

R & K Domiciliary Care Ltd

Caremark (Gedling & Rushcliffe)

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection of the service on 28 July 2017. Caremark (Gedling & Rushcliffe) is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 20 people. This was the service's first inspection since registering with the Care Quality Commission.

On the day of our inspection there was a registered manager in place. 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 told us they felt safe when staff supported them and staff arrived on time for the majority of their calls. Risks to people's safety were assessed for some people, but for people who were new to the service these were not always completed in a timely manner. Staff understood the process for reporting concerns about people's safety to the appropriate authorities. Safe recruitment processes were in place. People's medicine administration records were accurately completed however, more detailed risk assessments in relation to their medication were needed for some people.

People were supported by staff who completed an induction and training prior to commencing their role. Staff training was up to date and staff received supervision of their work. The registered manager was aware of the principles of the Mental Capacity Act (2005). Care and support was provided for people with their consent. People were supported to maintain good health in relation to their food and drink intake. People's day to day health needs were met by staff.

People found the staff to be kind, and caring; they understood their needs and listened to and acted upon their views. People felt the staff treated them with dignity and respect with people enjoying their company. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People told us they were happy with the way staff supported them and felt their individual care and support needs were respected. However, people did not always have detailed, person centred support plans in place. People had not felt the need to make a complaint, but felt confident that if they did, it would be acted on appropriately.

Current quality assurance processes were not effective in ensuring that risks to people's health, safety and welfare were adequately assessed and planned for. A lack of administrative support for the registered manager had meant some tasks, such as the implementation of support plans were not always completed in a timely manner. The director agreed to address this immediately. People and staff spoke highly of the registered manager, who carried out their role in a caring and dedicated manner. The views of people and staff were welcomed to help improve and develop the service. Staff understood how to report serious concerns via the provider's whistleblowing policy.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

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 consistently safe.

Risks to people's safety were assessed for some, but for other people who were new to the service these were not always completed in a timely manner.

People's medicine administration records were accurately completed however, more detailed risk assessments in relation to their medication were needed for some people.

People told us they felt safe when staff supported them and staff arrived on time for the majority of their calls.

Staff understood the process for reporting concerns about people's safety to the appropriate authorities.

Safe recruitment processes were in place.

Is the service effective?

Good 

The service was effective.

People were supported by staff who completed an induction and training prior to commencing their role.

Staff training was up to date and staff received supervision of their work.

The registered manager was aware of the principles of the Mental Capacity Act (2005). Care and support was provided for people with their consent.

People were supported to maintain good health in relation to their food and drink intake.

People's day to day health needs were met by staff.

Is the service caring?

Good 

The service was caring.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their views.

People felt the care staff treated them with dignity and respect with people enjoying their company. Advocacy services were available for those that needed them.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

Is the service responsive?

The service was not consistently responsive.

People were happy with the way staff supported them and felt their individual care and support needs were respected.

People did not always have detailed person centred support plans in place.

People had not felt the need to make a complaint, but felt confident that if they did, it would be acted on appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Current quality assurance processes were not effective in ensuring that risks to people's health, safety and welfare were adequately assessed and planned for.

There was a lack of administrative support for the registered manager.

People and staff spoke highly of the registered manager, who carried out their role in a caring and dedicated manner.

The views of people and staff were welcomed to help improve and develop the service.

Staff understood how to report serious concerns via the provider's whistleblowing policy.

Requires Improvement ●

Caremark (Gedling & Rushcliffe)

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 took place on the 28 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and their staff would be available.

The inspection was carried out by one inspector. After the inspection, we attempted to contact eight of the 20 people using the service. We spoke with four people and one relative and asked them for their views of the service. We also sent out 9 questionnaires to people and their relatives and received four responses from people who used the service and one from a relative.

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 also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

At the provider's office we reviewed the support records for 10 people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with three members of the care staff one of which was also carrying out office based duties, the registered manager and the director of the service.

Is the service safe?

Our findings

Where risks for people had been identified this resulted in detailed risk assessments being carried out for some people who used the service. These assessments covered areas such as people's ability to manage their medicines to the environment they lived in. However, the registered manager told us that recently, due to limited staffing administrative resources to carry out assessments, some people who had recently started with the service, did not yet have all risk assessments that they needed in place. We were advised by the registered manager that this included six of the 20 people using the service.

We looked at these records. We found three of these people had no risk assessments in place and three others had some but not all had been completed. Some of these people had risks in areas such as anxiety, diabetes and dementia. This meant staff were supporting people without written documentation in place to advise them of the individual risks to each person's health and welfare. Failure to carry out detailed assessments to ensure care was provided in a safe way could increase the risk to people's health and welfare. The registered manager told us they would ensure these assessments were carried out immediately to ensure the risk to people's safety was reduced.

People told us they felt safe when staff supported them in their home. One person said, "Of course I feel safe, all of the staff are lovely." Another person said, "I feel safe now I've got to know the staff." A relative said, "I have no issues whatsoever about [my family member's] safety." 100% of the people who responded to our questionnaire told us they felt safe from abuse.

Protocols were in place that were intended to keep people safe. If people were not in when staff called or failed to answer the door, then staff were aware of what to do to ensure people were safe. Protocols were also in place that ensured any allegations of abuse or poor practice by staff were reported to the appropriate authorities such as the local multi agency safeguarding hub and the CQC. Staff spoke knowledgeably about this process and told us they were confident that the manager would act on any concerns raised.

Processes were in place to investigate when people had been involved in an accident or incident that could affected their health, welfare or safety. The registered manager told us that due to the small number of people they supported and people being able to support themselves in many aspects of their own care, no accidents had yet been reported.

People told us that staff, for the majority of the time, arrived on time for their calls. One person said, "The staff are here when I need them to be." Another person said, "They are always on time, I'm never left alone." A third person said, "They have changed the time for me occasionally, but they always let me know."

We noted people's daily log books were not always returned in a timely manner. These logs were used to record the times that staff arrived and left people's homes as well as the actions they had taken when supporting people. The registered manager told us they trusted their staff and expected them to arrive on time and to stay for the allocated length of time for each call. They told us due to them not receiving

complaints about punctuality; they were satisfied with the punctuality of the staff.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members supporting people. These processes included criminal record checks. Staff did not commence working with people until the results of the criminal record checks had been received. Other checks were also conducted such as ensuring people had a sufficient number of references and proof of identity.

There were sufficient numbers of staff in place to meet people's needs. People told us the correct number of staff supported them with their personal care and to help with others tasks such as cleaning, making meals and supporting with medicines. We did note there had been a recent change in the number of office staff available to support the registered manager with their role. A deputy manager had recently left the service and had not been replaced. The majority of the tasks carried out by the deputy manager were now also carried out by the registered manager. This had contributed to the issues regarding the timely completion of people's risk assessments and care plans. We raised these issues with the director of the service. They acknowledged that the registered manager required more support and would review this immediately to reduce the risk of this having further impact on people who used the service.

The people we spoke with told us they were able to manage their own medicines but did occasionally receive support from staff. Such as reminders to take their medicines or staff offering to give them their medicines. One person said, "The girl I have will remind me in the mornings and ask if I've taken them, she's great." Another person said, "I don't need much help, I manage them with the pharmacy and my family, but sometimes the staff will get them out for me."

We looked at the medicine administration records for people who were supported by the staff with their medicines. We found these to be completed appropriately, recording when people had taken or refused to take their medicines. The registered manager carried out an audit of the records to check that staff were supporting people appropriately and people received their prescribed medicines when they should have them. However, the frequency of these audits was inconsistent. We noted some people's records had not been returned by the staff for a number of months which meant their records had not been checked by the registered manager. This increased the risk of medication errors or trends of people not taking their medicines not being identified. We raised this with the registered manager and the director of the service. They told us they were going to put a system in place where staff were expected to bring or to send the previous month's records to the office each month. They told us failure by staff to do so would lead to disciplinary action being taken, due to the increased risk to people's safety.

Where people required assistance with their medicines risk assessments and guidance were in place that enabled staff to support people safely. However, we did note that more information was required for staff in relation to some medicines to ensure their safe and consistent administration. For example, we noted one person received support with the administration of their eye drops. However, no guidance was in place for staff on how to ensure these were administered safely.

Assessments of staff competency to administer medicines in a safe way were carried out. Where any areas for development were identified, these were addressed with staff in supervisions or if needed further training being made available.

Is the service effective?

Our findings

People told us they found the staff knowledgeable, understood how to support them and carried out their role effectively. One person said, "They know how to help me. I struggle to walk now and they are so supportive." A relative told us they found the staff to be very supportive and helped them to care for their family member. 100% of the people who responded to our questionnaire told us staff completed all tasks as required.

Staff received a detailed induction which gave them the skills needed to support people effectively. All staff had completed the care certificate. The care certificate is a set of minimum standards that can be covered as part of induction training of new care workers. Following their induction staff received an on-going training programme designed to equip them with the skills needed to support people effectively. Records showed staff training was, in the majority of cases up to date, with plans in place to address the small number of gaps. Staff felt well trained and supported through regular supervision. One staff member said, "I have done an induction, face to face and on-line training and shadowing. I feel well trained." Records showed staff received supervision of their role to ensure they were carrying out their role effectively and any areas for development could be addressed with them.

Support plans were in place for some people who were at risk of presenting behaviours that may challenge. For example, we noted some people had been assessed as having anxiety or schizophrenia and guidance was in place to support them with this. However, there were others with similar conditions where guidance for staff was more limited. The registered manager assured us that all people were supported safely and effectively but told us they would review these support records and would ensure that sufficient guidance was in place for staff to support people effectively.

The people we spoke with did not raise any concerns in relation to staff supporting them without their consent. One person said, "They always ask me if I'm happy with what they are doing and never make me do anything I don't want to." People's records showed before they commenced using the service the care support to be provided had been signed to say they agreed with them.

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. We checked whether the service was working within the principles of the MCA.

The registered manager told us the majority of the people using the service were able to give their consent to all decisions made. Where people were unable, their relatives or person closest to them were consulted. They told us that if people showed signs of being unable to make decisions for themselves, then formal MCA assessments would be carried out. The staff we spoke with told us the people they supported were able to make their own decisions, but if they identified any deterioration in people's ability to do so, then they would report this to the registered manager.

Many of the people we spoke with were able to manage their own meals or received support from relatives. However, staff did prepare meals for some people that required them. One person said, "They get my breakfast ready for me and then leave me something out for lunch." Another person said, "They make me coffee or a cup of tea and then will sit and have a chat with me."

Support records included information about people's preferred food and drink choices and the times they would like their meals. We checked people's daily records and found staff arrived at the times when people liked to have their meals and also recorded the food that people had chosen to eat. These choices were in line with people's preferences.

Where people had assessed needs in relation to their nutritional intake, guidance was in place to support people with this. The amounts people had eaten or drank were also included to enable any significant changes to be addressed.

People's day to day health needs were monitored by the staff and any changes to people's health were recorded in their support records. People felt well supported by the staff with their health needs and felt staff understood how to support them where needed. One person said, "The staff have got to know me and understand how to help if I feel poorly."

Is the service caring?

Our findings

All of the people we spoke with and 100% of the people who responded to our questionnaire told us they felt the staff were kind and caring. One person said, "All of the staff are lovely, they are very helpful and are always smiling." Another person said, "They are very kind, and very respectful." A third person said, "My main two carers are excellent." A relative said, "I haven't a bad word to say about any of them."

Staff enjoyed their job and spoke passionately and positively about their role and the impact they had on people's lives. One staff member said, "I really enjoy going into people's homes and supporting them. It gives me a great sense of satisfaction to know I am helping people."

People told us staff understood how to support them and did their jobs effectively, but they also welcomed being asked for their input and where needed their permission to do things. One person said, "The staff always ask me if it's ok to do this and that, they won't just do start doing things. If there's something I want I just tell them and they do it." Another person said, "I feel like I'm able to tell them what I want and they'll do it." 100% of people who responded to our questionnaire told us they were happy with the support they received from staff with 75% telling us they always felt involved with decisions about their care and support.

People were involved with reviews of their care and support needs. Formal reviews of people's care were carried out with the person and where appropriate their family. Occasional telephone interviews were also held to obtain people's views. One person told us they had spoken with "the office staff" about amending their morning call time and this was done for them.

People's religious needs were discussed with people before they commenced using the service and during subsequent reviews thereafter. If people needed support or had specific requirements when staff came to visit them in their homes, the registered manager told us they ensured all staff we made aware. We noted one person had stated they had specific religious beliefs and these had been recorded in their care records.

Information about people's life history and their likes and dislikes was recorded in their care records. Staff spoke knowledgeably about the people they supported and told us they used this information to form meaningful relationships with people. One person who used the service said, "The staff understand my little ways."

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

All of the people we spoke with and 100% of the people who responded to our questionnaire told us staff treated them with dignity and respect. One person said, "The staff are very respectful, they treat me really nice." Another person said, "They are all so lovely, they are very gentle when helping me to stay clean."

Staff spoke respectfully about the people they supported. They spoke with empathy and could explain how they supported people with dignity when providing personal care. One staff member said, "I make sure the blinds or curtain are closed. If I have a trainee with me, I make sure I am ask the person's permission (for them to observe or help) before starting the personal care."

People were supported to remain as independent as they wanted to be. 100% of the people who responded to our questionnaire felt staff encouraged their independence. Support records contained guidance for staff on what people were able to do for themselves and where they needed support. One person said, "When the staff help me with washing myself, they know what I can do for myself and where I need a little help."

People's support records were treated respectfully when stored in the provider's office. Locked cabinets were used to ensure people's records could not be accessed by unauthorised people.

Is the service responsive?

Our findings

The registered manager told us when people first started to use the service a 'Rapid Support Plan' (RSP) was put in place. The RSP, completed by the registered manager contained immediate information about people's care and support needs before more detailed risk assessments and support plans could be put in place. They told us this was particularly useful when people needed urgent support. They also told us following the RSP being completed; detailed support plans and risk assessments would then be completed by the registered manager which addressed each person's care and support needs and risks.

Whilst there was no set deadline for the implementation of detailed support plans to be in place for people when they started using the service, the registered manager told us these would normally be written once they had their RSP completed. They told us this would normally be done straightaway. However, we noted support plans were not in place for all people. For example, one person who started using the service in April 2017 had no support plans in place, but did have their RSP reviewed twice. Whilst this provided staff with a brief overview of this person's care and support needs, it did not contain sufficient guidance for staff when supporting this person with more complex needs. This person had been assessed as having diabetes and was visually impaired. No support plans were in place to assist staff with this. Another person waited four weeks before any records, including their RSP were completed and a third person had no documentation in place at all. This inconsistent approach in ensuring the staff had the appropriate information provided for them when supporting people, meant some people may not receive their care and support in their preferred way.

Where people's records were fully completed, they were person centred and included information about their daily routines and preferences and how they would like support to be provided for them. This included their preference for male or female staff, the time they liked their calls to be made and the times they liked to get up or to go to bed each day. 75% of the people who responded to our questionnaire told us the service included them on decisions made about their day to day care and routine. A person we spoke with said, "I have a care plan and I know what's in it, the staff stick to it and write down how they help me each day."

Staff told us they understood how to support people in line with their individual preferences. One staff member said, "I'm not here to tell people what to do, or what I am going to do for them, I'm here to help them with their choices and how they want to lead their lives."

The majority of the people supported by the service did not receive assistance with their hobbies or interests as part of their care package. However people felt staff took an interest in what was important to them with one person telling us they looked forward to their regular staff member coming to their home as they "always had a nice chat."

People and their relatives were provided with the information they needed if they wished to make a complaint. We saw people were provided with a service user guide that explained the process for reporting concerns internally, but also to external organisations such as the CQC or the local authority.

People told us they were happy with the service provided and had not felt the need to make a formal complaint, but understood how to if they needed to. One person said, "I have no complaints at all, but if I did I'd speak to the carers or the office and I know it would get sorted." Another person said, "I have raised small little issues and they always get sorted out."

We looked at the service's record of complaints and saw processes were in place to ensure the formal complaints were dealt with in line with the provider's complaints policy. At the time of the inspection no written formal complaints had been received.

Is the service well-led?

Our findings

Quality monitoring and assurance processes were in place. However these were not always effectively used to ensure the risk to people's safety were regularly monitored, assessed and used to improve the quality of the service that all people received.

The current process for carrying out assessments for people new to the service was not effective. The registered manager did not have the resources in place to ensure that sufficient time was spent with new people identifying and assessing the risks to their safety and implementing support plans to address the risks. We found examples where people were being supported with no risk assessments and support plans which placed people's health, safety and welfare at risk. The registered manager was aware of these risks, but felt more support was needed to enable them to carry out their role more effectively.

The failure to replace the deputy manager who had recently left the service has placed the registered manager under increased pressure to carry out the role of two members of staff. This has affected their ability to carry out their role of a registered manager effectively. We raised this with the director. They told us they would address this immediately, ensuring where risk assessments and support plans were needed, they would be completed and extra resources would be made available for the registered manager moving forward to enable them to carry out their role. They also assured us they would keep the CQC notified of their progress to assure us the risks to people's health, safety welfare were being addressed.

These were examples of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

The registered manager was caring, passionate about supporting people and committed to improving the service. They acknowledged the areas where improvements were needed and assured us these would be addressed immediately. They understood their responsibilities as part of their registration with the CQC and understood the process for reporting incidents to us.

People and staff spoke highly of the registered manager. One person said, "When she came to my home she made me feel at ease, she was lovely." Another person said, "She seems really nice." A staff member said, "She is really supportive, there when I need help and really approachable." Another staff member said, "She puts her all in to everything. She is fantastic."

Some people told us when changes needed to be made to their support package, they called the office staff and they responded appropriately. A relative told us when their family member went into hospital the office staff helped them by agreeing to review the times they wanted the calls to be made when the person returned home. This made the relative feel valued. We did note that two of the four people who responded to our questionnaire were unsure who to contact at the office if they wished to discuss their care.

People and staff were asked for their opinions on the quality of the service and how things could be developed and improved. A survey had recently been sent out to people and their relatives and the results

were due to be analysed soon. Staff felt their opinions mattered. Records showed a staff meeting had recently been held. The registered manager told us that due to the size of the company and the small number of staff they had, it was not always easy to get all staff together. Alternative methods of communication were used. Emails were sent out to staff regarding a variety of issues concerning the service and staff were invited to give their views. The staff we spoke with felt their views and opinions were welcomed and valued.

A whistleblowing process was in place. A whistleblower is a person who raises a concern about a wrongdoing in their workplace or social care setting. The staff we spoke with felt able to report any concerns they had to the registered manager of the provider.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good governance</p> <p>17 – The registered person did not always ensure</p> <p>(2) Effective systems or processes were always in place to enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided</p>