

Juniper Care Limited

Caremark (Enfield)

Inspection report

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16 November 2017
17 November 2017
24 November 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This focused inspection took place on 16, 17 and 24 November 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides a service to older adults. At the time of the inspection the service was supporting 49 people.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

At the last inspection on 19 and 22 May 2017 we asked the provider to take action to make improvements to how individual risks to people using the service were documented. This included guidance provided to staff to help minimise the known risks to people that they worked with. This action had been completed.

Risk assessments gave staff detailed guidance and ensured that risks were minimised in the least restrictive way. There was a plan in place to ensure that risk assessments were reviewed and updated regularly.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report to if people were at risk of harm.

People told us that they felt safe with the staff providing care and were positive about the care that they received.

The service was aware of how to ensure infection control when working with people. Staff were supplied with gloves and aprons to ensure that people were safe.

The service completed regular audits on areas such as, medicines, quality assurance and risk assessments.

There were good examples of information sharing between staff, including regular staff meetings, management meetings and a weekly newsletter produced by the provider.

People and relatives told us that they felt their views on how the service was run were asked for and that they felt able to make comments and suggestions.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at

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. We found that action had been taken to improve safety. Risk assessments identified people's personal risks and provided staff with detailed guidance on how to minimise known risks.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately. People told us that they felt safe with the staff that visited them in their homes.

People were supported to have their medicines safely.

People were protected by the control and prevention of infection by using personal protective equipment.

Is the service well-led?

Good 

The service was well-led. Systems were in place to ensure the quality of the service people received was assessed and monitored.

People and relatives felt supported by the management team at Caremark.

There were systems in place to ensure that information was shared with staff, including staff meetings, management meetings and regular newsletters.

There was an on-call system in place for any out of hours issues that arose.

Caremark (Enfield)

Detailed findings

Background to this inspection

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

We undertook an announced focused inspection of Caremark on 16 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 19 and 22 May 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and safe. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. Any ratings for key questions that have not been re-inspected will be brought forward from the previous comprehensive inspection and displayed on our website. This means that this service has now been rated as 'good' in all key questions and therefore rated 'good' overall.

We gave the service 48 hours' notice of the inspection visit because it is a small domiciliary care agency we needed to be sure that they would be in to support the inspection.

This inspection was carried out by two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience supported this inspection by carrying out telephone calls to people who used the service and their relatives.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

During the office based part of the inspection we spoke with three staff including the registered manager, the medicines supervisor and the regional development manager. We looked at eight care records and risk assessments, eight staff files, and other paperwork related to the management of the service including staff training, quality assurance and rota systems. Following the inspection phone calls were made to people, relatives and staff to gain feedback on 17 and 24 November 2017. At this time we spoke with 11 relatives, three people and four care staff.

Is the service safe?

Our findings

At our inspection on 31 March and 1 April 2016 we identified that risk assessments failed to address people's personal risks and did not provide staff with information on how to minimise known risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a requirement notice to address this issue. At our last inspection on 19 and 22 May 2017 we found that this issue had not been adequately addressed. New risk assessment forms had been introduced. However, these were often the same for each person and failed to identify people's individual risks adequately.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were not assured that people were safe and we took enforcement action against the registered provider. A warning notice was issued which gave the provider a specific time-frame in which to become compliant. At this inspection we found that the provider had addressed this issue and was now meeting the regulations.

We saw that risk assessments for people had been reviewed since the last inspection. The registered manager told us, "Since the last inspection we have been focused on the risk assessments." Risk assessments had been improved and contained information specific to the person. This included risks around mobility, self-neglect and dementia. There was guidance for staff on what to do to minimise people's personal risks. However, there were some specific conditions that required further information to ensure that staff understood how to recognise and minimise risks. For example, a risk assessment for one person who was an insulin dependent diabetic, did not contain sufficient information on how to recognise low or high blood sugar symptoms. For another person noted at risk of urinary tract infections (UTI), the symptoms of a UTI had not been documented. We discussed this with the registered manager at the time of the inspection. As these risk assessments required minimal changes we asked the registered manager to update the risk assessments and send them to us within 72 hours.

Following the inspection the registered manager sent us five updated risk assessments that we had requested. These provided detailed guidance on how staff could recognise the risks and how to mitigate them. For example, for one person that was at risk of recurrent UTI, there was information for staff on how to recognise the symptoms of a urinary tract infection and what steps to take if this was identified. For another person, who had type-one diabetes and was insulin dependent, the risk assessment provided staff with information on how to recognise the symptoms of low or high blood sugar and what steps to take if these symptoms were seen. This included contacting emergency services if necessary. For another person identified as at risk of pressure ulcers due to being bed bound, there was guidance for staff on ensuring the person was turned at each visit and what to look for to identify a pressure sore if it developed.

We saw that there had been regular audits called 'quality assurance check sheet' completed. This included if the updated risk assessments were in people's homes and that staff had access to them to ensure they understood risks. For five of the files looked at it was noted that the updated risk assessments were not yet in people's homes as they were being updated. The registered manager told us that these risk assessments

had recently been updated and were awaiting review before being placed in people's homes. Staff that we spoke with were able to tell us about the risks that people they worked with had and were confident that they would be able to minimise the known risks for people. Staff confirmed that they had access to risk assessments in people's homes. One staff member said, "Risk assessments are in people's homes. They give you information what risks they have and how you should deal with that. It gives you an idea to ensure you know what to do."

There was a system in place to ensure review of identified risks. Risks were identified as low, medium, high. The registered manager told us that people being administered medicines and/or with specific high risk conditions were reviewed every three months. Other risks were reviewed six monthly, annually or if people's personal risks changed. As all risk assessments had been reviewed since the last inspection, we were unable to check reviews. This will be checked at the next comprehensive inspection.

The service had a safeguarding policy which included information on how to recognise and report abuse. All staff members that we spoke with were able to explain how they would keep people safe and understood how to report it if they felt people were at risk of harm. Staff were able to explain different types of abuse and how to recognise it. One staff member told us, "It [safeguarding] is about protecting people from abuse. I would inform the office and if they were not taking action I could call the CQC."

Staff understood what whistle blowing was and how to report concerns if they needed to. Whistle blowing is where staff are able to make any concerns known to an organisation external to their company, such as the local authority and CQC, without fear of recrimination.

People told us that they felt safe with the staff that provided care. People commented, "I am quite an independent person but they are always there if I want them so I feel safe", "[Staff member] has a family and that makes her understanding, and I think that's why she can speak to us person to person and makes us feel safe" and "Since they have been coming they have been very good, they talk to me and make me feel comfortable around them and I feel safe".

People often had the same staff attending care visits. One person said, "Staff always come on time and if they are going to be late they contact the service who would contact me. The staff always arrive when they should and if my regular worker is away they send someone who knows me. That makes me feel safe because I know them all." However, three people and relatives that we spoke with said that they did not always receive the same carers. One relative said, "Continuity is my biggest concern and it has been fed back to service, but not sure if they can do anything about it." At the time of the inspection, the registered manager told us that they were in the process of recruiting more staff.

At our last inspection we saw that the service had employed a medicines supervisor. The medicines supervisor and oversaw all people's medicines, carried out audits and addressed any issues that were found regarding medicines. There were visits to each person the service supported with medicines during the first week of every month. We saw that quality assurance checks were carried out at each of these visits. The medicines supervisor also conducted training in medicines for all staff, including annual refresher training. A staff member told us, "I did medication training. [The medicines supervisor] also goes out once a month and checks the medication charts."

Medicines were administered in people's homes and staff completed and returned Medicine Administration Records (MAR) to the office each month. MAR's are documents that staff sign to say that they have administered people's medicines. We looked at five MAR charts for October 2017. There was one MAR chart where there had been one omission in signing to say that a medicine had been administered. We saw that

this had been followed up and investigated with an outcome documented on the person's care records.

Where people were receiving 'as needed medicines', these were clearly documented on the MAR's. As needed medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, aid constipation or inhalers for breathing difficulties.

The service followed safe recruitment practices. We looked at eight staff files which showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

On the day of the inspection we were unable to check staff had received a criminal records check. This was because the internet was not working and the provider was awaiting an engineer to fix the issue. Following the inspection the registered manager sent us a confirmation that the staff whose files we reviewed had received a criminal records check.

The service ensured that staff understood infection control and how to protect people from infection. Staff had been trained in infection control and the service ensured adequate supplies of personal protective equipment (PPE) such as gloves, aprons and shoe covers. Staff told us that they always had access to PPE and collected it from the office when needed. For one person that required a topical cream to be administered, their risk assessment stated, 'Staff must wear PPE when applying topical medication'. A person told us, "Staff wear uniforms so I know they are from the service and they always make sure that they use gloves and aprons when they do their work." Other people that we spoke with confirmed that staff wore PPE when completing personal care.

There were systems in place in case of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. The registered manager told us that there had been one minor incident since the last inspection. However, the records for this were with the field care supervisor as they were addressing the issue. The registered manager told us that once the form had been completed and the incident investigated, it would be filed in the relevant person's care records.

Is the service well-led?

Our findings

People and relatives were positive about the registered manager. People told us, "I think the agency is well led. They have never let me down, and someone always comes" and "The service is very well run, I have not had to call them for anything but I think they would sort me out if I have problem. They are very good."

Relatives commented, "From my point of view service is well run. Quite honestly without that care she could not be at home. I feel confident raising any issue with management and they encourage me to do so" and "I believe the service is well-led."

Staff told us that they felt supported by the registered manager and the management team at Caremark. Staff told us, "Great manager, very supportive. [The registered manager] is really good at choosing carers. He doesn't take anybody. He looks if they can fulfil that purpose", "[The registered manager] is supportive" and "I have a good relationship with [the registered manager]. We have a good understanding and I can talk to him."

The service had worked to ensure that the issues found regarding risk assessments at the last inspection had been addressed. The registered manager told us that they were consistently reviewing risk assessments and we saw that a plan was in place to review risk assessments on a regular basis.

We saw that regular spot checks were completed for each staff member and records were available on the relevant staff members file. Spot checks included looking at timekeeping, health and safety, infection control, professional conduct, documentation and records. Where issues were identified, we saw that these were addressed directly with the staff member.

People told us that their views on care were sought on a regular basis. We saw that the service was in the process of sending out surveys for 2017. Some of the surveys were conducted with people in their homes. One person said, "Managers come regularly with pages of questions about if I am happy with care I receive and if there are any changes I want, and I would tell them but I am happy with service. It's quite a session; definitely feel my voice is being heard."

The registered manager completed a weekly newsletter for staff. The registered manager and staff told us that the newsletter went out with staff rotas. We looked at three months of newsletters that included topics such as timesheets, leave, PPE and the free flu jab for staff. There was also general information for staff on events in the healthcare calendar such as breast cancer awareness, dementia and 'ask your pharmacist week'. This is an annual campaign to raise awareness of services that pharmacists can provide. Staff told us that the newsletters helped keep them in touch with the service.

At our last inspection we found that there were weekly management meetings held. However, these were not documented. At this inspection we found that there were weekly documented management meetings. Agenda items included safeguarding, risk assessments, customer issues, medicines, daily records for people, carer issues and reviews. One staff member commented, "Time to really get over to [the registered manager] the problems out there and to discuss them. These are once a week."

There were regular staff meetings and we saw that there had been two staff meetings held since the last inspection. Staff that we spoke with confirmed that they attended staff meetings where they were able to. If staff were unable to attend staff meetings, we saw that an overview of what had been discussed was included in the weekly newsletter. The registered manager told us, and staff confirmed, that staff were able to comment and have input if they had not been at the staff meetings when they received the newsletter.

The service operated an on-call system for any emergencies out of hours. This operated from 17:30 until 09:00 weekdays and at weekends. A relative said, "The way they work if I have a problem there is an emergency number that I call and get to speak to someone."