

Aperta Care Limited

Caremark (Rotherham)

Inspection report

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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 comprehensive inspection took place on 19 and 30 January 2018 and was unannounced on the first day.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to younger adults and children.

This was Care Mark Rotherham's first inspection since they registered with the Care Quality Commission (CQC) in December 2016.

The service did not have a registered manager in post at the time of our inspection. However, the registered provider has informed us since our inspection that a new manager has been appointed. 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. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

Risks had been assessed for each person and were safely managed. Risk assessments had been carried out in relation to nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines.

Staffing levels ensured that people's care and support needs were met safely and safe recruitment processes were in place.

People received good healthcare support and were supported to receive a nutritious and balanced diet.

Infection control was adhered to by staff. Staff were provided with personal protective equipment to ensure the risk of cross infection was reduced.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risks were assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People had good relationships with the staff, and told us the staff were kind and caring. Staff respected people's privacy and dignity and promoted their independence.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

We saw that the registered provider had systems that were effective to monitor and audit the quality and safety of the service and that people who used the service and their relatives were involved in the development of the agency and were able to contribute ideas.

Further information is in the detailed findings below

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 received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

There were enough competent staff to carry out people's visits and keep them safe. Safe staff recruitment procedures helped to ensure that people received their support from suitable staff.

People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

Is the service effective?

Good 

The service was effective.

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved.

People were treated as individuals and were not discriminated against when making their care and support decisions.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good 

The service was caring.

People who used the service and their relatives made positive comments about the staff and told us they were kind and caring.

People and their relatives were involved in their care and staff respected people's wishes. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs. They also included details of people's needs and preferences. The records were reviewed with appropriate frequency.

There was a complaints procedure made available to people should they wish to raise any concerns about the service.

Is the service well-led?

Good ●

The service was well led.

Although the service did not have a registered manager in place the field care supervisor was acting as interim manager until a new manager was recruited.

The registered provider obtained feedback from people who used the service, their relatives and staff. They welcomed any suggestions to improve the quality of the service provided.

Systems were effective in assessing, monitoring and improving the quality of care provided to people.

Caremark (Rotherham)

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 was a comprehensive inspection. This inspection took place on 25 and 30 January 2017 and was unannounced on the first day. The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of supporting and caring for younger and older people.

We used information the registered provider sent us in the Provider Information Return. 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.

At the time of this inspection the agency was supporting 10 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funded through the NHS Clinical Commissioning Group (CCG) and others were paying privately for the service.

On 19 January 2018 we visited the agency's office and spoke with the interim manager and two quality officers. On 30 January when we visited the office we also spoke with the registered provider. We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for ten people, including their medicine administration record (MARs), four staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

Between 25 and 31 January 2018 we spoke with six care staff by telephone and two health care professionals. On 24 and 25 January 2018 we spoke with one people who used the service and five relatives over the telephone. On 30 January we visited one person in their own homes to ask their opinions of the

service. Whilst out on home visits we spoke with one person who used the service, one relatives and one care worker.

Is the service safe?

Our findings

People and their relatives we spoke with all told us the staff made them feel safe. One relative said, "Yes my [Relative] is very safe with them [staff]. I am very happy with the service they provide." Another relative told us, "My [relative] is safe with them [the staff]. They are happy enough and I have not seen anything which concerns me about the staff there."

We saw that the systems, processes and practices in the service safeguard people from abuse. Staff we spoke with knew how to recognise and report abuse. Staff told us they had received appropriate training and were aware of the correct procedures to follow. Staff told us the registered provider had a policy in place to protect people from abuse.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe and these covered all aspects of daily living. The risk assessments had been kept under review and health care professionals we spoke with told us the staff managed risks well. One health care professional told us, "The service provided is absolutely brilliant, they seek appropriate guidance to ensure the support is safe." Another said, "The staff are very good."

Environmental risk assessments had been completed, so any hazards were identified and the risk to people and staff were managed.

We looked at the systems in place for managing medicines in people's homes. We saw they were stored safely and staff recorded when they were administered and notified the registered provider if there were any issues or concerns. However, although medicines were given as prescribed the documentation could be improved to ensure all medicines were accurately recorded. For example, the carried over amounts were not recorded and one medicine was still on the medication administration record but was no longer prescribed. This was discussed with the acting manager and the registered provider who actioned this and confirmed following our inspection that new systems had been implemented to ensure medicines were recorded correctly.

There were enough competent staff to carry out people's visits and keep them safe. The interim manager and the field care supervisor provided additional cover when needed. Staff told us they had enough time at each visit to ensure they delivered care safely. New staff had been recruited to ensure adequate staff were available to meet people's needs. People we spoke with told us the staff were good, they received support from the same staff team and they turned up on time. One relative said, "They always arrive on time and have never let us down." Another relative said, "I think they are ok at the moment. We did have an issue with different carers turning up but that has settled down now." We had some relatives who told us the staff missed calls but when we discussed this with the registered provider they showed us an explanation, but agreed to discuss it with the relative to fully resolve their issues.

There was an on call telephone number for people and staff to ring at any time. Relatives and staff told us they were always able to get a response. If they left a message the managers rang them back.

The registered provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people. We looked at two staff's personnel files and found the recruitment process was followed. Staff we spoke with also confirmed the recruitment process and one said, "I could not start work until my checks were received and that they were satisfactory."

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

Good infection control practices were followed. Staff told us and records showed staff were provided with infection control training to ensure they followed good infection control principles. Staff were provided with gloves, aprons, wipes, and alcohol gel and they told us these were freely available from the office. Staff had a good understanding of food hygiene and safety as they had completed training. The registered provider had also introduced a supply of paper towels at each person's home who they supported for staff to use when they washed their hands. This further reduced the risk of cross infection.

Is the service effective?

Our findings

People received care that was effective. Relatives we spoke with told us the care and support was good. One relative said, "They [the staff] are really good and support my [relative] very well. They know their likes and dislikes, etc." Another relative said, "[Relative] is well looked after so I would say the staff know what they are doing."

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professions to enable the service to plan effectively the care of the person. Health and social care professionals' feedback was very positive. One said, "Staff are very keen to learn and support people very well."

Staff we spoke with told us they felt supported by their managers and told us they received regular supervision sessions. These were one to one meetings with their line manager. Staff also received an annual appraisal, where their performance and development was discussed. All staff we spoke with said they were confident to speak with their line managers about any issues they might have. One staff member said, "I can talk in confidence and I am listened to the manager is very supportive."

People were cared for by staff who had received training to meet people's needs. Staff told us the training was very good and they attended regular training and records we saw confirmed this. Staff were also able to access specific training to understand people needs. For example, management of a tracheostomy and use of suction. This meant staff were competent to meet people's complex needs.

Staff supported some people with their meals. Staff told us they always offered people a choice of their preferred foods. Relatives we spoke with told us the staff provided support with meals. One relative said, "My [relative] needs full support with meals, they are able to choose what they want to eat."

The mental Capacity Act (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 found people's care and support was planned and delivered effectively to ensure the best outcomes were achieved. Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. Staff we spoke with were knowledgeable on the requirements of the legislation and told us they always asked people their choice and supported them to make decisions. The interim manager and the registered provider confirmed that they were to liaise with a family following our inspection to ensure their best interests were considered.

The interim manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions.

Is the service caring?

Our findings

People who used the service told us the staff that supported them were kind and caring. Relatives we spoke with also told us the staff were kind. One relative said, "The staff are very good they are very helpful and kind." Another said, "They [the staff] are kind." Another commented, "The staff are lovely nothing is too much trouble."

We visited one person in their home and the staff treated them with respect. Staff told us they respected people's privacy by knocking on doors, calling out before they entered people's bedrooms or bathroom and closed toilet doors.

We looked at people's care plans. The plans detailed what was important to the individual including their preferences and choices. Staff knew people well and were able to tell us how they supported people. Care plans were developed with each person. They described the support the person needed to manage their day to day health needs. People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. One person used a communication aid and staff ensured this was always set up so the person could communicate effectively.

Staff spoke about the people they cared for with compassion and concern. They knew people well and were able to discuss people's care needs, preferences and interests in detail. Staff told us they had enough time at each visit to get to know people.

Staff understood the needs of the people they supported and were passionate about ensuring they received the best possible care and support. Some people who used the service were children and the parents we spoke with told us they were involved and the staff kept them updated. One parent said, "They [the staff] listen to us, as parents, which is really important."

People's independence was promoted and staff told us they encouraged people to do as much for themselves as possible. People told us they liked to be independent and staff respected this, offering help when needed. One relative we spoke with told us the staff promoted independence and said, "They [the staff] help her to be independent by taking her out to enjoy things outside the home."

Is the service responsive?

Our findings

People and relatives we spoke with told us the staff provided personalised care and support that was responsive to the needs of the people who used the service. One relative said, "I can't think of anything they could do better. We are very satisfied with them."

We looked at people's plans of care and we found their needs had been identified and there were details of how to meet people's needs. The plans also fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

The plans included a personal history, individual preferences and people's interests and aspirations. They had been devised and reviewed in consultation with people and their relatives, where appropriate. The staff we spoke with understood people's needs and preferences, so people had as much choice as possible.

However, the plans also contained old out of date information which made it difficult to determine what the person's current needs were and very confusing for staff. We also found lack of information in people's moving and handling care plans. The plans did not detail the sling to use or the loop configurations to ensure people's needs were met safely. The interim manager had reviewed the plans for people who used moving and handling equipment when we conducted the second day of our inspection. They told us the other plans would also be fully reviewed and this would be completed in the next month.

One person we spoke with who received 24 hour care and support raised some concerns about moving and handling. They required the support of two staff to when they moved from chair to bed or chair to wheelchair. Two staff were only available at certain times of the day so there were restrictions on when the person could go to bed, go out or go to the toilet. The interim manager agreed to look into this with the health care professional to determine if the package of care was appropriate and sufficient.

Health care professionals we spoke with confirmed that staff were responsive to people's needs. One health worker told us, "There is good communication they [the staff] will regularly ask for guidance or support, the staff know people they support very well."

Staff encouraged people to access the community and gave people information about what was available in the local area. People told us the staff supported them to attend activities. One relative we spoke with said, "The staff support [relative]. They take her out doing different things; shopping, yoga and on the swings if that is what she wants to do. Another relative said the staff were good at supporting people to go out in the community, but as part of the package of care there should be a driver available so they could go out for trips, however, this was not always facilitated. They said, "They seem to be without a driver quite often. My [relative] likes to go to bingo which is only round the corner but this doesn't happen." We discussed this with the manager who agreed to follow this up to ensure it was resolved.

The registered provider told us the service was flexible, staff always listened to people and did their best to change times to meet their needs. This meant people were able to attend events and appointments. They explained that although people had specific allocated times, all were aware that these could be flexible so if someone required any changes these were facilitated.

Relatives told us the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously. People were given information about how to complain. This included the registered provider's complaints policy which told people what they should expect from the service and who to contact if they wanted to complain.

The service had received some complaints and we saw these had been dealt with following the registered provider's policy. Most people and their relatives we spoke with were positive about how they were listened to and taken seriously if they had to raise any concerns. One relative said, "I am confident enough to speak to them [staff] if we have a problem. We did have an issue with staff and it has been sorted now." However, one relative we spoke with was not happy with how their concern was being dealt with, but gave no specific details.

Is the service well-led?

Our findings

This was the first inspection of this service. There was no registered manager in post, they had left in November 2017. The field care supervision was acting as the interim manager until a new manager was successfully recruited. Following our inspection the registered provider informed us a new manager had been successfully recruited.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were committed to providing high quality care. Staff were complimentary about the management team and how they were supported to carry out their work. Staff told us they felt more supported with the new interim manager and that communication was improving. Some staff did tell us that communication at times could be better. However, said this was improving. Staff said the issues had been that they were short staffed but they could see this was being dealt with by recruiting new staff.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. Staff told us that they had regular staff meetings and felt able to raise issues and suggest ideas that could potentially improve the service. One staff member said, "We have regular team meetings and I feel listened to."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. We saw audits undertaken by the registered provider and regional development managers. These identified areas that required any improvement and an action plan was devised to ensure any identified actions were addressed.

The field care supervisor regularly worked alongside staff to monitor their practice. They also carried out unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

The service sought regular feedback. People who used the service and their relatives told us they were asked for feedback. This was in the form of questionnaires. However, some relatives said they had not received a questionnaire. One relative said, "I have never had one from them." When we questioned the interim manager they said this was because they had been sent to the person who used the service. They acknowledged that it would be good practice to also send feedback questionnaire to the relatives to gain their views. This was actioned following our inspection and we were sent written confirmation by the registered provider. All but one relative we spoke with praised the service and said they would definitely recommend it.

Staff told us they were asked for their views as part of a staff survey. All staff told us they liked their job and felt valued. However, some said that the communication could improve between the office and the care workers. We discussed this with the registered provider who said with the changes in the management this may have affected the communication, but assured us it would be discussed at a team meeting and

addressed. The registered provider also acknowledged that documentation could be improved to ensure effective communication and following our inspection we received in writing action they had taken to address this issue.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.