decisions had taken place. The MCA and Deprivation of Liberty Safeguards (DoLS) were included in the training programme that all staff were participating in and policies were available to support this.

People confirmed that they had consented to receiving care and support within their homes. Records showed people with capacity had signed to say they had participated in the completion of their care plans. Daily records noted consent to personal care had been received. Staff explained the importance of always ensuring people consented to any tasks being undertaken and choice being always offered.

Is the service caring?

Our findings

People told us the staff were very caring. They said they had regular staff that visited them and they enjoyed their company. One person said "[Name] is wonderful; all the staff are very kind and caring". Another person said "All the girls [Staff] are very kind and do not rush me".

People and their relatives all reflected positively on the relationships they had developed with staff. A relative said "The whole team has worked with me consistently to improve my mother's care". People told us that staff were respectful of their privacy and dignity. One person said "All my staff do everything I need and more. They are incredibly kind". Another person said "Staff always call out a welcome as they come in to the house even though they have a key from the key safe". Staff told us dignity was discussed in training and also when they were spot checked while working.

Staff spoke about a genuine interest regarding people's well-being. People said staff understood them well and were able to observe changes in their health and well-being. A relative said "They have offered timely interventions at appropriate times". One person told us "I have an excellent relationship with [Name] and I value and appreciate this" and another said "His [Staff] dedication goes well beyond the requirements of his job".

People told us they were always introduced to new staff. They knew they could choose whether to have a member of staff visit their home or not. One person said "I enjoy female staff visiting as I can talk better to them". This meant that the service promoted choice for the people using the service.

When people commenced using the service they were given a copy of the service user guide. This document included the aims and objectives of the service, information about the services offered. It also included the hours support was available as well as the costs for the service. Key contact details were included.

Caremark supported people with their end of life care. Staff that chose to work in this specialist area had the appropriate skills and attributes required. A recent compliment received by the service stated "Thank you for all your help in making [Name] comfortable in their last few days and respecting their wellbeing". The service had policies and procedures in place to support end of life care. This meant people could choose to be supported to stay in their own homes up to the end of their life.

Compliments recently received by the service included "I am very pleased with the care that is being provided and being able to have a male carer visiting on a regular basis", "We have been extremely pleased with the way the carers [Staff] have attended to his needs and the cheerful way they have arrived in the mornings. A breath of fresh air." and "Nothing is too much trouble for your staff and their patience is excellent". These compliments had been received through thank you cards as well as the review and audit process.

Is the service responsive?

Our findings

People received consistent personalised care, treatment and support. An individual needs assessment was undertaken, which was comprehensive and written in a person centred way. When the service agreed to support a person, an initial assessment took place. All people spoken with said they were actively involved in the process.

People told us they had choice over who provided their personal care. A relative told us "New staff are always introduced to ensure Mum is happy with them. An experienced member of staff would always demonstrate her preferred routine". The registered manager explained the importance of consistency and always ensuring staff were available to meet peoples required needs.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs would be met. Trained staff supported people to develop their own care plans and assessed their needs. Records showed consideration was given to meeting people's goals and aspirations. This included 'How I would like to be supported' and 'What I want to achieve'. Achievements included maintaining a level of independence and mobility. These were specific to each individual person.

Each person had a plan that reflected their needs, choices and preferences, and gave guidance to staff on how to make sure personalised care was provided. Key tasks were highlighted in bold to ensure they were prioritised. A relative told us "The service is very responsive to any changing needs". Records showed regular review meetings had taken place at least annually and had identified changes in care and support needs. Any changes were discussed with the person, healthcare professionals and any chosen relative as required. Changes were clearly documented and the information cascaded to support staff. This ensured continuity of support and that all staff remained up to date.

The registered provider recognised that some people needed to be protected from the risk of social isolation. They recognised the importance of companionship and maintaining relationships with those who mattered to them. In addition to the people's support plans they were offered the opportunity to access the registered provider's community café to meet people.

Staff completed daily records which reflected the care and support people received. Daily records made reference to tasks completed, consent to care, medication administration, staff arrival and leaving time and any other information specific to the individual person. All daily records reviewed were fully completed and signed.

The service had a concerns and complaints policy and procedure. People and relatives told us they knew who to contact if they needed to raise a concern or make a complaint. Records showed that two complaints had been responded to in a timely manner and investigated in line with the Caremark complaints policy. The internal auditing system for complaints identified actions to be taken, resolutions and development opportunities. The registered manager told us that they used concerns and complaints to improve their service and raise standards of care. One person said "I would feel confident to contact the office if I had any

concerns or complaints", another said "I tend to only ever have minor concerns and they are always rectified immediately".

Is the service well-led?

Our findings

People and their relatives described the characteristics of the service to be, 'Pro-active quality service', 'Holistic, inclusive of family' and 'Approachable'. One person said "I have been with the service for six years and have always been pleased with everything".

People, their relatives and staff all described the management of the service to be supportive, inclusive and approachable. Relatives' comments included, "I trust the manager implicitly" and "Really helpful". People told us "The managers are good" and staff said "They've accommodated my need for family life" and "I want to work for people that really care, and they do".

The registered provider and the registered manager took an active role within the running of the service. They demonstrated a good knowledge of the staff and the people who were supported. The registered provider discussed and shared their business plan for 2016 and evidenced the achievement of some completed actions to date.

The registered provider sought the views of people who used the service. The registered provider told us feedback received was used for service development and learning. Records showed the registered provider had visited or telephoned people following feedback regarding the service.

The registered provider regularly invited feedback in a number of ways. Records showed that feedback was requested at each review and actions undertaken following this. Quality assurance checks were undertaken regularly by the field supervisors visiting people in their homes to seek feedback and confirm staff were undertaking their roles fully. Telephone monitoring of the service received by people was also undertaken by the office staff team. This demonstrated the registered provider was actively seeking feedback to develop and improve the service.

Records showed that regular staff meetings were held. The registered provider held these over several dates and times to ensure all staff could attend if possible. Recent discussion topics had included training updates, completion of daily record sheets, uniform, annual leave, staff availability and professional boundaries. Minutes were completed following this meeting and discussed individually with any staff that had not been able to attend.

Staff talked openly about their roles and the registered provider's expectation of them. Staff reflected positively about the service and said they were committed to their roles. Comments included "The managers are very supportive", "The managers have worked to ensure the staff have breaks at busy and difficult times" and "Caremark are a good company to work for".

The registered provider undertook regular audits which included medication, accidents and incidents, daily records, medication administration records (MARs) and support plans in line with the organisations policies and procedures. All audits clearly identified actions required and were fully updated following the completion of any actions. The registered provider was part of a national organisation that undertook

quarterly monitoring audits. Records showed actions were identified with timescales for completion and by whom.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well.