

James Sanderson Limited

Caremark (Bromley)

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service. This was an announced inspection. We gave the registered manager two days notice of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

This service provides personal care to people living in their own homes. It provides care and support to adults of all ages, but most people who used the service were older people. The service has a contract to provide

Summary of findings

personal care with a local authority and some people who use the service organise their care and support privately. At the time of our inspection there were 163 people in receipt of the service.

We last carried out an inspection at the service on 7 March 2014 and found that the provider met the one regulation that we inspected and there were no concerns.

We found at this inspection that while some risks to people were addressed, not all risks to people were being identified or being addressed in the care plan. This was a breach of the regulation in relation to the care and welfare of people using the service. You can see what action we told the provider to take at the back of the full version of the report.

People we spoke with told us they felt happy and safe with the service. They said staff treated them with respect and dignity. Staff understood how to safeguard the people they supported from abuse and avoidable harm and how to raise an alert if needed. There were adequate numbers of staff and appropriate recruitment checks were carried out to protect people from the risks of employing unsuitable staff.

People told us care workers were caring and respectful. People's needs had been assessed and their care was provided in a way that suited their needs. They and,

where relevant, their relatives were involved in making decisions about their care and support. People's care plans were being revised to include more detailed information about how each person should be supported. This helped to make sure care workers knew how to meet people's needs.

Care workers and office staff were suitably trained, skilled and experienced. People told us the care workers were kind and gave them the privacy they needed. People were encouraged to share any concerns and complaints they had. They were also asked for their views of the service on a regular basis.

Staff and people who used the service told us it was well managed and that concerns were addressed. There were regular staff meetings and communication updates to staff on their rotas or on a quarterly newsletter. This kept staff informed about any changes or developments.

We saw that there were regular checks made on staff while they worked and any issues identified were addressed.

The provider had a regular system of audits that monitored the progress and quality of the service. We saw that issues identified at the last audit were being addressed.

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?

There were aspects of the service that were not safe. Some risks to people who used the service were not always identified and addressed to minimise these and to ensure their safety.

Staff received appropriate training about safeguarding people from abuse and the correct procedures were in place. Staff were clear that they should uphold people's right to make their own decisions and they had a knowledge of the Mental Capacity Act.

Recruitment checks were carried out to protect people from the risks of employing unsuitable staff. There were adequate numbers of staff employed.

Requires Improvement



Is the service effective?

The service was effective. This was because people were involved in the assessment of their care, support and health needs. They were involved in producing their care plans and reviews.

Where required people were supported to have enough to eat and drink. Their health needs were monitored and they were referred to relevant health professionals if their needs changed.

Care workers had received training in line with the provider's guidance and were supported to provide care to people.

Good



Is the service caring?

The service was caring. The people we spoke with told us the care workers were kind. They said they were happy with the care and support they received.

People and their relatives said that they were involved in planning for their care, and their preferences and wishes were respected. We saw that care plans had been signed by people who used the service, or a relative if this was appropriate, to show that they agreed and had been involved in the plan.

People told us their dignity was always respected and that care workers helped them to be as independent as they wanted to be.

Good



Is the service responsive?

The service was responsive. We saw that care plans and risk assessments were updated if people's needs changed.

People felt their views were listened to and issues addressed. People were asked about their satisfaction with the service at 'spot check' visits, at monitoring visits and at reviews. They and their relatives were also asked to

Good



Summary of findings

complete annual satisfaction surveys. A survey produced by the manager had recently been organised and people's feedback was being considered to improve the service. Complaints were handled appropriately and in line with the provider's policy.

Is the service well-led?

The service was well-led. People who used the service told us they thought the service was well managed. Staff told us they felt well supported and valued and that they could express their views. They said the registered manager was supportive and approachable.

We saw the staff team was working to make sure that people had consistent care with the same care worker as far as possible. Regular checks were carried out on care workers and any identified issues were addressed with them.

The provider had systems in place to check people received appropriate care and these systems were monitored to ensure quality. Any action needed was identified for action

Good



Caremark (Bromley)

Detailed findings

Background to this inspection

This inspection was carried out on 12 and 13 August 2014. 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.

Before the inspection, the provider 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 looked at the information sent to us as well as other information we held about the service through notifications. We also spoke with the local authority commissioning and safeguarding teams.

As part of the inspection we spoke with 18 people using the service and six relatives. We spoke with staff on the day including the administrator, care coordinator, a field care

supervisor, the registered manager and three care workers. We sent questionnaires to 12 other care workers and received five responses. We looked at 20 records of people who used the service, eight staff files and records related to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Some risks to people using the service and staff were identified. There was an environmental risk assessment completed when someone started to use the service. The environmental risk assessment included security and fire safety checks and identified any risks present and how these risks could be managed. We saw reminders to staff about security at people's homes recorded in their care plans and any changes to security arrangements were communicated to staff. Other risk assessments such as medicines and manual handling were in place to provide guidance to staff in managing these risks.

However, other risks that were specific to people's individual needs and lifestyles were not always identified and guidance for staff to minimise some of these risks was not always in place. There were five records where we found medical conditions that had been highlighted by the local authority at the pre-assessment stage. However, these had not been identified as a risk or referred to in people's care plans. For example, in one case a medical condition that could affect someone's mobility had not been considered within the care plan and care workers may not have been aware of the risks associated with the person's condition. There was no detailed guidance for care workers to refer to within the care plan for one person who had epilepsy. There was no risk assessment completed to manage risks in relation to this condition or detailed guidance should they have a seizure. Therefore the planning and delivery of care did not always meet people's needs.

In another two records we found information identified in the risk assessments had not always been used to plan people's care, such as information on someone's mobility. This meant that care workers might not always have had adequate guidance to reduce risks. People's care was not always planned and delivered to ensure their welfare and safety.

There was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have asked the provider to take at the end of this report.

Everyone we spoke with told us they felt safe with the service. One person said, "I do feel comfortable when they are around. I know I am safe because they check everything

is OK." Another person told us, "I am very happy with the care and don't feel at all uneasy with the staff." A third person commented, "I never feel at risk at all." Care workers we spoke with understood how to recognise signs of abuse and what to do to raise a safeguarding alert. They had a copy of the agency's policy and procedures in their staff handbook to refer to and they were familiar with it. The manager had undertaken safeguarding training with the local authority and understood how to raise an alert and the processes involved in an investigation.

Care workers received ongoing training about abuse awareness and how to recognise poor practice. They were also familiar with whistleblowing and how they could do this if needed.

Care workers wore uniform and ID badges so that they were recognisable to people who used the service. Office staff and care workers told us that except in an emergency care workers were introduced to people before they started to provide care. The service ran its own out of hours service using senior staff. This meant that everyone involved in providing care was familiar with the agency's policies and procedures. Staff we spoke with had received training on the Mental Capacity Act. They understood how to establish if someone had capacity to make a decision. We saw from care records that people's capacity was considered at the start of care planning and reviewed when needed. For those people who did not have capacity to make decisions their families or representatives were consulted about their care.

All staff received training and support to know how to respond to unplanned incidents such as medical emergencies or fire.

The manager said they only used staff employed by the service and there were enough workers to meet people's needs, although sometimes public transport at weekends, weekend sickness or holidays meant that people's calls were occasionally later than they requested. Most people we spoke with said their care workers arrived more or less on time, but feedback we received from three people confirmed some problems when their regular worker was away. One person told us, "It's not their fault, but they have only been late once or twice." The manager told us they were working to try and reduce these issues as much as

Is the service safe?

possible. Care workers told us they were allowed reasonable time to travel between people using the service so that they were not rushed or under pressure while they delivered care.

We looked at eight staff records and found that the provider had robust recruitment processes and carried out required checks before people were offered employment with the agency. This helped to check that only appropriate

and suitable staff were recruited. Checks included up to date criminal record checks, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in employment were explained.

Is the service effective?

Our findings

People told us they thought the staff were trained and confident in their roles. One person told us, “My carers are good; they know what they are doing.”

We found the service provided adequate training and support to staff so they were able to care for and support people. All new care workers received an induction to ensure they had the knowledge and skills they needed to carry out their roles. The induction included training and work shadowing. There was an induction check list that we saw was completed on staff files. Care workers we spoke with told us that if they were unsure about any aspect of their induction they could ask for more training or, if it was identified that they needed more training during their work shadowing, this was arranged to ensure they could provide effective care.

We saw from the training records that the induction training covered a range of important aspects of care. Training was also refreshed at regular intervals. The provider’s mandatory training covered essential topics including moving and handling, medicines, mental capacity and safeguarding adults. Staff told us they felt their induction had been thorough. They said they were supported to develop professionally and said they were offered opportunities to work towards relevant qualifications such as additional training on dementia and to gain qualifications on the Health and Social Care Diploma. One care worker told us “There is plenty of training and if you feel you need a refresh on anything you can ask and it will be arranged. Or sometimes you could get asked to do more training after a spot check if something wasn’t quite right.” The training record showed when staff’s mandatory training was due to expire so that the need for refresher training was clearly identified.

Care workers told us they received good support from senior staff to carry out their roles effectively. One care worker said, “There is a really good support structure here. The office staff and manager are really helpful.” They told us they had frequent supervision where they could discuss their work and how to approach any problems. We saw from staff records that there were records of recent supervision at regular intervals. There was an appraisal system in place. These showed regular discussions about support and training to provide effective care. Care workers also told us they discussed work issues with supervisors informally by telephone if needed.

People said they were supported to have enough nutrition and fluids to drink where this formed part of their care or support plan. People told us they were offered choices and that care workers knew their preferences well. We saw food and fluid charts were used to monitor how much people were eating and drinking where required. Care workers were reminded in team meetings and newsletters about the need for people to drink more fluids in warm weather to reduce the risk of dehydration.

People were supported to access appropriate healthcare. Daily records showed staff monitored the healthcare needs of people according to their individual plans. Care workers told us they alerted the office if there were any changes to people’s health or well-being. Records showed any changes were reported to relevant health and social care professionals if needed. We saw there had been contact and involvement with health care professionals, including occupational therapists, doctors and district nurses.

The manager told us that where people had or developed more complex healthcare needs such as high risks of malnutrition that the service or current care package were unable to meet, they would refer this to the relevant health and social care professionals so people’s needs were reviewed and changes made, as required.

Is the service caring?

Our findings

People told us they were happy with the care provided. They said care workers were easy to talk with and engaged with them while they delivered care. One person told us “They are very caring and take their time. I never feel rushed.” Another person said, “They are very patient and take their time.” A third person commented, “They are marvellous, wonderful.” Care workers we spoke with knew people’s needs well and spoke positively about their work to us.

We saw three ‘thank you’ notes sent in since the last inspection. One commented that the regular care worker was “caring and concerned for my relative’s welfare.” Another one said, “Everything was dealt with in a calm, professional and kindly way.”

People we spoke with and their relatives confirmed that they were involved in making decisions about their care. One person said, “Oh yes, we are involved and consulted when it comes to my relative’s care. Another person told us, “They invite me to give suggestions” and a third commented, “At the beginning we sat down and I told them about my relative’s needs.” We saw that care plans and reviews we looked at had usually been signed by the person using the service or their relative to confirm their agreement with the plan.

People were able to make requests to have care from care workers of the same gender and this was arranged as needed. One person told us, “When I requested a particular carer, they listened to me.” Care workers told us they always asked people’s permission before doing anything so that their consent was obtained for all aspects of their care. One person said, “The carers ask for consent all the time, they really care.” Another person told us, “They always do what I prefer.”

As part of the care planning people were encouraged to retain as much independence as possible. People told us they felt supported to be as independent as they could be. One relative told us, “We talked about what they could manage for themselves or with a bit of prompting.”

Staff were aware of the need to respect people’s privacy and dignity. Staff we spoke with discussed ways in which they respected people through making sure doors and curtains were closed and that people were covered appropriately while care was being given. People we spoke with confirmed staff considered their privacy and spoke with them respectfully. Spot check records at the service looked at staff communication skills, staff friendliness and if care workers offered and respected people’s choices. This meant the provider monitored to ensure care workers respected people’s dignity and preferences.

Is the service responsive?

Our findings

People we spoke with and their relatives confirmed they had a care and support plan that was reviewed and changed to meet their needs. Records we looked at confirmed this was the case. The manager told us that they were in the middle of amending the care plans to provide a more detailed guide to people's needs. They showed us evidence of the changes they were making to include more details in the care plans to provide further guidance for care workers. This included information on people's preferences. We saw an example in a care plan where a person's preference for the order of their support with personal care was addressed. Some plans we looked at provided detailed and clear guidance; other plans had yet to be revised with people who used the service and their relatives.

The agency notified the local authority about any changes in people's needs. For example, if they required equipment when their mobility needs changed. Care workers told us the office staff were very prompt to respond to this. The service worked with occupational therapists to ensure staff were familiar with any new equipment needed. We saw that staff rotas provided updates on any changes to people's circumstances that week and highlighted concerns, for example any issues about security.

People were given a 'service users guide' with information about the service. This included the contact details of the office and how to raise concerns or complaints about their care provision.

Most people we spoke with had not made a complaint but were aware of what to do if they needed to. Three people we spoke with said that they had experienced some problems with the service with lateness of calls, particularly at weekends or if their regular carer was not available. They had informed the office about the problems and they felt this had been responded to swiftly. One person said, "No

calls have ever been missed, I told the agency about a late arrival, the carer apologised". A third person said, "I am very happy with Caremark since they sorted it out – the lateness." The registered manager told us they had responded to the issues about late calls. They had introduced an electronic call monitoring system. This checked on punctuality of care workers and if they stayed for the full visit duration. This reduced the possibility of missed and late calls and showed if care workers did not give the full duration of time allocated to meet people's assessed needs.

There were quality monitoring visits from senior staff and care coordinators and telephone monitoring calls conducted. We saw people's views about the service were asked for in the records for these visits and calls. Most comments from the visits we saw were positive and where there were issues we saw that these were addressed either through a care worker's supervision or through action within the office. For example, a request for an earlier visit time was arranged or a change of carer agreed.

We looked at a summary of complaints the provider had received since the last inspection. The service had responded in a timely manner and had acted appropriately where people had complained or raised concerns. The records showed complaints had been resolved satisfactorily.

People and their relatives told us office staff had contacted them to seek their views on the quality of the service. The manager showed us a short survey they had recently sent out to people who used the service to ask for feedback on the service. We looked at some of the questionnaires. Overall, people were satisfied with the standard of care and support they received. The manager told us where there were any issues identified, for example about the consistency of care at weekends, they were responding to them and trying to reduce this problem.

Is the service well-led?

Our findings

People told us the office staff were approachable and listened to them. One person told us, “I wrote a letter to management, she wrote back and she sorted it out immediately. She listened, she is rather good!”

Care workers said there was a clear management structure and they knew who to report to. All staff said they felt supported by the manager and thought they led the service effectively and was accessible whenever needed. One care worker told us, “The manager is hands on if needed. She has done this job and has lots of experience.” Another told us, “The manager is on top of everything; for her it is all about the service users.” They felt the service was well managed and that their views were listened to. Care workers were also clear that they understood their responsibilities and were aware of the grievance and disciplinary procedure.

The manager told us they attended local authority care forum meetings to keep themselves informed about local issues and new information and looked at websites such as the Social Care Institute for Excellence to keep up to date with guidance and relevant information on adult social care.

We saw the minutes from staff meetings. Staff confirmed that these meetings facilitated open discussions that they could contribute to. Minutes showed that areas of good practice were discussed to make sure care workers understood why they should carry out tasks in certain ways. For example, at the last meeting on 21 May 2014, manual handling techniques, signs to watch for in warmer weather and the use of personal protective equipment to carry out intimate care were discussed. There was also a quarterly staff newsletter in which awards were given for care worker of the month or year to celebrate staff that performed well. Care coordinators’ meetings were also held weekly to ensure that communication worked well.

The manager was aware of challenges that faced the service such as the consistency of care at weekends. They told us this was not helped by weekend public transport. They had introduced some changes to try and address this such as the electronic call monitoring. A small team of care staff was assigned to each person to help with consistency of care. Care workers shadowed other experienced staff, sharing information to get to know people’s needs. Where two care workers were required for visits, a team of eight care workers was assigned to work with people. Care workers employed were told they were expected to work some weekends and we were told additional payment was given.

Regular ‘spot checks’ were conducted to monitor the care delivered. Care workers we spoke with told us that if any problems were identified they were called for supervision to discuss improvements. We saw that where care workers had failed to use the call monitoring system this had been discussed in supervision. Improvements made as a result were also recorded.

We saw that any incidents in people’s homes were recorded and the manager told us they analysed them for learning. Daily notes were returned at intervals to the office and checked to ensure the care plan was being followed.

The provider had a designated quality auditing team who visited quarterly and monitored the agency’s performance. The last visit was on the 19th June 2014. This had highlighted recording issues in some staff files for supervision and training and some care plan records not being up to date. An action plan had been drawn up to address these issues. The manager showed us the work they were doing to address the care records and staff files and training records we looked at were up to date.

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

Regulation 9 HSCA 2008 (Regulated Activities) Regulations
2010 Care and welfare of people who use services

The planning and delivery of care did not always meet people's needs or ensure their welfare and safety.

Regulation 9(1)(b)(i)(ii)