

Affleck Care Limited

# Caremark (Kirklees)

## 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

The inspection of Caremark (Kirklees) took place on 5 July 2017, with follow up telephone calls being made to people who used the service, their relatives and staff on 6 and 10 July 2017. The inspection was announced. The service had been registered with the Care Quality Commission since December 2015 and this was the first inspection of the service.

Caremark (Kirklees) is a domiciliary care provider, based in Kirklees, providing personal care and support to people living in their own homes. There were 111 people using the service at the time of our inspection.

The service had a registered manager in post at the time of our inspection. 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 and their family members told us they felt safe. Staff had received safeguarding training in order to keep people safe and staff demonstrated a good understanding of what to do if they were concerned anyone was at risk of abuse. There were robust recruitment practices in place, which meant staff had been recruited safely. Risks had been assessed and reduced where possible.

Accidents and incidents were appropriately recorded and records showed staff were aware of actions to take in an emergency. There was an effective out of hours' service, in case of emergencies.

Staff were trained to manage and administer medicines to people and their competency was regularly assessed. Medication administration records were fully completed and regularly audited.

People received effective care and support to meet their needs. People and their relatives felt staff had the necessary skills and training to provide effective care and support. Staff told us they felt supported and we saw staff had received induction training as well as ongoing training and supervision.

Care and support was provided in line with the principles of the Mental Capacity Act 2005. We saw from the care files we reviewed, consent had been sought and obtained from people, prior to their care and support being provided.

People we spoke with told us staff were caring. The staff we spoke with were enthusiastic and were motivated to provide good quality care. Staff told us how they respected people's privacy and dignity and the people we spoke with confirmed this. People were encouraged to maintain their independence.

Care and support plans were detailed and personalised, taking into account people's choices and preferences and people's needs were reviewed regularly. People told us they could make their own choices. People told us the service was responsive and flexible to their needs and local commissioners confirmed

this.

Regular audits and quality assurance checks took place, in order to drive improvement within the service and feedback was given to staff in order to improve practice. Staff told us they felt supported and people felt able to contact the office in the knowledge they would be listened to. Complaints were managed and responded to effectively.

## 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 told us they felt safe and staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Risk assessments had been completed and measures were in place to reduce risks to people.

Records showed staff had taken appropriate action in cases of accidents or emergencies.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction and ongoing training and people told us they felt staff were skilled and well-trained.

Care and support was provided in line with the Mental Capacity Act 2005 and staff had received training in this area. Consent was obtained from people in relation to the care and support provided.

People received support in order to have their nutritional and hydration needs met.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were caring. People told us they had positive relationships with staff.

Staff were motivated to provide good quality care.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service was responsive.

People told us the service was flexible to meet their needs.

Care plans were personalised, enabling people to receive support that was appropriate for their individual needs and preferences.

Complaints were well managed and responded to. People told us they felt able to approach the registered manager with any concerns.

### **Is the service well-led?**

The service was well-led.

People and staff told us they felt the service was well-led.

The registered provider had up to date policies and procedures in place to ensure current guidelines and legislation was followed.

Quality assurance systems were in place in order to continually improve the service.

**Good** ●

# Caremark (Kirklees)

## 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.

The inspection took place on 5 July 2017, with follow up telephone calls being made to people who used the service, relatives and staff on 6 and 10 July 2017. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service. We reviewed information we had received from third parties and other agencies, including the safeguarding and commissioning teams of the local authority.

The registered provider had 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 used this information to help inform and plan our inspection.

As part of our inspection we looked at nine care files and associated records such as daily notes, food and fluid records and medication administration records, five staff files, including recruitment and training records, records relating to quality assurance and audits and policies and procedures. We spoke with nine people and four relatives of people who used the service. We also spoke with the managing director, registered manager, field care supervisor, care coordinator and three care and support workers.

# Is the service safe?

## Our findings

We asked people and their relatives whether people felt safe with the care and support provided in their own homes. Comments included, "Safe? Yes of course," and, "Oh, yes, very." One person told us they felt safe because, "They [staff] always wear a uniform and their badges. They're very skilled." Another person told us, "I know all the carers. They're always on time," and a further person said, "Yes, it's the same ones [carers], so I do know them." All of the people we asked told us they had never had a missed call, that is, a carer not turning up.

Staff were able to demonstrate a good understanding of different types of abuse and were aware of signs that may indicate someone living in their own home, or in the community, may be at risk. Staff were able to explain what they would do if they had any concerns that people were at risk of abuse. The registered provider had an up to date safeguarding policy and appropriate action had been taken in response to safeguarding concerns. This meant people who used the service were protected from the risk of abuse, because the registered provider had a policy in relation to safeguarding and staff followed correct procedures.

Sufficient time was allocated for travelling between different people's homes which reduced the risk of carers feeling pressured and rushed. We asked a member of staff whether they felt safe working for the organisation and they confirmed this to be the case. They told us they were encouraged to highlight any risks to the office staff and they would be assessed if necessary. This meant steps were taken to keep staff, as well as people using the service, safe.

Records showed risks were assessed and considered. Where risks were identified, for example in relation to people managing their own medication or risks associated with moving and handling, there were management plans in place to help reduce risk. Having risk assessments in place helped to ensure people could be encouraged to be as independent as possible whilst associated risks were minimised.

Care records contained detailed moving and handling instructions which outlined how care and support staff should approach a person, how to apply a sling and safely use a hoist, for example. This helped to ensure risks were reduced and staff were given appropriate information to assist people to move safely. Staff were regularly observed to ensure they were assisting people in a safe way.

Positive risk taking was encouraged. We saw an example of a person wishing to take a risk which would help them to feel more independent and provide them with more privacy, but with an increased risk of falling. Records showed risk reduction measures had been discussed with the person and risks were reduced, whilst taking into account the person's wishes.

Staff were able to confidently tell us the actions they would take in an emergency, such as a person falling or not answering their door or in the case of a medication error for example. We saw from records staff had acted appropriately in cases of an accident or emergency. Records showed staff had contacted emergency services when they had arrived at a person's home to find them unresponsive and when another person had

chest pains. This showed staff knew what to do and took appropriate action in an emergency situation.

The registered provider had an on call service, for use during out of office hours. The staff we asked told us the out of hours on call service was always responded to. We looked at records which showed appropriate actions had been taken by the on call service.

As well as the managing director and registered manager, there were two care coordinators and a field care supervisor. The registered manager told us the service was currently over-staffed. People told us, and records showed, there was consistency of staff. We saw an email which had been sent to the registered manager stating, 'Thank you for sending [staff member] on a regular basis. My [relative] really needs consistency so I'm really grateful to you.'

We inspected five staff recruitment files. We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed, identification had been checked and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Some people were assisted to take their medicines. This was done by staff who had been trained to do so. Furthermore, regular quality checks were completed which included observations of staff administering medicines. This helped to ensure staff retained the necessary skills and knowledge to administer medicines safely and meant any identified concerns were addressed.

We looked at how medicines were managed and recorded. A person we spoke with told us, "I'm confident they know what they're doing with medicines, yes." Staff also told us they felt confident in administering medicines. Furthermore, staff demonstrated they would take appropriate action if any mistakes were made.

The Medicines Administration Records (MARs) we inspected were clear and fully completed. The registered manager told us senior staff were responsible for ensuring completed MARs were returned to the office, to ensure they could be audited monthly. MARs were audited by senior staff and reviewed by the registered manager. The registered manager told us they then took action to address any concerns. We saw, where the registered manager had identified some gaps in recording of medicines, these concerns were addressed with staff. Records showed, once the concerns had been addressed, recording improved as a result.

We saw records of an incident of missed medication, that is, when a person did not receive their prescribed medicine on an occasion. This was identified and appropriate action was taken. The person's GP was contacted in order to identify whether the person had come to any harm and staff were addressed regarding the error so learning could improve future practice. This showed systems were in place to improve practice and learn from mistakes.

People told us staff wore personal protective equipment (PPE) when providing personal care and all of the staff we asked told us they had access to adequate supplies. This helped to prevent and control the risk of the spread of infection.

## Is the service effective?

### Our findings

All of the people we asked told us they were confident that care and support staff had the necessary skills and training to provide effective care. One person told us, "They know what they're doing. They always record it." A relative told us, "The paperwork is so good. I always know if there's any deterioration in [name]'s health."

Staff told us they felt they had received appropriate training in order to provide effective care and support. One staff member told us, "The training has been very good. If I felt I needed more I could ask for it." A further staff member told us they had received lots of practical training and had experienced what it felt like to be assisted with the use of a hoist, for example. They said this gave them a better understanding of people's experience and felt they were able to provide more effective care as a result.

The registered provider was a member of the Association of Healthcare Trainers (AoHT). AoHT is a non-profit membership association. By joining AoHT, the registered provider had made a commitment to operate and conduct themselves in line with a code of ethics, in relation to training. Staff told us they felt they received sufficient training to perform their duties effectively.

We looked at individual training records for five members of staff and looked at the overall training matrix. Staff had received an induction, which included shadowing more experienced members of staff and ongoing training in areas such as safeguarding, safe handling of medicines, moving and handling, infection prevention and control, basic first aid and dementia awareness. One staff member told us, "I was very wary of hoisting at first, but I had lots of support from seniors and managers. I felt very supported."

The registered manager told us all new staff completed the care certificate and the records we reviewed confirmed this. The aim of the care certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. This showed staff received appropriate training to enable them to provide safe and effective care and support.

Staff told us, and records showed, care and support staff received regular one to one to supervision with a senior member of staff and an annual review of their performance. This provided an opportunity for staff to discuss, for example, any concerns, their wellbeing, working hours, training and development needs and ideas to improve the service.

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 and

staff we asked demonstrated a good understanding of the MCA and had received training in this area. They were aware of the need to assume people had capacity to make their own decisions. The registered manager advised that everyone using the service had capacity to consent to their care. We saw some people's care plans contained mental capacity assessments which confirmed this.

The care and support staff we spoke with were clear of the need to obtain consent. People indicated they consented to their care and treatment and in the care files we reviewed we saw people had signed to indicate consent. A member of care and support staff told us, "If someone didn't want support, I'd try and talk to them but it's up to them. I'd tell the office." This showed staff understood the importance of providing care and support only with consent of the person.

Some people received support in order to meet their nutrition and hydration needs. Where people received assistance with food and fluid, charts were used to monitor people's intake. These were then returned to the office regularly and audited so action could be taken if there were concerns regarding intake.

We looked at a random sample of records, which showed people had received the support they preferred. For example, one person's care record stipulated the type of food they would prefer. The daily notes we sampled showed care and support staff had prepared the person their preferred food choices. The people we spoke with told us they made their own choices in relation to their meals, and care and support staff assisted them according to their preferences.

Records showed appropriate referrals had been made to other health care professionals when necessary. For example, we saw a person had been referred to the local authority moving and handling services. We saw care and support staff shared important information with other health care professionals when this was appropriate, but with due consideration in relation to whether people consented to this.

## Is the service caring?

### Our findings

When we asked people whether care and support staff respected their privacy and dignity, one person told us, "Yes, they're very good like that." Another person told us, "They give me the privacy I need," and a further person said, "Very respectful of privacy."

A relative told us, "I think we're very lucky. They all seem fine. They know how [name] likes things doing." Other relatives' comments included, "Carers are brilliant. Everyone is fabulous," and, "Very respectful."

One person we spoke with told us they felt they had built positive relationships with the care and support staff and they trusted the staff to come into their home. This person felt consistency was important and they were grateful for this. Another person told us, "You get used to them [staff] and you get to know each other. Overall I'm very happy."

We were told by one person, "They [staff] always do what I want and how I want it. If I want extra time, they're very accommodating."

Carers provided reassurance to people and helped to improve people's wellbeing, as well as meeting their physical care needs. One person told us, "They [staff] know if I'm anxious. That's part of my condition. They calm me down." A relative told us, "They keep my [relative]'s spirits up. And they keep me going as well!"

Staff told us of ways in which they respected people and tried to protect their privacy and dignity. One member of care and support staff told us, "I try to make people feel comfortable. I use towels to make sure people are covered, like if they're on the commode." Another said, "I try and talk to people to put them at ease and take their mind away from what we're doing. I try to keep as much of their body covered as possible and if people can wash themselves then it's important to let them do that." This demonstrated staff were aware of how to promote people's dignity and privacy.

One person's care plan indicated, 'I am able to wash my upper body myself but require support washing back and legs. I would like to remain as independent as possible so please ensure I do as much for myself as I can.' This showed the need for encouraging people's independence was considered during the care planning process.

Furthermore, our conversations with people and with care and support staff showed people were encouraged to maintain their independence. One person told us, "They help with meals, but I like to do as much as I can for myself. I'll choose what I'd like and they'll help me. Yes, I'm happy with that." A member of care and support staff told us, "It's important to make sure people do as much as they can for themselves." This further showed people were enabled to remain as independent as possible.

Confidentiality was respected and people's care records were stored in lockable cabinets at the office premises, which helped to prevent unauthorised access to personal data.

All of the records we sampled, such as care plans, risk assessments, complaints records and daily records were written in a respectful and professional manner. Daily records showed care and support staff were mindful of when people may need additional encouragement to maintain their wellbeing, due to their personal circumstances, and this was provided. We overheard staff in the office speaking with people on the telephone during our inspection and staff spoke respectfully and professionally. Staff knew people well and they spoke in reassuring tones when this was appropriate. This showed staff were aware of the importance of treating people with respect.

## Is the service responsive?

### Our findings

We asked people whether the service was responsive to their needs. One person told us, "I could easily request an extra call. They always accommodate." A family member also confirmed they had requested extra calls when they were on holiday and this was arranged.

We looked at nine care records. All of the care records we sampled were up to date and contained relevant information. Care plans contained information to enable care and support staff to provide effective, personalised care and support.

The information contained within care plans included details of the support people required in relation to different areas of need, such as mobility, medication, personal care, nutrition and hydration. The care plans we reviewed provided a background history of each person and information such as people's likes, dislikes and interests. Details relating to people's previous occupations were included in care plans. Including this level of detail enabled staff to better understand and respond to people's needs.

Care plans were written in a person centred manner, taking into account people's preferences. For example, a plan we sampled stated, 'On a morning, if I prefer, I require support to use the shower.' This showed people's choices were respected during the care planning process. The people we spoke with confirmed to us they were able to make choices about the care and support they received. One person told us, "They [staff] know how I like things doing."

Records showed care plans were reviewed regularly and all of the care plans we sampled had been recently reviewed. As well as regular quality assurance reviews, individual care and support reviews took place. We sampled some of the responses to these reviews in the care records we inspected. Questions such as whether the person felt safe and whether the service was effective and caring were asked. Records showed any changes to care and support needs were discussed with the person and, if any changes were agreed, the review recorded how these would take effect. People responded positively to these reviews and indicated they were content with the service and their needs were being met. One person told us, "I have a care plan. It's all in the folder. All the information you need is in there."

We looked at the daily records, which care and support staff had completed in order to record the care and support that had been offered and provided. The records we sampled had been fully completed. Daily records showed care and support was being provided in line with the person's care plan. The registered manager explained daily records were cross referenced with staff timesheets to ensure people were charged only for services they actually received.

The people we spoke with told us they knew how to complain if they were unhappy with any aspect of the service. Records showed complaints were well managed. Of the few complaints that had been received, the registered manager had ensured action had been taken and an apology given. These resulted in improved practice.

One person we spoke with told us, "I am very happy, but I'd complain if I needed to." Another person was keen to tell us how they felt their complaint had been managed by the registered manager very well, and this had led to a satisfactory outcome and improved service for the person. This person said of the registered manager, "She's very good. She's ironed out every single issue I had."

Following our inspection visit, we spoke with people who used the service and some of their family members. Most of the people we spoke with told us their carers were nearly always on time and they knew who was coming. However, one relative told us, although they were usually very happy with the service, there had been a decline in service provision during the week of our inspection, in terms of the times of calls. They felt this was since the registered provider had agreed to increase the number of people to whom they provided service. With the person's consent, we shared this with the registered manager. The registered manager told us they were not aware of the concern and agreed to take action to address this.

Many compliments were recorded as being received. One comment from a person, indicated on a review form we inspected, stated, 'Everything is working really well for me. My concerns which I have raised in the past always get dealt with straight away.' When compliments were received in relation to specific staff, we saw these were shared with the relevant staff members.

Following our inspection we spoke with the local authority, who provided positive feedback regarding Caremark (Kirklees). They confirmed the company had been responsive to their requests for additional services, following a recent increase in demand in the area for home care services. This showed the registered provider was flexible and working with the local authority to assist with service provision.

## Is the service well-led?

### Our findings

When we asked people and their relatives whether they felt the service was well led, they all confirmed to us they felt it was well led. One person said, "I know who I'm speaking to when I ring up. They're always really helpful." Another said, "They're very helpful in the office." A further person told us, "The person who owns it, I think he's very good." All of the people we asked told us they felt the registered manager was effective.

There was a registered manager in post. Caremark (Kirklees) is a franchise of Caremark. One of the directors of the company was involved in the day to day running of the business, and focussed on areas such as finance, recruitment and marketing. The director and registered manager also received support from a Business Development Manager of Caremark, who attended the service on a monthly basis and offered support.

Caremark (Kirklees) had recently begun providing services to an additional number of people. The director we spoke with told us they felt it was important to ensure resources were in place for growth and felt they were able to successfully manage the increased demand. The director told us they were currently over staffed so this demand could be met.

Staff told us they felt supported by the registered manager and director. A member of staff told us, "They're very approachable. If we need anything, they're there." A further staff member said, of the registered manager, "She's fantastic. Always available, in or out of office hours."

A director told us a recent programme of peer mentoring had been introduced by Caremark. This meant the director was due to meet with other registered providers within the Caremark group, in order to share good practice.

The registered manager told us the registered provider had also introduced registered manager meetings, which would enable the registered manager to meet with other managers of Caremark providers. This would provide an opportunity for sharing good practice and peer support. The registered manager told us they were due to attend the first meeting during the week following our inspection.

Staff were valued at Caremark (Kirklees). There was a system in place to recognise and share good practice between care and support staff. A 'Carer of the month' was nominated each month and they received a certificate and token reward. Schemes such as this can help staff to feel valued and motivate staff. A care worker from Caremark (Kirklees) was awarded Care Worker of the Year for 2016 across the Caremark network for the way they adapted their communication methods to suit each person.

The registered manager told us of the importance of ensuring staff were valued. We were told, "Their passion is passed onto clients. We have very good care staff. The quality of care is very high." Records showed, where positive comments had been received from people, these were shared with the staff concerned. This further showed staff received praise for providing good service.

Staff told us, and records showed, regular staff meetings took place. These were information sharing forums for care and support staff and senior staff to share information. Where practice had fallen below that which was expected, the registered manager addressed staff regarding their expectations. Minutes of the staff meetings also showed staff were thanked and praised for their hard work. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

We saw quality assurance audits and checks took place regularly and these considered areas such as care plans, risk management plans, medication records, monitoring records such as food and fluid intake and any safeguarding issues. The registered manager completed a full audit and action plan and this was regularly updated, identifying areas for improvement and actions required, as well as a timescale and who would be responsible for following up actions. This showed audits resulted in improved quality of service provision.

Staff told us, and records showed, staff practice was regularly observed and staff received feedback about their performance. We saw, where these observations resulted in concerns in relation to moving and handling, a staff member underwent further training. This showed the registered manager had systems in place to review and improve practices. Additionally, records showed staff were reminded by memo or through team meetings about different aspects of good care practice, such as medicines recording and the importance of reading care plans.

People were regularly asked for their views and care plans were reviewed regularly. As well as regular formal quality assurance audits, records showed people were also contacted by telephone and asked for their views about the service. Questions such as whether people felt safe, whether staff were caring and whether the service was working well for the person were asked. The comments we reviewed from these telephone calls were positive, with people indicating they were happy with the service. One person told us, "They keep in touch to check everything's okay, but I can ring them anyway if not. They say that's what they're there for."

The registered provider had up to date, relevant policies and procedures in place, for example in relation to safeguarding, medication, staff code of practice, clients' rights and equality. The registered provider told us these were kept up to date, to reflect regulatory and legislative changes, by Caremark. This helped to ensure the registered provider was acting in accordance with current requirements.

We saw a business continuity plan had been developed. This was designed to help keep the company fully operational during events that could have a significant impact on service delivery such as industrial action, fuel shortages, extreme flooding, fire, terrorist attack and utility failure. This showed the registered provider had plans in place in the event of emergencies.

The registered provider was a member of the United Kingdom Home Care Association (UKHCA). UKHCA is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. UKHCA helps organisations that provide social care, to people in their own homes, promoting high standards of care.

The registered provider had made links with the local community and supported fundraising events, for example for a local hospice. They had sponsored an established event to raise funds and had also held events of their own, for example through baking sales, to raise funds for the hospice.