Caremaid Services Limited

Caremaid Services Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced inspection of Caremaid Services Ltd on 27 September 2017. We told the provider 48 hours before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

The service was last inspected on 30 and 31 August 2016, when we found breaches of Regulations in relation to safe care and treatment, person centred care, recruitment of staff and governance. The provider sent us an action plan on 19 October 2016 telling us they had made the necessary improvements. At this inspection we found the provider had made most of the necessary improvements, but had not fully met the regulation in regards to safe care and treatment.

Caremaid Services Ltd provides a range of services to people in their own home including personal care. Most people using the service were older people, some of whom were living with dementia. At the time of our inspection 72 people were receiving personal care in their home. Most people were funded by their local authority.

There was 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.

Staff did not always follow the procedure for the management of people's medicines and there was a risk that people were not receiving their medicines as prescribed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines. You can see what actions we told the provider to take at the back of the full version of this report.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed. However, audits had not been effective in addressing shortfalls in the management of medicines.

People's needs were assessed prior to receiving a service and care plans were developed from the assessments. Care plans contained the necessary information for staff to know how to support people and meet their needs and were written in a person centred way.

The risks to people's wellbeing and safety had been assessed, and there was information on people's records about how to mitigate these risks.

There were procedures for safeguarding adults and staff were aware of these. Staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and their relatives was mostly positive. Most people said they had regular staff visiting which enabled them to build a rapport and get to know them.

Most people we spoke with and their relatives said that they were happy with the level of care people were receiving from the service.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training on this. People had consented to their care and support and had their capacity assessed prior to receiving a service.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff's absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care staff received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people appropriately.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People, staff and relatives told us that the registered manager and senior team were approachable and supportive. There was a clear management structure, and the provider encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff did not always follow the procedure for the management of people's medicines and there was a risk that people were not receiving their medicines as prescribed.

The risks to people's wellbeing and safety had been assessed, and there was information about how to mitigate these risks.

There were procedures for safeguarding adults and staff were aware of these.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 and understood its principles. People had consented to their care and support.

People were supported by staff who were well trained, supervised and appraised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers

and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed. Care plans contained enough detail for staff to know how to meet peoples' needs and were written in a person centred way.

There were a complaints policy and procedures in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to assess and monitor the quality of the service, although medicines audits had not been effective in addressing shortfalls.

The service regularly conducted satisfaction surveys for people and their relatives. These provided vital information about the quality of the service provided.

People and their relatives found the management team to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

Caremaid Services Ltd

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 comprehensive inspection took place on 27 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 reviewed the information we held about the service, including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we looked at the care records of five people who used the service, four staff files and a range of records relating to the management of the service. We spoke with the registered manager, the operations manager, a care coordinator, a field supervisor and two care workers.

Following the inspection, we telephoned six people who used the service and two relatives to obtain feedback about their experiences of using the service. We emailed four social care professionals to obtain their views about the service, and three of these people replied to our request for feedback.

Requires Improvement

Is the service safe?

Our findings

People were supported with their prescribed medicines and staff had received training in the management of medicines. We looked at the medicines administration record (MAR) charts for five people who used the service which had been completed from January to July 2017. We saw a number of discrepancies which included gaps in staff signatures. We discussed this with the registered manager and operations manager who carried out some checks during our inspection. They showed us evidence that in one case, a person had been in hospital for two weeks therefore had not received their medicines. However, the staff had not recorded the appropriate code to explain the reason for the signature omissions. There was no valid explanation for all the other omissions. We also saw that MAR charts did not always include the start date of a medicine so it was difficult to carry out effective audits.

The operations manager told us that all the regular staff signed for administered medicines correctly, and where there were missing signatures, the staff responsible were mostly covering regular staff therefore had not taken care to sign records correctly. However this issue had not been addressed and therefore, this trend had continued. Poor record keeping meant that there was no assurance that people always received their medicines safely, consistently and as prescribed.

We saw an instruction on a person's MAR chart saying that the medicine was to be given until 17 January. However, we noticed that staff had continued to sign the medicine as given for an additional two days after this date. We could not be sure that this was merely a recording error, or if there was a risk that the person had received this medicine against medical instruction. We discussed this with the registered manager who told us that the staff member responsible for this error had been dismissed since due to poor practices which included medicines administration.

We saw that a pain relieving medicine in the form of a skin patch was written on the MAR chart as 'Patch' instead of the actual name of the medicine. The instruction for this medicine was to be applied every Tuesday and we saw that this was signed for every Tuesday as prescribed. However we saw an additional signature on a Wednesday and there was nothing recorded to indicate this was signed in error. We discussed this with the operations manager who told us the person using the service was fully aware and involved in the management of their medicines and would have intervened if a staff member had administered their medicines incorrectly. They added that they believed this was just a recording error. However, we could not be sure that this was the case, and there was a risk the person had received this medicine incorrectly.

The field supervisor carried out regular medicines audits and we saw a recent email sent to the operations manager notifying them that they had identified some gaps in staff signatures and would be addressing this with the relevant staff members. However, apart from a text message to staff to remind them to sign appropriately, no further action had been taken to make more permanent improvements in the way medicines were managed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

At our previous inspection of 30 and 31 August 2016, we found that although risks to people's safety and wellbeing were assessed, there were no detailed plans in place for some of the risks identified. At this inspection, we found that improvements had been made.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service. This included checking for trip hazards, unstable and dangerous furniture and electrical and gas appliances. Risks were assessed at the point of the initial assessment and regularly reviewed and updated where necessary. Individual risks were assessed and included skin integrity and moving and handling. We saw that there were measures in place to minimise identified risks and keep people as safe as possible. These included specific instructions for staff to use a hoist only when a person who used the service was unable to transfer themselves in and out of bed.

At our previous inspection of 30 and 31 August 2016, we found that people using the service were at risk of unsafe or inappropriate care because the provider did not always carry out checks on new staff to make sure they were suitable to work in the service. At this inspection, we found that improvements had been made.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service check (DBS) and proof of identity. Staff confirmed that they had gone through various recruitment checks prior to starting working for the service. The staff files we viewed confirmed this.

At our last inspection of 30 and 31 August 2016, we made a recommendation for the provider to improve the reporting and recording of incidents and accidents. At this inspection, we saw that improvements had been made.

Incidents and accidents were recorded and analysed by the registered manager and included an action plan to address any issues or trends identified. We saw evidence that incidents and accidents were responded to appropriately and care plans were updated following any incident or accident. For example, when a person using the service had a fall, the emergency services had been called and the staff member had stayed with the person throughout the process.

People and their relatives told us they felt safe with the care workers who visited their home. Their comments included, "The service is alright" and "I do feel safe when they are getting me into the chair." People we spoke with told us they knew who to contact if they had any concerns, and had the relevant contact numbers in the book given to them by the service.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional and records we viewed confirmed this.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedures in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone

was being abused. They told us they would report any concerns to their manager or the local authority. One staff member said, "We have to try to save a person from what could be harming them. If I had concerns I would report them to the office straight away."

There were enough staff employed to visit people at the time their care was planned and to stay the length of the visit to meet people's needs. However, some people told us that staff were often late. Their comments included, "They have been late and telephoned once or twice", "They were two hours late once and they don't always ring. They never apologise. I can't plan my day" and "They are often late in the morning. Sometimes very late." One relative echoed this and said, "There have been some improvements but timing is the main problem." One person highlighted that they did not always get their medicines on time because of staff lateness. The registered manager told us that staff were allocated travelling time between visits to reduce the risk of lateness and were expected to call the office if they were running unexpectedly late, then the care coordinator would immediately inform the person using the service. People confirmed that punctuality had been an issue but there had been improvements more recently.

We discussed lateness with the registered manager who told us that they had introduced more frequent unannounced spot checks and were addressing lateness with individual staff in line with their disciplinary policies and procedures. Records we viewed confirmed this.

The provider had contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned. Staff told us they were providing care to people on a regular basis and had built a good rapport with them. One staff member told us, "I have my regular clients. We have a nice relationship. Even with families." People and relatives confirmed this. Their comments included, "We have two teams. Two regulars for the week days and weekend carers. They are good" and "I have one carer. I think their policy is continuity. She absolutely knows what she is doing and so does the other carer who is a regular."

Good

Is the service effective?

Our findings

The majority of people and their relatives spoke positively about the staff and the service they received. People said that most of the staff knew what they were doing and had the skills and knowledge they needed to support them with their needs. Their comments included, "They are friendly and seem like nice people", "They have different standards. Some are really good and some don't know what they are doing", "The standards now seem more consistent", "The week day team seems overworked with other clients, but they know what they are doing". We also received some negative comments, "The regulars are very good. Some know what they are doing, the problems are with the covers" and "They vary. Some do a little bit more and some do just what they need." We discussed this with the operations manager who told us they would continue to monitor the service to identify any competence issues and would address concerns in line with their disciplinary procedure.

People told us that staff met their healthcare needs. Their comments included, "They call the GP if I need it", "If I am unwell, they don't just leave me. I have seizures. The carers know about it and are not frightened and it is not an issue" and "There's a care plan on the door on how to look after me and when to call or not to call an ambulance. That is extremely important to me."

Staff told us they would know what to do if they thought a person they supported was unwell. They said they would inform the office straight away, or call an ambulance if it was urgent. We saw evidence of this in the records we viewed. For example, when a staff member had found a person on the floor during a visit, they had called an ambulance and the person had been hospitalised.

Staff told us they were able to approach the senior staff to discuss people's needs anytime they wanted. We saw from the care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. One staff member told us, "My client had a pain in their right shoulder, so I discussed that with the office staff. They saw a doctor. I can always discuss people's needs and I know they listen and act." Regular reviews of people's needs included discussions about any changes to people's condition and any requirements from the GP to be passed on to care staff.

Staff supported some people by preparing snacks for them or warming up already prepared meals. People's nutritional needs including their likes and dislikes were recorded in their care plans. One person told us, "They cook for me. I choose what I get and how it is cooked and they listen to me. I get snacks and drinks when I need them and they leave me prepared fruit for in between meals." However, one relative told us that staff did not give their family member the food they prepared for them. We discussed this with the registered manager and the operations manager and said they were looking into this matter. Where people were at nutritional risk, this had been assessed and recorded in their initial assessment and there was a care plan regarding eating and drinking.

People were cared for by staff who were appropriately trained and supported. All new staff undertook a five day induction programme which included training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care

setting. This was followed by a training and development programme which included shadowing an experienced member of staff for the people who used the service to get used to them and for the new staff to learn the job thoroughly before attending to people's care needs. New staff undertook training including person centred care, health and safety, dementia and safeguarding and were assessed at the end of their induction to ensure they were sufficiently trained and able to support people in their own homes. One staff member told us, "I got a good induction and a lot of training" and a senior staff member said, "We get all the training like the carers, so if we are short staffed, we can go in."

People we spoke with thought that staff were properly trained. Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in, moving and handling, medicines management, food hygiene and infection control. They also received yearly refresher courses. We saw evidence that training was monitored and kept up to date. We looked at the training records for four staff members. We saw they had completed all the training required by the agency and an induction into their role. The provider employed an in-house trainer. The registered manager told us, "When we identify that a member of staff needs additional training, for example moving and handling, we just call the trainer in and organise it, so there is no delay." The agency's offices had a well-equipped training room which included a hoist and other equipment to support training in moving and handling.

Staff told us they were supported through one to one supervision meetings and the staff records we looked at confirmed this. One staff member told us, "We get regular supervision, and if I have any concerns, I can discuss them" and another one said, "I feel supported by the management. I get regular supervision." Staff received a yearly appraisal where they were given the opportunity to reflect on their performance and to identify any training needs.

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. The registered manager was aware of their responsibilities under the MCA. People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment.

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. The registered manager told us that all the people who used the service had the capacity to consent to their care and support and that none of the people using the service were being deprived of their liberty unlawfully. Records we viewed confirmed this.

Good

Is the service caring?

Our findings

All people and most relatives were complimentary about the service and the care they received. Most people we spoke with said they had regular staff and had built a good rapport with them. People said the regular staff who supported them were kind, caring and respected their privacy. Their comments included, "They try to keep me comfortable", "Most of them are kind and caring, but some are there to do a job. They don't rush me", "They ask me what I want and where I want to be", "Individuals are very kind" and "One carer is very kind. She came to see me in hospital." However one relative told us that once, staff had let themselves in using the key-safe without knocking or ringing. We discussed this with the registered manager and operations manager who told us they immediately sent a text to all staff reminding them to respect people's privacy at all times.

The staff we spoke with demonstrated a good knowledge about the needs of the people they supported and how to meet these. They spoke about people in a respectful and kind manner. One staff member told us, "I like to care for people. I compare them to my parents" and another said, "I feel pleasure caring for people. I feel blessed to be a carer."

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. One person told us, "I am a Christian and they respect my beliefs." The care coordinator said that where possible, based on people's preferences or needs, the most suitable staff were allocated. They told us, "We ask people which gender they prefer and respect their wishes. Some people request a carer that can speak their language. We try our best to meet their needs but if we can't we inform them."

The provider kept a record of compliments received from people and relatives. Comments we saw included, "[Staff member] is an excellent and adorable care worker. She goes the extra mile when she provides a service", "Please thank all the wonderful ladies who cared for [Person] over this last year. They are truly wonderful."

Daily care notes were recorded by staff every day. We viewed a range of these and saw that people were given choices and their wishes were respected when they provided care and support. Care notes were written in a person centred way, and included social interactions and the wellbeing of the person who used the service. For example, '[Person] is very well. We had a lovely chat' and 'Sat and chatted with [Person] and made a cup of tea'.

Good

Is the service responsive?

Our findings

At our last inspection of 30 and 31 August 2016, we found a breach of the regulation in regards to person centred care in that people's care plans lacked detail and did not always take into account their individual needs. As a result we could not be sure that people's needs were fully met. At this inspection, we found that improvements had been made.

Records we viewed showed that people had taken part in the planning of their care. People and relatives told us they were happy with the input they had into organising and planning their care. One person said, "Initially they made a thorough assessment" and another person told us, "I've seen my care plan. There were lots of questions and we discussed it in depth at the beginning but there's been nothing since."

Care plans we looked at were clear and contained all the necessary information. They were developed from the information gathered from the initial assessments and were based on people's identified needs, the support needed from the care staff and the expected outcomes. These took into consideration people's choices and what they were able to do for themselves. They contained information about the person's background, communication needs, routines, personal care needs, mental health needs and anything specific to the person such as their religion, ethnicity and cultural needs. People described a variety of support they received from the service. Those we asked thought that the care and support they received was focussed on their individual needs. We saw evidence of this in the records we looked at.

The registered manager told us that review meetings were undertaken regularly and as and when there were changes to a person's health. Records showed that the provider worked closely with healthcare and social care professionals when people's needs changed. For example, the provider had contacted the locality team when a person's wheelchair had appeared faulty, and the occupational therapist was expected to visit.

The service had a complaints policy and procedure in place. These were supplied to all people using the service. Most people told us they were happy and had not had any complaint. Where people had complained they were satisfied that their complaints had been taken seriously and their concerns addressed. One person told us, "I ring to complain about nobody turning up and someone comes quickly. It has only happened three or four times in six months" and another one said, "I have made complaints which were dealt with promptly. Things changed straight away. They are really hot on complaints."

People were encouraged to raise concerns and we saw evidence that these were addressed and feedback provided appropriately and in a timely manner. For example, where there had been a complaint about the poor conduct of a staff member, we saw that the provider had conducted a full investigation and had taken appropriate disciplinary action. This indicated that the service was responsive to people's complaints and put systems in place to rectify any identified areas of concern.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of 30 and 31 August 2016, we found a breach of regulation in regards to good governance in that audits relating to the care and welfare of people had failed to identify the lack of specific support plans for some of the risks identified during people's assessment.

We also found that the provider had not always undertaken thorough recruitment checks before staff started to work for the service and this had not been picked up by the auditing processes.

At this inspection, we found that improvements had been made and most audits were effective. However, although medicines audits had identified discrepancies, the action taken had not been effective and had not addressed the root of the problem, therefore improvements had not been fully made in this area. We discussed this with the provider and they told us they would review this aspect of the service to make the necessary improvements.

There were processes in place for people and relatives to feedback their views of the service. These included telephone surveys, three monthly visits by the field supervisor and quality questionnaires which were regularly sent to people and their relatives. These included questions relating to how people were being cared for, if their care needs were being met and if the staff were reliable and punctual. Telephone surveys and questionnaires we viewed indicated that people were mostly happy with the service. Comments from people and relatives included, "Very good", "Satisfactory", Caremaid provides an excellent service", "I am very happy" and "Everyone is kind and well mannered." The provider collated and discussed the results of the questionnaires with the management team so improvements could be made where necessary. All people who used the service were given the agency's details, so they could contact them anytime. This was monitored 24 hours a day, seven days a week.

The field supervisor was involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. The service carried out quality monitoring visits to people who used the service to check if they were happy with the service and if the staff were being punctual. One staff member told us, "There are regular checks. We never know when they are going to happen. It's a good thing."

The senior staff carried out unannounced spot checks for all care staff. These checks included punctuality, appearance, procedures and relationships with people who used the service.

People and their relatives told us they met the office staff regularly, when they carried out spot checks or came to review their care. However, they were not sure who was in charge. Their comments included, "I've spoken to different people and they told me their names. I don't know who the boss is", "I don't know who the manager is but someone always answers the phone", "I always speak to someone and I do feel that they listen", "I don't know who's in charge. It's a man or a woman but I don't know the name. They listen and the message goes out." We fed this back to the registered manager who said they would clarify this with people and relatives and would visit people personally.

The care coordinator had a system in place for the planning and management of visits. This enabled them to organise the staff rota and scheduling of visits to meet people's requirements. They told us, "I make sure the visits are covered and everyone is where they should be."

Care staff spoke positively about the management team. Their comments included, "I get well supported by the management. They support me and I support them", "The managers are very accommodating and approach things in a calm way. They know how to calm our nerves" and "The managers make you see the importance of stuff."

A social care professional thought the service was well led. They told us, "Caremaid has been proactively involved in some work we are doing locally. They have been involved in co-designing focus groups and have contributed helpful input from a provider's perspective. They have just been awarded a new Approved Provider Status."

There were regular meetings organised at the service including staff meetings. Items discussed included communication, daily records, training, attendance and any concerns relating to people who used the service. For example, we saw that staff were reminded to be punctual where there had been some complaints about lateness. Office meetings were regular and included discussions about staffing, recruitment and any issues raised by people during spot checks.

Care staff told us and we saw that the management team also communicated with them by telephone and emails. These were to inform them about anything relevant to their job and the people they provided care for.

The registered manager and operations manager told us they attended provider forums, seminars and workshops so they could keep themselves abreast of developments within the social care sector. They also undertook regular refresher training and accessed relevant websites such as that of the Care Quality Commission (CQC).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users because medicines were not being safely managed. Regulation 12(1)(2)(g)