Social Health Care Limited

Caremark (Luton & South Beds)

Inspection report

Plaza Suite 101
668 Hitchin Road
Luton
Bedfordshire
LU2 7XH
Tel: 01582 415946
Website:

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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

Overall summary

We carried out this inspection by visiting the office on 19 January 2015 and it was unannounced. Between this date and 6 February 2015, we spoke with people who used the service and the staff by telephone.

The service provides care and support to people in their own homes, some of whom may be living with dementia, chronic conditions and physical disabilities. At the time of the inspection, 153 people were being supported by the service.

The service has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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. The registered manager was not available at the time of the inspection and the provider's care coordinator was the interim manager of the service.

There were risk assessments in place that gave guidance to the staff on how risks could be minimised. There were systems in place to safeguard people from the risk of possible harm, and medicines were managed safely.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities to seek people's consent to care in line with the requirements of the Mental Capacity Act 2005 (MCA).

The staff had supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff. They were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices. However, some of the people's needs were not always responded to in a timely way.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The provider had quality monitoring processes in place, and these were used effectively to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient staff to meet people's individual needs.

Medicines were managed safely.

There were robust recruitment systems in place and the staff understood their responsibilities to report concerns in order to keep people safe.

Is the service effective?
The service was effective.

People's consent was sought before any care or support was provided.

People were supported by the staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?
The service was caring.

People were supported by the staff that were kind and caring.

The staff understood people's individual needs and they respected their choices.

The staff respected and protected people's privacy and dignity.

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's complaints were handled sensitively, and action was taken to address the identified issues to the person's satisfaction.

Some people's needs were not responded to in a timely way.

Is the service well-led?
The service was well-led.

The provider was involved in the day to day management of the service.

Quality monitoring audits were completed regularly and these were used effectively to drive improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

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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 inspection included an office visit which took place on 19 January 2015 and was unannounced. This was conducted by an inspector and a specialist advisor with experience of managing a service of this type. Between this date and 6 February 2015, the inspector spoke with the staff and an expert by expert experience spoke with people who used the service by telephone. 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, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the provider, the interim manager and two administration staff. We spoke with 15 people who used the service and some of their relatives, and 11 care staff by telephone. We also spoke with the commissioners of the service from the local authority.

We looked at the care and medicine records for eight people who used the service, five staff supervision records, and we reviewed the provider's recruitment processes. We also looked at the training records for all the staff employed by the service and information on how the provider assessed and monitored the quality of the service, including reviewing audits and specific policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe. They and their relatives said that they had no concerns about the conduct of the staff that supported them and their ability to provide care safely. Others also said that the care they received made them feel safe to remain living in their own homes. One relative said, "[Relative] is safer with the care than without it. I can leave [relative] for short periods knowing that the care staff would be there." A person who used the service told us, "I feel safe. I have a regular care worker and she is a lovely young lady." Another person said, "I am safe because I always know they are coming."

The staff described the arrangements in place to access people's homes. They said that they had strict policies on the use of people's key safe codes, the wearing of the uniform and having their identity badges with them at all times, so that people knew who they were. One member of staff also said, "Some of the people can be uncomfortable with unexpected callers. It is always important for us to visit people as close as possible to their agreed times, so that they are expecting us." However, some of the people told us that they did not always receive the rota in advance so that they knew if there were any changes to the staff. One person said, "I do not always know who is coming when the regular staff have the day off." The provider said that these were sent to people in advance, but it was not always possible to update them promptly when staff changes occurred outside of office hours.

The provider had up to date safeguarding and whistleblowing policies and procedures. Whistleblowing is when a member of staff reports suspected wrongdoing at work. Information about safeguarding and whistleblowing was included in the 'staff handbook' which each member of staff had been given when they first started work with the service. The staff told us that they had received training in safeguarding. They demonstrated a good understanding of these processes and were able to tell us about other authorities they would report concerns to. One member of staff told us, "I know how to report concerns. We have discussed these in team meetings so that everyone knows what to do." The staff also said that they were confident that the manager would deal appropriately with any concerns raised. Our records showed that the provider had appropriately reported safeguarding concerns to both the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. They also dealt promptly with any concerns raised by the staff so that people received safe and appropriate care.

The care records showed that care and support was planned and delivered in a way that ensured people's safety and welfare. As part of the service's initial assessment process, we saw that an environmental safety risk assessment had been completed. This helped the staff to identify and minimise any potential risks in the person's home. There were also personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk, such as when people required support to move safely. These explained what action the staff needed to take to protect people from harm whilst promoting their independence. We saw that the risk assessments had been reviewed and updated in a timely manner and to reflect any changes in people's needs. The staff also told us how they ensured risk assessments were adhered to and the importance of this in providing consistently safe care.

The manager said that there were enough staff to meet people's needs and the records indicated that 76 staff were employed at the time of the inspection. There was an effective care planning and monitoring computer programme that enabled the office staff to plan people's care and allocate care staff as necessary. The staff rotas had been particularly well planned so that most staff worked within a geographical area to minimise travel time. The staff told us that they received their rota in advance so that they were aware of any changes in order to avoid any visits to people being missed. One member of staff said, "I have had no problems with my rota as I support the same people all the time. The office staff have called me occasionally to see if I can support an additional person." Most staff said that there were enough of them to support people, but others said that there were some shortages at weekends due to unexpected absences. However, they said that in such situations, they were either asked to make additional visits or the supervisors worked to cover these.

The provider had an on-going recruitment programme so that they covered any vacancies as they occurred. They had effective systems in place to complete all the relevant pre-employment checks including obtaining references

Good

Is the service safe?

from previous employers, previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People were happy with how their medicines were managed. These were managed safely, in accordance with the provider's policy and procedure for the administration of medicines. The staff who administered medicines had been trained and had their competence assessed regularly so that people were protected from risks associated with unsafe administration of medicines. The medicine administration records (MAR) had been completed appropriately, with no unexplained gaps. The used MAR were brought to the office monthly and audited in a timely manner, so that any discrepancies were promptly identified and actions taken to rectify these.

Good

Is the service effective?

Our findings

People told us that the staff knew how to support them and supported them well to meet their needs. The majority of people and their relatives said that they had been mainly supported by a consistent group of care staff that had the right skills to support them. One person said. "I think the ones that care for me do a good job." Another person said, "The care is good and the staff seem to know what they are doing." Others thought that some staff were better than others. A relative told us, "I have to tell some of them (staff) what to do as they do not always know how to support my [relative]." However, some people did say that they had seen new staff learning from others so that they knew how to support people well.

The provider's training programme showed that the new staff had an induction that included all the required basic training, in line with Skills for Care Common Induction Standards. A recently employed care staff confirmed this had taken place. They also said, "I had no previous experience of caring for people, so I shadowed an experienced member of staff for five days when I started." They felt that the support provided had prepared them well for working with people with a variety of care needs. The provider used a computerised training matrix which monitored any shortfalls in essential staff training, or when updates on training were due. This enabled the staff to update their skills and knowledge in a timely manner. All the staff said that the training they had received was sufficient to enable them in their roles. The majority of staff had either completed a nationally recognised qualification in health and social care or were working towards completing the course. Some of the staff told us that they had also completed specialist training to help them meet the needs of people with specific conditions, such as those living with dementia or requiring catheter care or percutaneous endoscopic gastrostomy (PEG), a procedure where nutrition and medicines are passed directly to the person's stomach through a surgically inserted tube.

The staff told us that they had regular support through staff meetings and they could speak with the care supervisors and the manager whenever they needed support. The staff told us that they worked well as a team so that they met people's needs. The care supervisors provided the day to day leadership, support and formal supervision that enabled the staff to carry out their role effectively. There was evidence of regular supervision in the staff records we looked at, but some of the records needed updating .These meetings were used as an opportunity to evaluate the staff member's performance and to identify any areas they needed additional support in. One staff member said, "I get supervision every three months, but I can raise urgent issues anytime."

People told us that they were asked for their consent before any care or support was provided. The staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. Care records showed that people's capacity to make decisions was considered and recorded during the assessment and care planning processes. This was in line with the requirements of the Mental Capacity Act 2005 (MCA).

Some of the people were being supported to prepare their meals. The staff were mainly required to warm and serve already cooked meals. Some of the people told us that the limitations of the time allocated to support them meant that the food was not always warmed properly. They had occasionally asked the staff to heat it again. The staff said that they were able to prepare drinks for people, but were not always able to be available until people finished eating their meals. One member of staff said, "I always leave people eating their food and I do not always know if they needed support to eat. The only time I get to know if people are having problems with eating is when I return for the next visit and see that they have not eaten the food." Staff told us that they reported to the care supervisors if they had any concerns about people not eating or drinking enough. They said that where possible, the supervisors would normally discuss this with the person and their relatives or the GP so that appropriate action could be taken to support the person.

People said that they were comfortable discussing health issues with the staff as they arose. Staff told us how they worked with other external agencies, such as GPs and district nurses so that people's needs were met appropriately. Care records showed that where necessary, other health and social care professionals were involved in people's care. For example, people living with insulin controlled diabetes had their injections administered by the community nurses. Others had social workers who reviewed their care regularly to ensure that their needs were still being met. Staff described how they would

Good

Is the service effective?

support someone if they felt that they needed medical attention. For example, one member of staff told us that they called the emergency services when they arrived at a person's home and found that they had fallen. They stayed with them until the ambulance team had arrived and had taken the person to the hospital.

Good

Is the service caring?

Our findings

People told us that the staff were friendly, caring and kind. One person told us, "I have a lovely young lady and I can have a laugh with her. She is very caring. " Another person said, "My regular [staff] is a caring person and she does care about me." Other people's comments indicated that although the staff were pleasant and caring, they did not always have the time to sit and chat with them. The nature of this type of service meant that the staff only had an allotted time for each visit before leaving to support the next person. However, people did say that the staff spoke with them while they supported them. The staff were happy with how they supported people and they said that the contraints of their work meant that they were not able to spend more time with people. One member of staff told us, "All the staff I know are caring and nice people. None of the people I support have ever complained about previous care staff."

People said that they could express their views and were involved in making decisions about their care and support. They told us that they had been involved in developing their care plans and the staff supported them in line with their individual choices and preferences. The care records contained information about people's needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. People told us that the staff understood their needs well and provided the support they required. The staff demonstrated good knowledge of the people they supported, their care needs and their wishes. One member of staff said, "The care plans give me really good details as they tell me exactly what each person needs support with."

People told us that the staff respected their dignity and privacy. The staff also demonstrated that they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity. One staff member said, "I always cover people when supporting them with their personal care so that they are not fully exposed." Other staff also said that they ensured that the doors or curtains were closed before supporting people, particularly where people lived with family members. The staff were also able to tell us how they maintained confidentiality by not discussing people's care outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people's care records were held securely within the provider's office. The manager showed us the types of files they used to keep people's care records within their homes.

People told us that they preferred to be supported by a consistent group of staff and we found where this had been arranged, people felt it had worked very well. The manager told us their aim was for every person to be supported by a small team of care staff that knew them well and the staff confirmed that this usually happened. This enabled people who used the service and the staff to build better relationships.

Good

Is the service responsive?

Our findings

People were mainly positive about the care and support they received. The majority said that the staff responded quickly when they needed assistance and they were supported in the way that they liked. They were also supported to maintain their independence as much as possible. One person said, “My care staff are wonderful.” Another person said, “I’m quite happy with my care and I can still do most things myself. " However, other people’s comments, indicated that they were not always happy with the timings of the visits, including the morning visit being either too early or too late, visits being too close to each other, and the care to support people to bed being too early. The relative of a person who required support with their personal care in the morning before they went to the day centre said, “Sometimes we worry that [relative] will miss the bus to the day centre. Positively, people said that the provider responded to their concerns and made the required changes to improve. The provider also had an alert system so that people with priority care needs, such as those with restricted mobility, required support with medicines, living with dementia, were always supported within appropriate timeframes. These provided guidance for allocating staff and responses when the office was closed.

People’s needs had been assessed and appropriate care plans were in place so that people were supported effectively. People and their relatives said that they had contributed in the planning of the care and the staff confirmed that each person had a care file in their homes. The records we looked at showed that some of the people had signed their care plans to indicate that they agreed with the planned care and the interventions by the staff. Where necessary, people’s relatives signed these on their behalf. The care plans were reviewed regularly or when people’s needs changed. Most of the relatives were happy with the level of information they received from the service which kept them informed of any significant events or changes to people’s care needs and we saw evidence of this in the care records. However, some said that they were not always involved in routine reviews of the care provided. One relative told us, “They do call us if they have concerns about [relative]. I see that they review and update the care plans, but we are not always involved in this process.” The staff told us that information about people’s care needs was usually available before care was provided. Where care had been arranged at short notice, they said that a summary of the persons care needs had been provided to each member of staff supporting them until a full care plan could be put in place. This enabled them to provide the required care without delay.

People and their relatives told us that they would feel comfortable raising concerns about the care provided. They said that they would in the first instance, speak with the care staff and then the office staff and manager if necessary. One person said, “I would tell the care staff if I had a problem and let them tell the office, but I don’t need to complain.” Another person told us that they had been given information about people they could speak to within the service.

The provider had a complaints procedure which was included in the information pack given to people at the start of their care package. People told us about some areas they had raised concerns about in the past. One person said that they had not been happy with a specific care staff who supported them and the care staff did not support them again, following them raising the complaint. They said, “I asked for someone not be sent again because they were not good enough.” Others told us that they had complained about other issues. These included the timings of the visits and the staff not always leaving their homes tidy, calls not always been returned promptly when they telephoned the office to speak with the care supervisors or the manager. Apart from these issues, they were satisfied with the service. The provider had a system to record all concerns received and these had been investigated and written responses sent to the complainants. Where possible, these had been resolved to the person’s satisfaction and changes to their care had been made if required. The manager told us that the information about complaints was shared with the staff so that everyone was aware of the concerns raised and they took necessary actions to make the required improvements.

Good

Is the service well-led?

Our findings

The registered manager was on leave at the time of our inspection and the provider's care coordinator was managing the service as an interim manager. The provider was involved in the day to day management of the service and provided leadership and support to the interim manager. The provider also had access to the staff allocation records, service user list and the service's alert system at all times, so that they were assured that people with priority needs had been supported as necessary. This was an initiative they started and a rating of priority needs system called 'RAG' for red, amber and green was being used. People's identified needs had been coded accordingly, so that those with complex needs had been rated as 'red' so that they received prompt care.

The staff told us that the management team were pleasant and approachable. They also said that they felt supported and teamwork was really good. Most people knew who the manager was and some knew that they were on leave. In addition to the information they had about the management team, some people told us that they had met the manager and the care supervisors. The provider promoted an 'open culture', where people or their relatives could speak to them, the manager or the care supervisors whenever they needed to. However some people said that their calls were not always promptly returned when they left a message with the office staff. Other people said that they were not always informed if there were changes to the staff allocations. The provider showed us they had taken steps to improve communication with people by introducing a 'phone call log' to monitor if people were responded to in a timely manner. The staff told us that they were encouraged to make suggestions on any actions required to ensure that they provided good quality care that met people's needs and expectations.

The provider gained staff feedback through periodic meetings and surveys. The staff said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely. Also when necessary, group messages were sent to staff using text messaging. For example, about changes to the staff rotas.

A number of quality audits had been completed regularly by the manager. For example, used medicine administration records (MAR) were audited promptly so that any discrepancies could be rectified quickly. The manager also completed a weekly report that collated information about the number of people being supported by the service, number of visits completed and whether any had been missed, and any safeguarding concerns, incidents and complaints received. New audit files had also given the care supervisors more focused auditing processes for checking the daily records and MAR. However, there was not always evidence of how these were used to drive improvements. For example, some of the audit forms did not contain information about what actions had been taken to improve. We saw that the provider's improvement plan included improvements to how people's daily records were kept. The provider had explored having these records in a booklet form, rather than the individual sheets they had been using. They also wanted to further enhance the training provided to the staff, make the care plans simpler .

The provider sent an annual survey to people who used the service and their relatives and we saw the results of the one sent in August 2014. Most people had provided mainly positive feedback, but others felt that some issues, such as waiting for care reviews and the staff being late at weekends needed improving. The provider had addressed these issues and improvements had been made so that people received the care they required. The provider also had a six monthly telephone survey and we saw evidence of those in the care records we looked at.