

S V Care Limited

Caremark Watford & Hertsmere

Inspection report

95 St Albans Road
Watford
Hertfordshire
WD17 1SJ

Tel: 01923729898

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21 November 2018

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Ratings

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

Summary of findings

Overall summary

This inspection commenced on 13 November 2018 and concluded on 21 November 2018 and was announced.

Caremark Watford and Hertsmere is a domiciliary care agency and provides personal care to people living in their own homes and flats in the community. At the time of our inspection 23 people were being provided with a service.

Not everyone using Caremark Watford and Hertsmere received the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care which included assisting people with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At our last inspection we rated the service requires improvement. Recruitment systems were not consistently followed. At this inspection we found that improvements had been made and the evidence supported the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service had a registered manager. 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.'

People felt safe being supported by staff from Caremark Watford and Hertsmere and reported no concerns in relation to safe working practices.

Staff had a good understanding of safeguarding people and had received training. The provider had policies, procedures and systems in place should they have any concerns. Staff knew how to report and elevate concerns.

Medicines were managed safely by staff who had received training on how to administer people's medicines safely. There were appropriate infection control practices in place and personal protective equipment was provided.

People were supported by adequate numbers of staff, however some people reported that they did not always have support from the same care workers, in particular at the weekend. We shared this information with the registered manager who had identified this and was working to resolve recruitment issues. There were safe recruitment processes in place with robust checks completed for all staff.

Staff spoke positively about the support and training they received. Training plans were in place and staff

were supported by their line manager through regular supervision, team meetings and work based observation and spot checks.

People were supported with their nutritional needs when required and were supported to access the services of a range of health care professionals when required.

Staff gained consent prior to any care being delivered and understood the Mental Capacity Act and how this related to people who used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives felt staff were kind and caring and treated them with respect. People's dignity was maintained during support and people were encouraged to remain as independent as possible.

Care plans were detailed and personalised recording people's individual needs including life histories, likes, dislikes and preferences. Care plans were regularly reviewed and updated regularly which included when any change occurred. People and where appropriate relatives, were involved in the development and review of their care.

People views about their experience of the service was routinely sought from people. Any concerns or complaints received were recorded and investigated by the registered manager. Any learning from such incidents were shared to help reduce the risk of a reoccurrence.

The registered manager and provider had effective quality assurance process in place to monitor the quality of the service and make improvements which included audits of care file, staff files, spot checks and feedback from people who received a service.

Staff meetings were held regularly which staff found useful. People, relatives and staff felt the registered manager was open, and inclusive and they felt the service had improved in recent months.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe when receiving support.

There were appropriate systems in place to safeguard people from the risk of harm.

Staff had received safeguarding training and had a good understanding of the procedures in place.

Risks to people's health and well-being were assessed and managed appropriately.

There were robust recruitment processes in place, and sufficient staff to meet people's needs

People received their medicines safely.

Systems and processes were in place to reduce risks in relation to infection control, and staff were provided with appropriate equipment.

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and support and had the knowledge and skills to provide effective care.

People were involved in decision making were asked to give consent to the care and support they received.

The manager and staff were aware of MCA requirements.

People were supported to eat and drink sufficient amounts and had access health care professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

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

Staff maintained people's dignity and respected people's privacy.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and received a personalised service.

Care plans were person centred and reflected people's individual wishes and requirements.

The provider had an effective system to manage complaints and people were aware of how to raise any concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was supportive of the staff team and promoted an inclusive, person centred service.

People were encouraged to give feedback and this was used to make continual improvements.

People and staff spoke positively about the registered manager and their management of the service.

Staff were motivated and committed to provide quality care.

There were effective quality assurance processes in place, and the management team completed regular audits to monitor the quality and safety of the service provided.

Caremark Watford & Hertsmere

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 gave the service 24 hours' notice of the inspection visit as we needed to be sure that the registered manager would be available to support the inspection process.

Inspection activity started on 13 November 2018 when we visited the office location and concluded on 21 November 2018. It included contacting people who used the service and their relatives by telephone and speaking to and receiving written feedback from members of care staff.

The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information available to us about such as information received about the service and notifications. A notification is information about important events which the provider is required to send us.

We looked at three people's care plans and medication records. We reviewed three staff recruitment files, staff training records and support records. We also looked at other records relating to the overall management of the service, including quality assurance records, to see how the quality and safety of the service was monitored and managed.

Is the service safe?

Our findings

At the previous inspection in October 2017, we found that recruitment practices were not consistently followed to ensure that all staff employed were of good character. Potential risks to people's health, well-being or safety had been identified and more detailed information on how to manage risks was required to inform staff how to manage risks safely and effectively. At this inspection we found that the required improvements had been made and were being sustained.

People and their relatives told us that they felt safe being cared for by staff from Caremark Watford and Hertsmere. One person told us, "I feel reassured knowing the care staff are coming in to assist me. It helps to maintain my confidence and independence." Another person told us, "I have not had any reason not to feel safe." A relative told us, "We have not experienced anything untoward to give rise to concerns about safety."

The registered manager showed us policies that were in place to help keep people safe, such as safeguarding and whistleblowing policies. Staff were trained in safeguarding and were able to demonstrate they knew the process to follow should they have any concerns about people's safety. The registered manager told us they talked about safeguarding in team meetings and staff supervisions so that staff were regularly reminded and the topic was kept on the agenda.

Risks to people were assessed prior to the service commencing and were reviewed on a regular basis or whenever there was a change in need or ability. For example, if a person went into hospital a new risk assessment would be completed. Risk assessments were comprehensive and clearly identified potential risks and the measures put in place to reduce or mitigate any risk of harm. This included a risk assessment which helped identify any potential environmental risks in people's homes.

The registered manager told us there had been no incidents and accidents. However, there was a process in place to review any incidents so that they could learn from them and share any learning outcomes.

People told us that they mostly had consistent members of staff however, three people told us they experienced inconsistencies of staff at the weekends. One person told us, "I do usually have the same care staff during the week but at the weekend I get different people. It is not a problem for me." Another person told us, "In the beginning I got all different carers coming in to me, but recently things have settled down and I do get more regular staff now." A third person told us, "I get the same staff most of the time but if my regular lady is off or on holiday I get people I have not met before. Thankfully this does not happen too often."

We spoke to the registered manager who agreed to review the staff allocation to help ensure that people's experiences in relation to consistency of staff were improved.

Staff told us that there were enough team members to meet people's needs at their preferred times. One member of staff told us, "Yes we have adequate time to spend with people and time to travel in between visits." The provider told us they were constantly recruiting and the registered manager told us they always

checked to see if they have capacity to take on new care packages. Another member of staff told us, "All the office staff are trained as well, so if we were short they would always help out." We saw that there was an effective system to manage the rotas and schedule people's care visits.

There were safe and robust recruitment and selection procedures in place. We reviewed the recruitment files for three staff members and found all the relevant pre-employment checks including a Disclosure and Barring Service check (DBS) had been completed for all the staff. References from previous employers had been obtained, along with identity checks.

People received their medicines in accordance with the prescriber's? instructions. People received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted.

Staff received training in infection control and had access to personal protective equipment such as gloves, aprons and in some cases shoe protectors. The registered manager and care coordinator monitored staff compliance with infection control policies and procedures as part of their spot checks and observed practice.

Is the service effective?

Our findings

At the previous inspection in October 2017, we found that the service was not consistently effective. Staff did not always feel supported by the registered manager. At this inspection we found there was appropriate staff supervision and support arrangements in place.

People and relatives told us they were happy with the service they received from Caremark Watford and Hertsmere staff. They told us that staff had the skills and experience to meet their needs effectively. One person told us, "Yes, most of them seem to know what they are doing. Occasionally if I get a new person who has not been before I have to tell them the routine. It does not happen too often and appears to have improved of late." A relative told us, "They seem to know what to do. I know they have training because sometimes they have mentioned it. I know they do shadowing as well when they first start working at the service."

Staff told us, and records confirmed, that staff completed a comprehensive induction when they commenced working at the service. Staff also received ongoing training and refresher courses as and when required. We reviewed the training records for the service and found that they corresponded with the training matrix and were representative of staff feedback and knowledge.

Staff told us they enjoyed the training and felt that it was relevant to their jobs roles. One member of staff member told us, "I have found the training really helpful as it clarifies things that we may not have come across previously even though I have worked in care for a number of years."

In addition to training staff were well supported through regular supervisions, team meetings and work based observations. The registered manager also told us they had introduced a Friday drop in session where staff were invited to come to the office for coffee and cake and discuss anything they wished such as what works well and what has not been so good. Although this was informal the registered manager told us how successful it was and that staff appeared more at ease in this informal setting and were more able to open up and discuss a range of topics. Staff told us that they felt supported by the management team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

All staff we spoke with were aware of the MCA and understood the principles of the act. One staff member told us, "People are always offered choices and supported to make their own decisions about their care and how they are supported." Staff told us they always sought consent from people before providing any support and people confirmed they were asked for their consent.

Where required people were supported with their nutritional needs. People told us staff asked them what they wanted to eat or drink and offered them choices. If any concerns about people's weight these were

reported back to the office staff to initiate professional advice and or intervention.

People were supported to access a range of healthcare professionals when required. We noted that healthcare appointments and communication was documented within peoples care records. This helped ensure staff were aware and kept informed of any potential medical concerns. Staff were aware of the action to be taken if they had concerns about a person's wellbeing and records showed occasions where staff had contacted the person's GP or had been advised when a relative had sought medical assistance.

Is the service caring?

Our findings

People and their relatives told us that they felt the staff and management were kind and caring and were positive about the care and support provided. People told us they were treated kindly and received all the support they required as discussed at the assessment prior to the commencement of the service.

People were generally positive about the care they received. One relative told us, "They are all good. In the past I had an issue when a staff member was always using their mobile phone and this was not very respectful. I spoke to the registered manager about this and she sorted it out. I have not had that staff member or had any further problems."

A person told us, "Yes I get on well with most of them. Obviously, you get to know who your preferred ones are but I understand that when your regulars (care workers) are off you get people who you don't know so well or don't have so much in common with. It is not an issue for me because sometimes it's good to have a change of face."

Another person told us, "I do feel much more confident when they are with me. I do look forward to them coming, we have a chat and a laugh as well. They are always respectful and they knock on the door but don't just barge in without being invited to come in." A relative told us, "They are very friendly. They do everything that is in the care plan and usually check if anything else needs to be done before they leave."

People told us they developed positive relationships with the staff. One staff member told us, "I really enjoy working with people and being able to do something to help them. The more you get to know them the better it is because the relationship is meaningful, and you can see the difference you make to people's lives."

People told us that care workers treated them with dignity and respect as well as maintaining their privacy. One person told us, "They make sure my dignity is protected when they are supporting me with personal care like making sure they keep me covered and close the bathroom door." A relative told us, "They take the time to talk and explain what they are doing and the interaction is so important especially when providing personal care because it does take their mind of the task in hand and helps them to feel relaxed."

Staff demonstrated a compassionate approach and gave examples of how they maintained people's privacy for example about being mindful when other family or relatives were in close proximity and by ensuring they spoke to people in a dignified and respectful manner.

People's personal and confidential information was stored securely in lockable cabinets within the office. Staff were aware of the need to respect and maintain confidential information. One staff member told us, "We would never share information about anyone we provide support to. We are aware that people have a right to privacy."

Is the service responsive?

Our findings

Care and support plans were written with sufficient detail to enable staff to deliver care in a way that met people's needs, took account of their preferences and were responsive when people's needs changed. For example, one person told us, "I would like to be encouraged to remain as independent as possible. I would like staff to help me with my personal care. I can wash myself but just need help with the parts I cannot reach."

A care plan we reviewed detailed how to assist the person when they became anxious. Staff to provide reassurance and engage with the person while explaining what staff are doing. We saw that in another care plan it detailed how to support the person when transferring using a mechanical hoist. We noted the information was very specific about the starting point and the position of the person legs before commencing the manoeuvre.

Care plans provided staff with clear information about people's specific health needs. For example, If the person experienced pain when being moved or assisted with personal care. The service provided was flexible. The registered manager gave us many examples about how they changed days, times and duration of services to accommodate people's requests.

The service provided was responsive to people's changing needs. For example, one person we spoke to told us, "They (Care staff) have helped me a lot since I came out of Hospital, I am nearly back on my feet and really appreciate all the help and support they have given me, I now feel more confident as well but when I was in Hospital I did not feel confident enough to do much for myself at all." Staff completed daily records to indicate the care and support that had been provided. This also provided other staff with up to date information.

The provider had a complaints procedure in place and people knew how to raise a concern or make a complaint if they needed to. The registered manager told us there had not been any 'formal complaints' since our last inspection We reviewed the complaints log and found that that was the case. We also noted that a number of compliments and 'Thank-you' cards had been received.

A person who used the service told us, "I would speak to [Name of registered manager] if I had any reason to make a complaint and I am confident she would take it seriously and address it. A staff member told us that if a person they were supporting raised any concern with them they would repost it to the registered manager or provider.

Is the service well-led?

Our findings

At the previous inspection in October 2017, we found that the service was not consistently well-led. Records were not consistently maintained and updated and systems and processes were not always followed to ensure that records were maintained regularly. At this inspection we found improvements had been made in respect of record keeping and systems and processes were in place to sustain the improvements made.

There was a registered manager in post who worked closely with the provider. They shared the responsibility of the overall management of the service with each having specific areas they were responsible for. They were aware of their regulatory responsibilities and requirements.

People who used the service and their relatives knew who the registered manager was. One relative we spoke with told us, "I have contacted [Name of registered manager] several times. I have found them to be very helpful and available."

There was an open, transparent and inclusive culture within the service. The management team had a clear vision and values to ensure people who used the service received the best care and support.

Staff told us they felt well supported by the registered managers and the provider. One staff member told us, "Yes I do feel well supported we can always speak to the registered manager or the care coordinator. They are supportive and we work well as a team." They told us they would not hesitate to raise any concerns as they knew the registered manager would be supportive and would investigate.

The registered manager told us that they held regular meetings, both formal and informal. We reviewed the minutes of these and saw that staff were able to contribute and share ideas and that their suggestions were taken on board.

People were asked to provide feedback through a variety of process which included an annual survey which had been sent out to people to gather their opinions of the service provided. The responses were analysed and if there were any negative comments or suggestions these were used to help make continual improvements. Work based observations were completed and a questionnaire was completed to check that people were happy with the service they were receiving.

There were a number of quality assurance systems and processes in place to continually monitor the quality and safety of the service. Audits were completed on records to make sure these were being completed correctly and in a timely way. These included daily log records medicine administration records (MAR) care plans and risk assessments. The provider also carried out quality assurance visits to people in their homes. If any issues were identified the registered manager developed an action plan to address the concerns. This demonstrated a proactive approach which meant that issues were quickly identified and rectified before they became a formal complaint.

The provider and registered manager worked in partnership with other organisations including the local

authority, safeguarding and multi-disciplinary teams to support the best provision of care and support for the people who used the service.

The management team were receptive to feedback and demonstrated an appetite to make continual improvements to the service they provided. It was clear that they had worked hard to make the improvements since the last inspection.