

# Jolly Care Limited Caremark (Oxford)

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We inspected Caremark (Oxford) on 12 January 2015. Caremark (Oxford) is a domiciliary care agency providing care and support to people who live in their own homes. At the time of our inspection 25 people were being supported by the service.

The previous inspection of this service was carried out in June 2014. At that inspection the service was found in breach of multiple regulations: care and welfare, respecting and involving people, safeguarding, staffing, recruitment relating to workers, supporting workers, management and quality assurance of the service and

records. We judged these concerns had a major impact on people and imposed a condition of the provider's registration to prevent the service taking on any further care packages until action had been taken to bring the service up to the required standards. We met with the provider and received an action plan with what action was going to be taken to ensure standards were increased to the required level.

At this inspection in January 2015 we found the service had taken a significant number of actions to address the

# Summary of findings

concerns identified at the last inspection. As a result we have removed the condition of registration preventing any new care packages. However, we did identify some areas that still required improvement.

People's views were sought on the care they received in a variety of ways. However, it was not always clear from the records what action had been taken as a result of people's feedback and how this information had been used to improve the service.

There were enough suitably qualified staff within the service to meet people's needs. Recruitment records also showed all relevant checks were carried out before staff began work. Staff were receiving regular supervision and appraisal. However, it was not always clear what support was being received and whether there was a development plan in place for staff. People benefited from appropriate care and treatment as new staff had an induction period and went through a period of shadowing before working with people.

Staff described the actions they took to ensure people were cared for safely. Care plans identified risks to people's health and welfare. Risk assessments and support plans were in place to enable staff to deliver care safely. However, some risk assessments we reviewed did not always clearly detail how to manage these risks. Incidents and accidents were recorded, however it was not always clear through records what action had been taken to prevent further incidents.

Staff had a good understanding of safeguarding and were able to tell us what action they would take if they suspected abuse. The service had a clear record of incidents that had been reported as safeguarding with the actions they had taken to keep people safe.

People were asked for their consent before care was given. Staff also told us how they would ensure people were consenting. Not all staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

People spoke very highly of the care they received and were involved in their care planning. Relatives also felt the service was caring. Care staff demonstrated a caring approach when we spoke with them and clearly valued their relationships with people they supported. However, people did not always feel they received information regarding their care, such as details of which care worker would be providing their care.

Systems had been introduced to monitor the quality and safety of the service; it was too early to judge the effectiveness of these systems. Regional managers had conducted audits as part of the improvements plans. These audits identified actions which had since been completed to improve the quality of the service.

The provider and registered manager had a clear vision for the service that staff shared and were able to speak with us about. Improvements had been implemented across the service with support from regional managers and local authority monitoring. We asked for the provider to send us a strategy with how these improvements would be sustained when the additional support was no longer in place or not as regular. It was too early to judge the effectiveness of this strategy.

At this inspection in January 2015, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; you can see what action we've taken at the back of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risk assessments did not always detail directions to staff to minimise risks during care tasks and learning from incidents and accidents was not always applied across the whole service.

There were adequate numbers of staff to meet people's needs and cover in the event of sickness and absence.

The service were reporting safeguarding incidents effectively and staff showed a good understanding of their responsibilities to report any concerns.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Not all staff were aware of the Mental Capacity Act 2005 and their duties to ensure people's rights were protected with regard to making choices.

People were supported by staff who received regular supervision but it was not always clear that all staff had the opportunity to develop professionally.

The support of other health care professionals was sought when required.

**Requires Improvement**



### Is the service caring?

The service was not always caring.

People did not always receive information about their day to day care which was important to them.

People were very complimentary of the staff team and their caring approach.

People felt they mattered as they along with their relatives were involved in their care and listened to.

People were supported by care staff who understood the importance of respecting people's privacy and dignity.

**Requires Improvement**



### Is the service responsive?

The service was not always responsive.

People's choices were respected and their feedback was regularly sought. However it was not always clear how this information was used to make changes.

People's needs were assessed to ensure that clear support plans could be developed to meet their needs. These plans were regularly reviewed to ensure plans could capture people's changing needs.

People and their relatives were involved in planning and reviewing their care.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was not always well led.

There were new systems in place to monitor the quality and the safety of the service; however, it was too early to judge the effectiveness of these systems.

There was a clear vision from the registered manager for the service to provide quality care from competent well supported staff who felt valued. This vision was shared by staff.

The leadership of the service was receiving additional support since our inspection in June 2014. We requested an action plan from the service to ensure the leadership was maintained when the support was no longer in place.

**Requires Improvement**



# Caremark (Oxford)

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 January. We gave the service 24 hours' notice of our intention to visit due to senior representatives of the provider wishing to travel to the service for our inspection. The inspection team consisted of an 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.

At the time of the inspection there were 25 people being supported by the service with their personal care. Prior to our visit we reviewed the information we held about the home. This included notifications, which is information about important events the service is required to send us by law. We also contacted and received feedback from health and social care professionals who regularly visit the service. This was to obtain their views on the quality of the service provided to people and how the service was being managed.

We spoke with 17 people who were using the service and three people's relatives. We also spoke with eight care staff, the registered manager, the provider and two administrative staff based at the office. We reviewed seven people's care files, records relating to staff and the general management of the service. We also reviewed audits sent to us by the regional manager.

# Is the service safe?

## Our findings

At the last inspection June 2014, we found breaches of Regulations 9, 11, 20, 21 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We required the provider to take action to make improvements with regard to assessing risk in relation to people's care and welfare, safeguarding people, staffing levels and recruitment. At the inspection in June 2014 we had concerns with regards to incidents not being reported to safeguarding and/or not being followed up appropriately. We had concerns regarding staffing levels as the absence of enough permanent staff meant people did not receive safe and respectful care. Calls were being missed and the service was using staff where there were concerns regarding their practice. Staff were also working before employment checks had been completed.

At this inspection in January 2015 improvements had been made, but further improvements were needed in relation to people's risk management records. Care plans identified risks to people's health and welfare, for example, pressure areas, malnutrition and falls prevention. Where risks were identified actions had been taken to minimise these risks. However, in two people's care plans risk assessments did not identify these actions. For example one person needed support with moving and handling. This person's care plan identified the number of staff required to assist this person, however, made no reference to potential risk or actions for staff to take. We spoke with this person who felt confident in being moved by the care staff, and care staff were able to identify the risks associated with moving this person. Another person's care plan did not detail action for care staff to take in relation to their catheter care. However, care staff we spoke with understood what actions to take. The registered manager immediately took steps to ensure this was clearer in each person's file.

This was a repeat breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with felt safe. Comments included, "Yes, I do feel safe with the girls who come to help me. If I felt unsafe with any one of them, then I would ask them to leave", "No problems at all, and quite safe. I would never want to be without the carer I have, she is marvellous" and "Yes, I feel very, very safe with the carers, I look forward to them coming".

Staff had received training in safeguarding people. Staff told us they would report any safeguarding concerns they had to the registered manager and were able to tell us how they would identify abuse and the different types. The service had recorded all incidents reported to safeguarding and had documented the action they had taken to prevent further concerns.

The service had made changes to their staff team and structure. For example the staff team now consisted of preferred care staff based on their expertise and performance. This meant people were receiving care from competent and skilled care staff. One person told us, "it's so much better now, it's like a different service, and it's fair to say the carers make my life so much better". The service had enough staff to ensure people's care was not impacted on when there was illness or sickness.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview, appropriate references. Records also showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Incidents and accidents were recorded on the service's central recording systems. This clearly documented when incidents and accidents had occurred and action taken following the event. However it was not always clear, from records or our discussions with the registered manager, how learning from these occurrences was being applied across the whole service. The provider took immediate action to ensure the system captured this information.

People and staff benefited from environmental risk assessments that identified environmental hazards. There were also emergency plans in place in the event of incidents that may impact on the service's ability to deliver people's planned care. One relative told us, "it feels like the service is more on top of things, they seem to be prepared for any event that may happen, it's very reassuring".

People received their medicines safely. People who were assessed to require support with medicines had a clear support plan in place for staff to follow. This documented any risks associated with the medicines along with a

## Is the service safe?

detailed procedure for recording when medicines had been administered. Medicine records were checked by the field supervisor and daily by staff administering medicines to ensure they were being completed accurately.

# Is the service effective?

## Our findings

At the last inspection June 2014, we found a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as staff were not receiving regular supervision and appraisal. Staff did not have opportunities to develop professionally. We required the provider to take action to make improvements.

At this inspection in January 2015, improvements had been made, but further improvements were required. All of the files we reviewed showed staff were receiving regular supervisions (one to one meetings with line managers) and an appraisal. However, it was not always clear through staff records what support staff received and whether there was a development plan in place for staff. One staff member told us, “the new supervisor has been so helpful, really supported my practice; I don’t get much from supervision though”. A key member of staff within the improvement had not yet had any supervision to ensure they were supported to sustain the positive impact they had had. We asked the registered manager about this who told us they had plans to “do this imminently”.

Staff felt supported. Comments included: “Yes I am supported, I do feel I know what I am doing, I have received training up to level 3 [health and social care award] and have been asked if I want to do other training”. Another staff member told us, “I feel very supported and have been trained in all the mandatory training and expect to be offered further training which I will do. You can never know too much.” Newly appointed care staff went through an induction period. This included shadowing an experienced member of staff.

People felt safe and that care staff were skilled enough to meet their needs. Comments included, “I am very safe”, “Yes my carers are brilliant, they know what they are doing and I have every confidence in them” and “very pleased indeed with the staff, they know what they are doing and have been trained to use the hoist to allow me to have a bath”.

Each person we spoke with told us they were asked before given support to ensure they consented. One person said, “they are very good like that, respect my decision”. Staff said they were clear they would not assume something was ok to do without asking. One staff member said, “I wouldn’t dream of doing something to someone without asking, it’s not in my nature”.

Not all staff understood the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. Some staff we spoke with were able to share a good understanding, but other staff could not tell us what a best interest meeting was or any of the key principles of the MCA. This meant there was a risk of people not making their own decisions whilst being supported by staff. We asked the provider to share what training staff had received with regard to the MCA. We saw that staff received training and a new e-learning course was being introduced. In addition we were also shown Caremark’s policy in relation to ‘Capacity and Consent’ which detailed roles and responsibilities in relation to the Act. The provider was aware of the gaps in staff knowledge and was taking action to embed the principles of the MCA into the service.

Where people were assessed to require prompting support with preparing and eating their meals, people’s nutritional needs were included into their support plans. However, we were told by one person with diabetes that late visits could often affect the times they ate. The service was aware of this issue and amending plans to prevent this from happening.

The service worked with other professionals to ensure people’s additional or changing needs were supported. For example, people who required support with their mobility were supported by occupational therapists to ensure they had the equipment they required. Where people had been assessed as at risk of choking, they had been seen by a speech and language therapist. Their care plan and risk assessments reflected the recommendations made. These included thickening fluids and having a pureed diet. Staff said they were aware of these needs.



# Is the service caring?

## Our findings

At the last inspection June 2014, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as people were not always involved with their care planning. We required the provider to take action to make improvements as people were not always respected or cared for.

At this inspection in January 2015 we found the provider had taken significant action, but further improvements were required. People did not always receive information regarding their care they felt was important. People told us, “I am supposed to get a rota weekly, but there have been a number of times when I have not had one. It is handy to know who is coming to your home.”, “You can’t rely on getting a rota, they are useful and it could be something the manager improves.” Another person told us, “it would be nice if new carers could be introduced before turning up”.

However, people received information regarding the service when they first arrived at the service. This included information about their rights, their support team and main points of contact. One person told us, “things were very clear from the start, I got lots of information about the service and communication was great”.

People felt cared for. Comments included, “I have never had a concern about the carers who come here to help me. I have only had kindness shown to me.”; “I have brilliant carers supporting me. Nothing is too much for them to do.”, “They [staff] are very kind, jolly and caring, we have a good

laugh together, I look forward every day to them coming.”, “Lovely, lovely carers, every one of them, they never leave at night without asking if I am comfortable and if there is anything else they can do before they leave me.” and “I receive excellent care and have found the girls to be very thoughtful, kind and have always been respectful towards me”.

People felt that staff were respectful of their privacy and dignity. One person told us, “the care is very dignified; they [staff] take that very seriously”. Another person told us, “things have improved greatly, the staff are just more considerate, I feel very respected, carers always knock even when the door is open”. Another person told us, “perfect, they [staff] are amazing; it can be hard when you lose the ability to do things for yourself, but staff are very considerate of my dignity”.

People felt fully involved in their care planning. Comments included; “Yes, the plan was made before I came out of hospital I was fully involved”, “Yes, I have the plan and have signed it and know what is in it. My daughter was with me when it was made. I had it reviewed a few weeks ago. I am content with the help I get” and “I was involved and was given everything I needed to be comfortable and stay in my own home. It got reviewed a few months ago.”

Staff demonstrated a caring approach. One staff member said, “When you love your job, you make good relationships and your people feel confident enough to tell you how they feel and what would help them most.”

# Is the service responsive?

## Our findings

At the last inspection June 2014, we required the provider to take action to make improvements with regard to assessing, planning and delivering care in relation to people's needs. People were not protected from the risks of inadequate nutrition and dehydration due to missed visits and an absence of information being recorded with regard to people's fluid intake. There was also an absence of clear guidelines in relation to three other people's complex care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection in January 2015, action had been taken, but further improvements were required. Information shared with us from commissioners as well as the service's own records showed significant improvement in visits being completed in line with people's planned care. Food and fluid charts were being completed more regularly for each person the service supported. However, the recording tool did not indicate what adequate levels were for people to be eating or drinking to prevent the risk of malnutrition or dehydration. This meant staff were not able to identify when there was a concern that needed reporting.

The service had a complaints policy and information regarding complaints was given to people when they started receiving the service. People said they knew how to make a complaint if it was necessary to do so. One person said, "I know how to make a complaint and I would do so if I felt it was necessary. I would contact the manager and get any problem sorted out".

However, it was not always clear from the record of complaints what the outcome of the investigation had been and whether people were happy with the outcome. One person told us, "I complained a while ago about late visits, I'm not sure whether it was taken forward". Whilst we saw the service had a central reporting system which captured some information regarding people's complaints, it was not always clear what action had been taken. One person told us, "I have very little to complain about. They

are very good, but I did have to complain about staff being late. I am not sure what was done about it". We did not see this complaint recorded in the complaints file, or on the central reporting system.

People felt the service was responsive as care staff understood their needs. Comments included, "Yes, my carers know exactly what my needs are and are very good when they change". A person's relative felt the service was responsive. We were told, "My husband is coming out of hospital this week so I am having his care reviewed. Caremark have been excellent, keen to get it right".

Each person's care file contained referral paperwork from the local authority that was used, along with the service's own assessment to develop support plans to meet people's needs. This information was also used with the involvement of people and their relatives to develop individual risk management plans.

Support plans were personalised and contained information for care staff on people's routines and preferences with regard to support they received. These plans were reviewed regularly with people during support plan review visits. For example, one person requested an additional visit to support them with other aspects of their care, but asked for this to be at a separate time to their lunch visits. This was put in place and the support plan was updated to reflect the person's wishes.

Feedback from people and their relatives about the quality of the service was captured, but it was not always clear what action had been taken to make improvements. People who were being supported by the service all told us they received a questionnaire to provide their feedback. We saw these recorded in people's care files along with additional phone calls that had been made to people to seek feedback. It was not always clear from these records what action had been taken as a result of this feedback. For example, one person had made a request to receive their medicine upstairs, rather than downstairs, due to not feeling safe walking upstairs after taking it. We were told by the provider that action was not taken due to the risk of the person not taking their medicines. However, we spoke to this person who said this had now been resolved with support from their GP. This change had not been documented in the person's support plan.

# Is the service well-led?

## Our findings

At the last inspection June 2014, we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the service did not have a system in place to monitor the quality and safety of the service and incidents of poor practice were not followed up and managed. We required the provider to take action to make improvements.

At this inspection we found that action had been taken. Regional managers had conducted audits as part of the improvement process; these had identified required improvements with clear actions. Actions had been carried out accordingly. For example, one audit identified that paperwork in one person's care file was missing. This had been rectified at the time of our inspection. Systems had been set up to ensure that people's support plans were regularly reviewed and that staff received regular supervision and appraisal. These systems generated a monthly plan that the registered manager and field supervisor planned from at the beginning of each month. This system had not been in place long enough at the time of our inspection to judge its effectiveness. However, these systems and the audits that had been carried out had not identified the issues with records highlighted by our inspection.

Performance errors were managed effectively. Staff were spoken with by the registered manager in 'staff concern meetings' and appropriate action was taken. Staff concern meetings were held with staff when a concern was identified or raised about their practice. Managers were also conducting spot checks and practice observations and were identifying areas for improvement. For example one person's moving and handling observation identified areas to improve. We saw this person was promptly put on a manual handling training course refresher.

People were complimentary about the registered manager and the management team, but comments indicated that there was room for improvement in the organisation and consistency of leadership. One staff member said, "things are so much better, better communication and professionalism. I think things could be a bit more organised though". Other members of staff commented that the quality of support depended on who you went to, but all agreed, things were much better.

The service was promoting and developing an open culture. At the inspection in June 2014 the number of calls from anxious staff and people using the service created an atmosphere that was chaotic. The number of calls to the office for support from staff or from people raising issues had significantly reduced as staff had clearer guidance and increased support. The atmosphere at this inspection was one of calm. We discussed this observation with the provider and office staff who all agreed the systems in place and the changing staff team had, "made bigger improvements than we ever thought possible. People are receiving an improved experience of care as a result".

We spoke with the provider and the registered manager who both had a clear vision for the service to provide quality care. They felt this was being achieved by having competent, well supported staff who felt valued. Staff we spoke with shared this vision and all felt that there was a more appreciative and supportive culture. One staff member said, "it all felt rushed before, no time for a thank you, but work is recognised more now and people we support benefit".

The improvements had been implemented across the service with support from regional managers and local authority monitoring. We asked for the provider to send us a strategy with how these improvements would be sustained when the additional support was no longer in place or not as regular. The provider has sent us this strategy but it was too early to judge the effectiveness of it.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p> <p>There was not always an accurate record in respect of each service user in relation to their care and treatment and such other records in relation to persons employed.</p> <p>(20)(1)(a) (b) (i) (ii)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.