

SM Homecare Services Ltd

Caremark (Coventry)

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

Caremark Coventry is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the agency provided support to approximately 250 people and employed 110 care staff.

At the last inspection on 28 April 2015 the service was rated Good. At this inspection we found the service remained Good.

The office visit took place on 29 June 2017 and was announced. We told the provider before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care and were supported by staff that knew how to protect them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. People who required assistance to take their medicines were supported by staff that had received training to do this safely.

There was enough care staff to allocate all the visits people required and to meet people's needs safely. Recruitment checks were completed on potential new staff to ensure they were suitable to support people in their own homes. Staff had regular checks on their practice to make sure they continued to support people safely.

People said staff usually arrived around the time expected and stayed long enough to do everything that was needed without having to rush. People were visited by regular care staff that they knew and who they had formed good relationships with. There had been some recent disruption to the continuity of staff but the provider was confident this had been resolved. People continued to receive support from staff who they said were kind and caring.

The service continued to be effective. Staff received training that provided them with the skills and knowledge to support people's needs. Staff asked people's permission before they assisted them with any care or support. People's right to make their own decisions about their care were supported by staff who understood the principles of the Mental Capacity Act. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

The service remained responsive to people's needs and wishes. People were provided with care and support

which was individual to them. Staff respected people's privacy and dignity and promoted their independence, which people appreciated. People's care and support needs were kept under review and staff responded when there were changes in these needs.

People were encouraged to raise concerns and make complaints and were confident these would be responded to. The management team used feedback from people to assist them in making improvements to the service.

Many people told us the service they received from Caremark Coventry was 'fantastic.' Staff told us they were very happy in their work and that they received excellent support from an experienced management team who were always available to give advice. Staff were clear about their roles and responsibilities and had regular supervision and observations of their practice to make sure they carried these out safely.

There was a clearly defined management structure which the provider had increased since our previous inspection. The management team provided good leadership; they worked well together and were committed to providing a high quality service to people. Feedback from people and their representatives were continually sought and used as an opportunity for improving the service people received. There continued to be effective and responsive processes for assessing and monitoring the quality of the service provided. The provider and registered manager demonstrated strong values and a commitment to implement best practice to improve the service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good.

Caremark (Coventry)

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 checked 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 comprehensive inspection took place on 29 June 2017 and was announced. The provider was given notice that we were coming as we needed to be sure someone would be available in the office, and that arrangements could be made for us to talk with care staff.

The inspection was carried out by one inspector and an 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 provider had not been asked to complete a Provider Information Return (PIR) before this inspection. 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 gave the provider the opportunity to discuss these areas with us during our office visit.

The provider sent a list of people who used the service to us; this was so we could contact people by phone to ask them their views of the service. We spoke with 15 people by phone, 10 people who used the service and five relatives. We used this information to help us make a judgement about the service.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share about the service. We also reviewed the 'Share your experience' information people who used the service had sent us since the last inspection.

During our visit to the provider's office we spoke with the provider, the registered manager, a care co-ordinator, a field care supervisor and four care staff. We reviewed five people's care records to see how their

care and support was planned and delivered. We looked at four staff recruitment files, staff training records, records of complaints and compliments, and records associated with the provider's quality checking systems.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection, and the rating continues to be Good.

People told us they felt safe with the support they received from the service and with the staff who visited them. One person told us, "[Staff member] is tip top, she's wonderful and very good about safety." Another said, "I know I can call them (Caremark) anytime and they would come." A relative told us, "I would definitely feel [relative] is safe with a carer from Caremark if I am not here."

Staff had received training in how to keep people safe and protect them from avoidable harm and abuse. They understood how to recognise signs of abuse and told us they would report concerns to the management team straight away. They also knew how to report concerns to the local authority if needed. One staff member told us, "If I was concerned about a person I would phone the office staff and let them know. They would check it out and refer it to the local authority." Another told us, "If I noticed anything of concern I would follow policies and procedures and report it to the office staff. If the person was in danger I would report it directly to the police or social services and then let the managers know." The registered manager understood their responsibilities in reporting and dealing with concerns to make sure people remained safe.

Plans were in place to provide staff with guidance about how to reduce risks to the care and support people required. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care, and risks in the person's home. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. A relative told us, "[Person] uses a hoist and the staff know how to use this safely."

The managers and staff told us there were sufficient staff to support people's needs safely. People said where two staff were required to meet their needs, two were always provided. People were usually visited by the same staff which they said was reassuring as they knew how to support them. One person said, "They [staff] know me well," and, "I never feel rushed, they [staff] take their time when they do anything." All the people we spoke with told us staff arrived to provide care, no one had experienced a missed call.

An 'on call' telephone service was in operation for out of hours' concerns or emergency situations. The registered manager told us the on-call service supported the management team to make sure unplanned absences and emergencies were covered, so people's safety was not compromised. Staff told us the managers were available at any time if they had any worries or concerns.

The provider's recruitment process continued to ensure risks to people's safety were minimised. The character and background of staff were checked prior to employment, to ensure they were suitable to work with people in their own homes. Staff told us, and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make

safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

Where people had been assessed as requiring support to take their medicines staff had received training to administer medicines safely. Staff confirmed they had received training and had been assessed as competent to support people with their medicines. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MAR's were checked during 'spot checks' to people's homes and when they were returned to the office. This was to ensure they were completed accurately and any discrepancies identified in a timely way.

Is the service effective?

Our findings

We found staff had the same level of skill, experience and support to meet people's needs effectively as we found at the previous inspection. People continued to make their own decisions and were supported by staff who understood how to protect their rights. The rating continues to be Good.

People and relatives said staff knew the care people needed to maintain their welfare and had no concerns about how regular care staff provided the care. One person said, "The regular ones know what I like, I have got attached to them and they know me."

New staff completed an induction that was based on the Care Certificate. (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.) New staff worked alongside more experienced staff to gain the practical skills they needed to support people. Staff consistently told us they felt well supported during their induction period and on-going through one to one meetings with a manager and regular staff meetings. Staff were enthusiastic about the training they had received which they said supported them in meeting people's particular needs. For example, how to use equipment to move people safely.

A training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as mandatory for staff working in care, this included moving and handling people, safeguarding adults from abuse, and medication awareness. Staff also completed training in specialist skills such as dementia awareness and other areas related to people's individual needs, like pressure area management. Once staff had completed the Care Certificate the provider supported staff to complete Qualification and Credit Framework (QCF) training in health and social care to increase their knowledge and improve their practice.

Staff told us their knowledge and learning was monitored through supervision meetings with their manager and unannounced 'spot checks' on their practice. One staff member told us, "We have regular spot checks to make sure our practice is up to date. The induction and training is good, and we have regular updates." The registered manager told us that during spot checks field supervisors looked to see if, staff worked to the provider's policies and procedures and put their training into practice. People we spoke with confirmed 'spot checks' were carried out in their homes, although two people said they would prefer not to have them. The registered manager told us they would contact people to make sure they were consulted about 'spot checks'.

The management team and care staff understood the principles of the Mental Capacity Act. They understood their responsibilities to protect people's rights and what to do when someone may not have the capacity to make their own decisions, so these were made in people's best interests. People's consent to care continued to be sought and people's rights with regards to consent and making their own decisions continued to be respected by staff.

People and relatives told us they made their own health appointments, but staff would support them with

this if they needed it. Staff told us they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when needed.

Most people we spoke with made their own meals or who had family that supported them with this. Where people required support with their meals, staff supported people to have sufficient to eat and drink. Arrangements were in place to assess and monitor people's dietary needs if this was required.

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld and they remained happy with the staff who visited them regularly. The rating continues to be Good.

People and relatives were positive about the standard of care they received and said staff treated them with respect. One person told us, "The care is good, no problem there and the carer's are very regular." Another said, "Yes very good care and they always check my medication." Staff said they had sufficient time allocated to people's care calls and did not have to rush.

People told us their privacy and dignity was maintained. One person told us, "I feel uncomfortable to have personal care with people I don't know, I want regular carers who I feel comfortable with," they went on to say their regular care staff was, "The best carer I ever had."

Staff we spoke with told us they were fond of the people they supported. Staff knew people well, as they regularly provided care to the same people and had built up trusting relationships. One person told us about the service they received, "It's nice to know who you're going to have; on the whole they're generally consistent and experienced." They went on to say they were receiving physiotherapy and rehabilitation and that their care worker 'empowered them to achieve goals'. They said they had "a very good relationship with them and they worked together well."

Staff knew about people's preferences and things which were important to them, which accommodated their wishes. One person told us about their care worker, "She showers me, she doesn't forget to do all my little things, she's brilliant." A relative told us, "[Family member's] main carer [staff] is great and [family member] wants to have her more often, she loves her."

People and relatives told us they felt involved in their care and how they would like to receive this. One person told us how they had contributed to their care plan with the help of the supervisors from Caremark and they were happy with what was in it. Staff told us they were always mindful of respecting people's wishes and evidenced this through conversations where they described people's likes and dislikes. People told us they were involved on an on-going basis through reviews of their care. This was evidenced within people's care plan, which reflected people's wishes.

Staff understood the importance of maintaining confidentiality and said they would not discuss personal information unless the person was authorised for them to share it with. Care records at the office were kept safe and secure.

Is the service responsive?

Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People we spoke with told us they received care and support based on what they needed and in the way they liked. When we asked people if they thought they received good care they told us, "Very much so, just the odd little hic up," and, "Yes the care is good, no problem there." Another person who contacted us prior to the inspection told us, "The quality of the care given to my mother who has complex mental health and physical needs is excellent."

People and their relatives told us that prior to receiving a service from Caremark Coventry the service had spent time finding out about their preferences, care and support needs and how they wanted to be supported. People's care and support was then planned with them when they started using the service. One person told us how staff from Caremark had spent time with them, "to work out their routines and make a plan that suited". People we spoke with said they had a care plan in their home for staff to follow.

A copy of the person's care plan was kept at the office. We reviewed five people's care plans. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed. Care plans were focused on the person and included, their choices, likes and preferences. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. Staff told us that care plans were up to date and easy to follow. One staff said, "The information in plans is really good, its reads like the person is talking to you."

Most people told us they had regular care staff who they were able to get to know. One person told us, "They are more like family now than carers, they've been consistent for months and I have built a friendship with them both." A relative told us how their family member had one main care worker during the week and that this consistency had a positive impact on his [family members] well-being. They told us different care staff visited at weekends which disrupted the usual weekly routine. Comments from other people included, "I see my regular girl and she works her socks off," another person told us they used to have regular carers but now they got "odds and sods."

Some people told us their care had not been as consistent recently and they had a lot of new care staff visiting them. The provider and registered manager told us this was due to the service taking on more people at short notice which had disrupted some of the 'care rounds' as people needed to be added to rounds and allocated to additional staff. They said the re-scheduling of calls was now complete and people had a regular team of care staff that visited them regularly.

Following our feedback about inconsistency of call times, the registered manager told us they would be speaking to people to make sure continuity of care staff had been resumed. They told us, "We will send a letter to people to apologise for any disruption to their service over the past few weeks and to let them know this has been resolved, and to contact us if there is any problems."

We looked at the call schedules and staff rotas for the people whose care we reviewed. Taking into consideration staff had to have time off, rotas confirmed people were allocated regular staff at consistent times, where possible. Staff told us visits were 'patched' (arranged in the same area), so they did not have far to travel between calls. The allocation system electronically worked out the distance between each call and allocated the travel time to staff rotas.

The provider and registered manager held regular meetings with the management team and staff. Each morning they had an informal senior management meeting to catch up on what had happened over night, and formal weekly meetings. The management team held a handover meeting with the on call staff at the start and end of each working day to make sure any information was passed over and recorded. This made sure unplanned absence of staff or any changes to people's care was responded to.

People and relatives said they were happy to raise any concerns with the office staff, registered manager or any staff member and were confident they would be listened to. One person told us how they did not want a particular staff member to provide their care and support. The person said their request was listened to. Another person said, "I've never needed to complain but I would if I had a problem and would speak with the management." Complaints received had been recorded and responded to in a timely manner. The management team used complaints as opportunities to learn and improve the service.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by an experienced management team who were committed to providing a good quality service. The rating continues to be Good.

People were very complimentary about the service they received from Caremark Coventry. Since the last inspection in April 2015, several people who used the service had contacted us with positive comments about the service. These comments included, "The service is excellent", and, "The individual carers provide a very good level of care, as do the office staff, who are friendly, professional and helpful."

People we spoke with during this inspection had similar positive experiences of using the service. Comments from people included, "Caremark are the best company I've had in the last four years..." And, "Everyone I have known from management down are just fantastic." Another person told us they were reluctant to have care initially, but, "Caremark have been so supportive, I have heard stories about them (care services) but they have been amazing."

Staff we spoke with told us they enjoyed their work and were proud to be part of the "Caremark team." Comments from staff included, "We are a team, we work well together." One staff member told us, "They [management team] look after us [staff] and make sure we are okay. They say if we are okay and happy then we pass this on to the people we visit. I love my work." Another told us, "I love my job, I go home at night feeling I've done something good today."

The provider told us Caremark Coventry had been awarded a 'Top 10 Home Care Provider Award 2017'. This was awarded by a home care organisation, and recognised the most recommended home care provider, registered with them, in each region of the UK. Which they felt was a great achievement.

The provider looked for ways to continually improve the service it provided and had recently commissioned an external audit of the service. Following this, the registered manager had devised an action plan that reflected how the service met our regulations and was based on our inspection methodology. A copy of the action plan was provided for us.

Information in the action plan explained how the service was well led, it stated, 'Our ethos is one of empowerment, inclusion and person centred care. Key to this is that everybody understands the principles of equality, diversity and human rights and is able to put these into practice. We provide training for carers in these areas and instil in them their responsibility to question practice and report concerns and ... We make sure that our team are adequately supported and resourced to deliver improvements.....The director [provider] leads from the front 'visible management' leading by example... We found this information was a true reflection of how the service operated.

For example people spoke highly of the staff who visited them. One person told us, "They are absolutely superb, [care worker] knows her job, her values and standards and I feel truly blessed to have her." Staff said the support they received was exceptional, "Caremark is the best agency I have worked for. They [office staff]

put themselves out to support you. [The provider] listens and helps you, his door is always open." Another said, "You can phone the office day or night, the support we get is really fantastic."

To improve the service people received the provider was introducing electronic call monitoring at the start of July 2017 for all the people who used the service. This would help ensure people received their care at the time expected, as the current arrangements relied on staff to contact the office to let them know they were running late. To implement this, the provider had issued staff with a mobile phone that they used to log in and out of calls. The system would alert the office if care staff had not arrived within a certain timescale. The provider had appointed a designated staff member to oversee this system so that they could be assured, the system would be continually monitored. This would mean action could be taken immediately if calls were not completed at the expected time.

The registered manager had been in post since December 2015, and had provided consistent leadership for the service. The registered manager was supported by a management team that consisted of the provider, HR/training manager, assistant manager, care co-ordinators, field supervisors and administrative support. Field supervisors worked alongside staff in people's homes. This enabled them to check on staff performance, and keep up to date on people's care and support needs.

To make sure care staff carried out their role in line with their training and the providers policies and procedures regular 'spot checks' were carried out by the field supervisors of their practice. Spot checks were completed during the evenings and at weekends as well as during day shifts. Staff told us, "We never know when they [field supervisors] are coming they just turn up at any time." We were told staff received feedback from spot checks, one staff member told us, "I have regular spot checks, and they feedback positive and negative comments. They are always supportive and even concerns are feedback positively to encourage improvement." For example, how staff used equipment to move people or using protective clothing appropriately.

The service had recently expanded after being successful in attaining a contract with the local authority. To support the additional work associated with this, the provider had recruited a branch manager to support the registered manager and had increased the number of care co-ordinators and field care supervisors so people continued to receive a consistent, safe service. Field care supervisors did not routinely cover care calls unless there was unplanned staff absence. This was to enable them to carry out 'spot checks' on staff and respond immediately to concerns or requests from staff about changes in people's care needs.

The provider used innovative ways to communicate with staff and to keep them informed about changes to their call schedules or policies and procedures. This was thorough a social media communication group application, emails and text messages. Staff said communication and support from the office staff was excellent. For example, "The support we get is brilliant. Right from the start it's always been amazing. I am confident to raise concerns about anything at all." People also told us communication worked well, "Over all the care is very good and I don't have to call them, they ring me."

Staff said they were able to access support and information from managers at all times as the provider operated an open door policy, and an out of office hours' telephone service for advice and support. One staff member told us, "Any concerns I go straight to the office, they will listen and help if they can. Any concerns about people's care the field supervisors are free so can come straight out and re-assess anything. That's so reassuring." Another said, "The on call support is fantastic, I had a situation where I needed support and the on call came straight out, they were great."

To support the 'on call' arrangements the provider had recruited two on-call staff who provided out of hours

contact when the office was closed. They told us this relieved the pressure on senior staff as they were not disturbed during their time off. However, the managers and provider told us staff had their personal contact details and were able to contact them at any time if they wished to. These procedures supported staff in delivering consistent and safe care to people.

The provider and registered manager responded to feedback they received from people who used their service, relatives and staff. Feedback was gathered through a number of routes, which included an annual quality assurance survey, review meetings with people and telephone calls. An annual questionnaire was sent to people and staff, as well as an electronic on line service for people to leave comments. People had regular reviews of their care to make sure information was up to date and people continued to receive a service that met their needs. The management team made telephone satisfaction calls to people to find out their experience of using the service. We saw thank you cards displayed in the office and many compliments about the service had been recorded.

To facilitate feedback from people and staff, the provider had set up a Newsletter and Customer Forums. Customer Forums; where people were updated with any changes about the service and for them to discuss any issues. Staff Forums also took place where staff could discuss their knowledge and experience with other care staff and share good practice.

The registered manager and staff in the office undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked the records matched the care plans and that people's medicine administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. The registered manager also completed care calls at weekends, so people got to know who they were and so they could check care records and speak to people about the service.

The provider and registered manager understood their responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and the ratings from the last inspection were displayed prominently in the office and on the providers' website.