

First Home Care Limited







Caremark (West Norfolk)

Inspection report

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Norfolk
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Date of inspection visit: 05 and 12 March 2015
Date of publication: 28/05/2015

Ratings

| Overall rating for this service | Requires Improvement |  |
|---------------------------------|----------------------|---|
| Is the service safe? | Requires Improvement |  |
| Is the service effective? | Requires Improvement |  |
| Is the service caring? | Good |  |
| Is the service responsive? | Requires Improvement |  |
| Is the service well-led? | Inadequate |  |

Overall summary

This inspection took place on 05 and 12 March 2015 and was announced. Caremark (West Norfolk) is a domiciliary care agency providing care and support for people, some of whom may live with dementia.

The home did not have 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 told us they felt safe and that staff supported them in a way that they liked. Staff were aware of safeguarding people from abuse. Individual risks to people were assessed by staff, although not all assessments provided guidance to reduce the risk to staff members.

There were enough staff available at most times to meet people's needs. Staffing levels were high enough most of the time to ensure staff members arrived on time and were not rushed, although there remained instances where people had to wait for their care.

Summary of findings

Most of the required recruitment checks had been obtained for new staff, but the provider did not ensure all actions were taken to make sure new staff were suitable to work with people.

Medicines training was not always robust enough to provide staff with the necessary skills to administer medicines safely.

Staff members only received induction training, which did not always ensure they had the knowledge or skills to meet all care needs. Staff were not provided with effective supervision and support.

Staff members did not understand the Mental Capacity Act. There was no guidance for staff about how to support people if they were not able to make decisions for themselves.

There was enough information available for staff members to contact health care professionals on behalf of people.

Staff were caring, kind, respectful and courteous. Staff members listened to people's preferences and involved them and their relatives in their care.

People's needs were responded to well and care tasks were carried out as required by staff. Care plans, however, did not contain enough information to provide new staff with guidance about how to meet people's needs.

A complaints procedure was available and action was taken to respond to complaints made.

Staff members worked in an improving team environment, with support from office staff.

Managerial and provider support had not been effective in ensuring the service was well led or well run. There was no manager at the service and there had been no registered manager since June 2013. There had been difficulties with contacting the provider of this organisation and obtaining information about the leadership and management of the service.

The service did not properly monitor care and other records to assess the risks to people and ensure that these were reduced as much as possible.

We have made a recommendation about staff supervision.

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 not always safe.

Staffing levels had improved but people had to occasionally wait for staff members to visit. Not all appropriate checks were carried out as part of the recruitment process.

Risks had been assessed and acted on to protect people from harm, although risks to staff were not always assessed properly.

Medicines training was not always adequate to ensure staff could administer medicines safely.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff members did not receive enough training to be able to fully support people.

Staff members did not understand the Mental Capacity Act and there was no guidance for staff in the event that people might not be able to make decisions for themselves.

Requires Improvement



Is the service caring?

The service was caring.

Staff were caring, kind, respectful and courteous.

Staff members listened to people's preferences and involved them and their relatives in their care.

Good



Is the service responsive?

The service was not responsive.

People did not have their individual care needs properly planned for.

People were given the opportunity to complain and those complaints were acted upon appropriately by the provider.

Requires Improvement



Is the service well-led?

The service was not well led.

Risks to people were not properly assessed and monitored.

The service had no registered manager and the provider did not always respond to requests for information.

Staff members worked with each other to provide a service to people.

Inadequate



Caremark (West Norfolk)

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 05 and 12 March 2015. We gave the provider 48 hours' notice of the inspection.

The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about the service and the service provider. For example, notifications that the provider is legally required

to send us and information of concern that we had received. Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with two people who used the service and two people's relatives. We also spoke with five staff, including care staff, and the care coordinator. We reviewed records, which included five people's care records, two staff recruitment records, staff training records, two medicine records and audit and quality monitoring processes.

Is the service safe?

Our findings

At our previous inspection in June 2014 we identified that there were not enough staff to cover all situations that may arise, such as sick leave or annual leave. This meant that staff did not always visit people at the time they were expected and that people had to wait while another care staff member was available. The provider wrote to us and told us that they would check that staffing hours matched the hours of care that were delivered each week and they would continue recruiting new staff.

The recruitment records of staff working at the service showed that the correct checks had mostly been obtained by the provider to make sure that the staff they employed were of good character. However, information to verify the reason why one staff member left a previous care position was not obtained and information about another staff member's poor conduct in another position was not followed up. This meant that the service did not make all the enquiries needed when adverse information was available to ensure that new staff were safe to work with people. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in March 2015, we found that additional staff members had been employed and were still being employed. People and their relatives told us that this had resulted in regular staff members visiting them at the time they were expected to visit. However, two people's relatives also told us that this had only been a recent improvement. One relative told us that at the beginning of this year there were ongoing problems with staff members being rushed and being given too many people to visit at the same time. The other relative said that the service had been, "Scrapping around trying to find staff if someone's off sick", which had resulted in their relative receiving their breakfast visit at almost lunchtime.

An office staff member told us that the service had employed a senior carer in a role to support other staff members and this staff member also confirmed that they covered if other staff were not available. However, not all staff members had the same opinion. One staff member told us that they had still had to rearrange their visits to accommodate another staff member's sick leave the day

before our inspection, leaving people waiting for a staff member for up to an hour. Therefore, although there had been a recent improvement in the staffing numbers, problems remained in ensuring people received their care at the time they needed and expected it.

Only one person we spoke with had help from staff to administer their medicines, their relative told us that this was carried out properly and that staff members never forgot to give the medicine. However, we found that not all of the arrangements for the management of people's medicines were safe. Arrangements were in place to record when medicines were given to people. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as were intended by the person who had prescribed them. Where people required physical assistance with taking their medicines, we found some guidance in care records for staff members. However, not all of this guidance was detailed enough to ensure the person was safe. One person's records told staff members to give the person their medicines on a spoon as the person was unable to put the medicines in their own mouth. The records did not state how many medicines should be placed on the spoon at any one time.

Staff members had received medicines training during their induction training. We examined these training records and found that there were errors on the competency assessment that had not been picked up. Neither the example MAR nor the medicines questionnaire that staff also completed had been checked to show whether the answers were correct or the staff members had understood their training. We could not therefore be assured that all staff members had enough knowledge and understanding to safely give all medicines.

People and their relatives told us that they felt safe with staff from the agency and they could report concerns to other staff members.

Staff members we spoke with understood what abuse was and how they should report any concerns that they had. They stated that they had had no occasion to do so. There was a clear reporting structure with office staff responsible for safeguarding referrals, which staff members were all aware of. We saw from training records that new staff members received safeguarding training during their

Is the service safe?

induction training. There were written instructions to guide staff, although not all staff knew where these were and not all staff had access to contact details for external agencies that deal with safeguarding.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered the person's immediate environment, and their moving and handling needs. Each

assessment had guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and the guidance. However, clear guidance for staff was not available for some risks that had been identified, such as where and the help required for people who chose to smoke, which meant that risks to staff members had not been adequately assessed.

Is the service effective?

Our findings

There were mixed opinions from people about how well trained staff were, with one person saying that they thought staff needed more training, while another person thought that staff had received enough training and knew what they were doing. Both of the relatives we spoke with told us that staff were more knowledgeable at the time of our inspection than in the months prior to it. However, one person's relative also told us that staff members had not known of the need to use gloves when they helped with personal care.

Training records showed that new staff members received a one day induction training that covered moving and handling, fire safety, safeguarding, medicines, basic food safety, infection control and basic first aid, as well as completion of a workbook on the role of the care and support worker. One staff member confirmed that their induction training had all taken place on one day and commented that there had been too much information to easily remember. Another staff member told us that they had received no other training since completing their one day induction training. Staff members confirmed that they had recently signed up to complete distance learning courses, although they were only able to complete one course at a time.

In the nine months since our previous inspection only three other training courses had been scheduled; all three training courses had been cancelled, including one for a specific medical condition. We identified that staff members' provided care to people with specific medical conditions, such as Multiple Sclerosis, stroke and mental health conditions, although they had received no training in caring for people with these conditions. Where training had been provided, such as medicines training during staff induction, competency checks to assess how well staff members had understood and remembered the information had not been checked and errors had not been picked up. This did not always provide staff members with the skills they needed to properly care for all people using the service. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that staff members always asked their consent before carrying out any tasks. None of the staff members we spoke with knew about the Mental Capacity Act 2005, or their responsibilities in regard to caring for people who did not have capacity to make decisions regarding their health and care. Staff members told us that they would look at care records for guidance if they were unsure whether a person was able to make a particular decision. However, care records did not contain any guidance in regard to people who might not have capacity to make decisions, how to help people make those decisions or who else could make the decision on behalf of those people.

One staff member told us that if they were unsure how to care for a person and there was not enough guidance they would make an assumption based on what they thought they should do. Another staff member told us that they would try to discourage a person from making a decision if they felt this was a risk and would actively stop a person if they (the staff member) felt the risk was too great. We found that inadequate actions had been taken to protect people against the risk of being denied the opportunity to make their own decisions. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they had monthly staff meetings, although these covered the same topics at each meeting. One staff member said that they had not received any individual supervision meetings for five months in which they could raise any issues they had and where their performance was discussed. However, they also told us that they felt increasingly supported in their work and they could talk to the care co-ordinator or other office staff at any time, although this had only happened in the month prior to our inspection. A member of the office staff confirmed that staff supervision had not been completed for several months, although there were plans to improve this.

There was information within people's care records about their individual health needs and contact details for health care professionals they visited. Staff members confirmed to us that they would be able to contact a health care professional if a person wanted this.

Is the service effective?

We recommend that the service finds out more about supervision for staff, based on current best practice, in relation to the needs of people using the service and support for staff members.

Is the service caring?

Our findings

People we spoke with were happy with the staff members and said that staff were always happy to help them. One person commented that they had previously had a problem with one staff member who had been reluctant to help the person, but that this had been resolved and the staff member no longer worked for the service. All of the relatives that we spoke to told us that the staff were kind, caring and compassionate. They all said that staff did as much as possible in caring for their relatives and that staff were always polite and respected their relatives' privacy and dignity.

People said they were now supported by regular and consistent staff, although this had not always been the case. One person's relative told us that their family member had developed a good relationship with the staff member who visited and trusted them, which had resulted in increased confidence when moving around their own home.

People told us that staff listened to their preferences and respected their decisions. One person's relative told us, "They always listen, it's always her choice". Both relatives that we spoke with told us that staff involved them in their

relative's care, they reported any concerns and explained when they were unable to complete care for any reason. One relative said that they thought staff members had more patience than they did when discussing with the person why they should help bath them.

There was information in care records in relation to people's individual lives, their likes, dislikes and preferences. Records provided basic information, such as whether the person had a preference for a bath or shower, and more detailed preferences, such as where people liked to sleep or have their drinks made.

People told us that staff cared for them in a way that maintained their dignity and privacy. One person's relative reported that their relative was a very private person and they had initially been very nervous about being seen by other people. Staff members had ensured that the person was covered at all times and had developed a system so that they were not at risk of being accidentally seen. People told us that staff never talked about other people they were supporting and felt that staff respected confidential information about them. We read a sample of people's daily log sheets and care records and noted that staff wrote about people in an appropriate way.

Is the service responsive?

Our findings

At our previous inspection in June 2014 we identified that people's care needs were not always planned in a way that was intended to ensure their safety and welfare. The provider wrote to us and told us that they would audit and update all care files with relevant information by 01 October 2014.

At this inspection we found that most people's care plans that we looked at had been reviewed since June 2014. In some people's plans there was detailed information regarding how they took their medicines, what the person was able to do for themselves and what care staff were required to help them with. However, in other people's plans there remained vague statements, such as 'assist with' and 'needs full assistance'. For people with specific medical conditions, where these had resulted in the person needing help from staff members, there was not enough information to guide staff. There was general information about the medical conditions but nothing about how their conditions affected each person. One person had communication difficulties following a stroke, and although their care plan told staff this, it provided no other details about how the person's communication, whether they used an alternative to verbal communication or how their speech was compromised.

All of the people we spoke with were happy with the care at the time of our inspection, saying that staff members helped them with everything. However, two people commented that not all staff members had been aware of their care needs or knew what help they required a few

months previously. One person told us that they felt staff members needed more guidance, as they did not read her care plan. One person's relative said that although some information was available in the person's care plan, this did not provide complete guidance if she were not available and was, "All over the place". We also found that it was difficult at times to identify specific information in care plans as there was frequent repetition. The person's relative had resorted to writing their own directions on one piece of paper, which included where items were kept and exactly what staff should do. Staff members we spoke with knew people well, they were able to describe people's care needs and how they liked to be cared for. Despite this and due to the increase in new staff members, care plans did not contain enough information and guidance for staff members if they did not know people well. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with said they would be able to make a complaint if they were not happy with the service they received. Three people told us that they had contacted the office about issues such as care staff arriving late or the attitude of care staff. All of the people said that their complaints had been dealt with and resolved to their satisfaction. There had only been one recorded complaint since our previous inspection, which was on-going at the time of this inspection. Verbal complaints were recorded in people's care records, which were monitored by a member of the office staff and followed up by them.

Is the service well-led?

Our findings

At our previous inspection in June 2014 we identified that there was no effective quality monitoring system in place to assess and manage the risks to people. The provider wrote to us and told us that they would carry out surveys and analyse these together with complaints received, accidents and incidents to produce a report by 15 August 2014.

At this inspection we found that there had been no improvement in the monitoring of the quality of the service or assessment of the risks to people since our previous inspection and there had been inadequate action taken in response to our inspection in June 2014. A senior staff member told us that questionnaires had been sent to people using the service shortly prior to this inspection. One questionnaire had been returned. There had been no questionnaires sent to people's representatives, for those people without the capacity to respond. Nor were opinions sought from staff members or stakeholders. People and their relatives all told us that they had not received any contact from the office regarding the quality of the service provided.

An analysis had been completed on the 2013-2014 survey, which identified that staff members' travel time between visiting different people had been a problem. Although an action had been identified to address this issue, there had been no follow up to ensure that the action had been effective. People told us during this inspection that they had continued to experience problems with staff arriving late or staff having to visit two people at the same time until February this year.

An analysis of complaints made to the service since our last inspection had not been completed. The complaints log indicated that only one complaint had been made since our previous inspection, although people and their relatives told us of another three complaints that had been made. Although people were satisfied that adequate action had been taken to resolve their concerns, there had been no recording of verbal complaints coming into the service or collation of complaints that may have been recorded in people's care records. Therefore, the service had not taken adequate steps to identify themes and trends or learn from these issues.

Care records showed that quality monitoring was completed in the form of spot checks and telephone calls

to people and the records of these were kept in people's care records in the office. We examined one of these in detail and found that the check stated that no concerns had been identified. When we looked at the visit log sheets for the two month period prior to this inspection we saw that there had been three occasions when staff members had not arrived for the lunch time visit. There was no reason for this in the log sheet entries.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before this inspection we received information of concern about an inability by the local authority to contact the provider and the lack of management at the service. We requested that the provider send us information about the service prior to this inspection. Despite a further request for this to be completed, we had not received the information at the time of our inspection. The service did not have a stable management team in place; there had been no permanent manager in post since October 2014 and no registered manager since June 2013. A new manager had been recruited in December 2014 but was only in post for one month before leaving the position. The provider has not complied with this condition of their registration.

During our discussions with people and their relatives, they told us that they did not know who was running the service, although they knew the staff who were supporting them. Relatives we spoke with told us that they had been visited recently with two people who had talked with them about changes to the agency office staff, although they did not know the roles of these people. One person's relative also commented that some staff members had been very stressed with their working environment.

Staff spoke of the support provided by the whole staff team. They told us they worked well as a team and supported each other. They told us the office staff were approachable and that they could rely on them for support or advice.

Staff said that they attended staff meetings to keep informed about matters that affected the service, although these regularly covered the same issues and rarely identified new issues. One staff member commented that

Is the service well-led?

there had been no management structure at the service for quite a while and things had been chaotic. However, there had been some improvement with the appointment of a new care coordinator.

Staff members told us that the care coordinator had an open door policy and was very approachable. We observed

this during our inspection when care staff came into the office and immediately spoke with the care coordinator, who helped them and listened to what they wanted to talk about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>People who use services were not protected against the risks associated with ineffective operation of systems to assess and monitor risks to their health and welfare. Regulation 10 (1) (b), (2) (b) (i), (iii), (v).</p> |

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>People who use services and others were not protected against the risks associated with the unsafe application of the Mental Health Act 2005. Regulation 18 (2)</p> |