

Cannock Chase and South Staffordshire Care 28 Limited

Caremark Cannock Chase and South Staffordshire

Inspection report

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13 September 2018

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Ratings

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

Summary of findings

Overall summary

This comprehensive inspection took place on the 11 and 13 September 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of our inspection the provider was supporting 54 people.

At our last inspection the provider was rated as requires improvements and were in breach of regulations. At this inspection the provider has improved to good.

There is a registered manager in post. 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 were safe and risks, including environmental had been considered and reviewed. There were systems in place to ensure medicines were managed in a safe way. There were enough staff available to support people and the provider had ensured they had received an induction and relevant training. Staff understood when people may be at risk of harm and there were procedures in place for this. We found there were also infection control procedure in place and these were followed including the use of gloves and aprons whilst supporting people.

People were supported consistently in a kind and caring way by staff they were happy with. People's independence was promoted and they were encouraged to make choices. We found people's privacy and dignity was promoted. There was a complaints procedure in place and this was followed when needed, when complaints had been made these had been responded to in line with this procedure and people were happy with the outcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. We found when needed there were capacity and best interest decisions in place. The service worked jointly with health professionals when needed and people had access to health professionals. When needed people were supported to pursue their hobbies and interests and with eating and drinking.

There were systems in place to monitor the quality of the service and this information was used to drive improvements. When things had gone wrong within the service the provider and manager used this information so lessons could be learnt and improvements made. We were being notified of significant events that had occurred and the provider was displaying their rating in line with our requirements. Staff felt supported and listened to people were happy with the care and support they received.

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 felt safe and risks were managed in a safe way. Staff understood safeguarding procedures and there were procedures in place to report concerns. There were enough staff available to deliver support to people. Medicines were managed in a safe way. There were infection control procedures in place and these were followed. The provider had a system in place to ensure lessons were learnt when things went wrong.

Is the service effective?

Good ●

The service was effective.

People received consistent care and support by staff that received an induction and training. When needed people were supported to eat and drink and their dietary requirements considered. People had access to health care professionals and the provider worked closely to deliver effective care. When needed people's capacity had been assessed and decisions made in their best interests.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and caring way by staff they were happy with. Peoples privacy and dignity was promoted. People were encouraged to be independent and make their own choices.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs and their preferences had been considered. People and relatives felt involved with the planning and reviewing of their care. People were supported to pursue their hobbies and interests. There was a complaints procedure in place and complaints had been responded to in line with this.

Is the service well-led?

Good ●

There service was well led.

There were systems in place to drive improvements within the

service. Staff felt supported by the management team. People and relatives were happy with the service and care they received. The provider sought feedback from people who used the service. We were being notified of significant events that occurred within the service. The provider was displaying their rating in line with our requirements.

Caremark Cannock Chase and South Staffordshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 11 and 13 September 2018 and was announced. We gave the provider 24 hours notice of the inspection site visits. This was because the manager and staff is often out of the office providing care and we needed to be sure that they would be available. The inspection visit was carried out by two inspectors and an expert by experience. The expert by experience had knowledge of care services including domiciliary services. The Inspection site visit activity was carried out on 13 September 2018, it included making telephone calls to people and relatives. We visited the office location on 11 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. A notification is information about events that by law the registered persons should tell us about. We brought forward our planned comprehensive inspection of this service due to the concerns we were receiving. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

At the inspection we gave the provider the opportunity to send us further information relating to capacity and consent. We asked for this information to be provided on Friday 14 September 2018. The provider sent us this information and we considered this as part of our inspection.

We used a range of different methods to help us understand people's experiences. We made telephone calls to five people who used the service and four relatives. We spoke with two members of care staff, the registered manager and two office staff. We also spoke with the provider who was available during our inspection. During the office visit we looked at the care records for ten people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including, rotas complaints and policies.

Is the service safe?

Our findings

At our last comprehensive inspection in July 2017, we found improvements were needed as there were insufficient staff employed to ensure people received their care in a timely way. We found calls were late or cut short as staff were rushing. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We also found the provider did not have a safe system in place to ensure people's medicines were administered and managed safely. In addition, staff had not received training in this area. This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. This area was rated as requires improvement. At this inspection we found the provider had made the necessary improvements.

At our last inspection we found concerns with staffing and calls we cut short and rushed. At this inspection people told us improvements had been made. One person said, "Since April I have had the same group of carers twice a day I have continuity with carers and I can't fault them." Another person told us, "We have two ladies every day who are on time." The provider told us about their ongoing recruitment process that was in place to ensure they had enough staff available to deliver support to people. On the day of our inspection a recruitment day was taking place. Since our last inspection the provider had introduced a log sheet so staff could sign in and out of call times. This was then checked by the office staff on a weekly basis, to ensure people were receiving call as required. We reviewed this information during our inspection and found no concerns. The provider was in the process of introducing an audit of this information so this information could be analysed so areas of improvements or trends could be identified. We will review this at our next inspection.

Staff raised no concerns about being able to support people and noted improvements. One staff member said, "It's much better now, there are enough staff. We tend to cover the same areas so we don't have to be travelling around rushing." Staff told us and we saw rotas were completed for one week in advanced which was an improvement since the last inspection where they were being completed daily, due to staff shortages. The rotas showed us and staff confirmed they had adequate time between each call to ensure they were not rushing. The provider had a system in place which demonstrated the amount of staff they needed to deliver the levels of support and calls hours people received. This was reviewed when changes or new packages of care were introduced.

At our last inspection we found concerns with the management of medicines at this inspection we found improvements had been made. Since our last inspection all staff had received training or a 'top up' training in medicines. There was a more comprehensive program in place for staff to follow before they started administering medicines in people's homes. This included, face to face training, the opportunity to shadow senior staff and a competency which was checked initially weekly through new staff's induction period. Staff told us about this process. One staff member said, "It's much better, we don't get as many errors now."

Improvements had been made to the documentation and medicines administration records (MAR) were now more detailed, legible and not hand written. The MAR included information when people received as required medicines and the registered manager was working to ensure all people who received as required

medicines had individual guidance in place for staff to follow. The provider had introduced a monthly audit of the MAR and when concerns had been identified, such as missed signatures action had been taken. For example, on one occasion the staff member had been spoken with, a mini training session had taken place and discussions regarding lessons learnt and how this could be prevented in the future. When errors occurred in relation to medicines these were identified much quicker at this inspection. Staff knew what action to take if they found a concern. One staff member said, "Before if we saw missed medicines or something like that we didn't really do anything. Now we let the office know straight away. The manager will get on it and find out what's happened. They may go out to the person's home to look at it if they need to."

People felt safe with the staff that supported them. One person said, "I feel safe when they shower me. They help me with my sling for my medical condition, they check the water temperature, they always ask if I am ready for my shampoo. I have never felt unsafe, they are very careful they know exactly what they are doing." A relative told us, "They do a good job with my relation they don't rush they are safe." Risks to people had been considered and risk assessments were in place. When incidents had occurred within the home, risk assessments had been reviewed to consider if changes were needed. When people needed equipment, this had been maintained and tested to ensure it was safe to use and the office retained a copy of this information. We saw there were risk assessments in place for people's home environments to ensure staff had guidance on how to keep people safe, this included adequate lighting and loose flooring to prevent slips, trips and falls. The registered manager confirmed that the service supported a Staffordshire Fire & Rescue Service project to identify potential fire hazards and other risks in people's homes. This project enabled staff to refer people, with their consent, onto Staffordshire Fire & Rescue Service for a free home fire risk check. This showed us the provider supported people to access services that could help them to keep safe.

Where people had a number code to enable staff to enter their property, we saw there was a system in place to maintain people's safety and security. Some people had a pendent alarm which they told us provided them with additional safety in the event of an emergency such as a fall. One person told us, "[Staff] always makes sure I have it on before they go, they check it for me to make sure it's working."

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "It's protecting people and keeping them safe. It may be protecting them from their families or other staff." Another staff member said, "Its making sure someone isn't neglected". They told us, "I would report my concerns to the manager I am sure they would take action. If they didn't I would raise it as a safeguarding myself with the local authority, we know how to do this."

Procedures were in place to ensure any concerns about people's safety were reported appropriately and we saw when needed these procedures had been followed. In addition, we saw an employee had won an award within the organisation for the work they had completed in raising and taking action following a safeguarding concern for a person.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for five staff and saw that references and Disclosure Barring Service (DBS) clearance were obtained before they were able to start working within people's home. The DBS is a national agency that holds information about criminal convictions. When potential risks had been identified, the provider had systems in place to mitigate and review these risks to ensure people were safe.

There were infection control procedures in place and these were followed. The provider was also completing an audit in this area. People and staff told us there was enough personal protective equipment (PPE) to use. One person said, "They have dark blue uniforms and use aprons and gloves." A staff member told us equipment was always available for them to use. The appropriate use of PPE helps to reduce the risk of cross contamination and infections.

The provider had a system in place to log events that had occurred within the service to ensure lessons were learnt when things went wrong. There was a folder in place that identified several situations that had occurred. The log identified the incident, the action taken and the lessons learnt. The log detailed how the information had been shared with staff and the systems that had been put in place to reduce the risk of this reoccurring.

Is the service effective?

Our findings

At our last comprehensive inspection in July 2017, we found improvements were needed to how staff were inducted and the training they received. This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We also recommended the provider sought advice on best practice, to assess people's capacity in relation to specific decisions about their care and treatment. This area was rated as requires improvement. At this inspection we found the provider had made the necessary improvements.

At this inspection we found improvements had been made with regards to the induction process for new staff. The provider told us the changes they had introduced since the last inspection, including that mandatory training was now three full days where previously it had just been for one day. We spoke with a member of staff who had completed their induction since our last inspection. They said, "I had three days face to face training. We did all sorts such as safeguarding, moving and handling and mental capacity." They went on to say, "After that I shadowed a senior for three days, I think you can shadow until you feel comfortable. For me three days was good, I think it's better for the people as we are just not turning up having never met them." The provider had also implemented the Care Certificate and staff had to complete this as part of their induction. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.

The provider and staff told us the training had improved since the last inspection. One staff member said, "The medicines training is loads better now much more detailed." When staff needed specialist training to support people they were provided with this. Staff had received training in areas such as dementia and percutaneous endoscopic gastrostomy (PEG) training. A PEG refers to a flexible feeding tube which is placed through the abdominal wall and into the stomach.

Staff told us they received supervision on a regular basis, this was through one to one meetings and observations that were completed when senior staff made unannounced visits to check their competence. Staff told us that they felt supported by the management team and confirmed that supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. This meant that people were cared for by staff that were well supported.

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 or 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked to see if the principles of MCA were followed. The provider and manager told us they were supporting four people who lacked capacity to make decisions for themselves. They told us improvements

were needed in this area as they had worked to make improvements to other areas before fully addressing concerns around capacity. The provider had an action plan in place that identified this as an area of improvement. We spoke with the provider and manager who demonstrated an understanding of capacity and making decisions in people's best interests and what they needed to do to ensure they were compliant with the regulation.

After the inspection the provider sent us capacity assessments for the four people and evidence that when people had restrictions placed upon them these decisions had been made in their best interests. When capacity assessments had been completed they were individual to the decision being made, this included personal care and medicines. The assessment detailed how the decisions had been made and the information or questions they had asked the person that had helped them form their decisions. This demonstrated the principles of MCA had been followed.

Staff told us since the last inspection they had received training in mental capacity and demonstrated an understanding in this area. One staff member said, "It's about helping people make the right decision when they can't make it for themselves anymore." Staff understood the importance of gaining consent from people and one staff member told us why it was important. They said, "We have to gain consent from people as this is what the capacity act says to ensure we are working within the law. We ask most people but some people it maybe by the way they react so if someone turns away we understand then maybe they are not consenting."

People received consistent care and support. Staff told us they had information available in people's homes which helped them deliver consistent care. One staff member said, "The care plans are very good and detailed they have all the information you need." Another staff member said, "We write notes before we leave so I also read those when we get there. If we are concerned about someone then we will telephone each other to make sure the next staff member has the information this way nothing gets missed. We communicate really well that's what makes us a good team."

Staff told us they felt able to support people consistently as they understood people's needs and most of the time they delivered care and support to the same people. One staff member said, "Since the last inspection its changed so we only go to the same group of people, its helped us and people as they know who is coming now." People and relatives confirmed this to us. When people had requested a rota, the provider had provided this for people so they were aware which staff member would be in attendance.

People who were supported with mealtime visits told us staff offered them choices in relation to their meals and encouraged them to eat and drink enough to maintain good health. One relative told us, "The carers are very good they check on my relations eating and tell me to check they eat more if needed." We saw people's dietary needs had been assessed and staff had recorded their food and drink intake each day and any concerns were reported to the office to ensure the appropriate action could be taken. For example follow up with the person's GP or the district nurse. This showed people were supported to eat and drink enough to maintain good health.

People were supported to manage their own health care but told us the staff supported them to access other health professionals if needed. One person told us, "One carer went above and beyond and told me she thought a GP was needed." Relatives told us they were kept informed of any changes in a person's health and were kept updated by care staff. When people needed support to access health professionals they were supported with this. Staff had attended medical appointments with some people and referrals had been made by the registered manager when support was needed from other professionals for example, to district nurses and occupational therapists.

The registered manager and provider told us how they worked together with other professionals to deliver effective care. They gave an example of a person requiring specialist equipment for them to transfer safely following a discharge from hospital. The registered manager demonstrated to us the action they had taken and due to the close working relationship with other professionals the equipment was provided the same day to ensure the persons needs were met.

Is the service caring?

Our findings

People were happy with the staff and the support they received. One person said, "They are wonderful I can't fault them. Whatever the problem is they sort it out, they do a good job they don't rush things." Another person said, "They are very, very good they listen and chat." A relative told us, "My relation looks forward to the staff coming they are as happy as can be. I can't ask for anything more. They wash my relations hair, they ask them if they are okay, they are very caring." People gave us examples how staff offered support to them which demonstrated they were treated in a kind, caring and considerate way.

People privacy and dignity was promoted. A relative told us, "The always cover my relation up if I'm in attendance." Staff told us how they promoted people's privacy and dignity. One staff member said, "I never leave people uncovered when I am supporting them with personal care, I make sure there is a towel at hand to ensure people are having their dignity maintained." Another staff member told us, "Although its people's home and maybe other people are not around we still have to remember we are there. When people are using the bathroom, I make sure they are safe and then leave them alone. I am just a shout out away if they need me." The records we reviewed gave examples of how people liked to receive their care and how their dignity could be maintained.

People were encouraged to be as independent as possible. Staff gave examples of how they promoted independence. One member of staff said, "Maybe giving people the flannel so they wash the bits they can reach themselves." Another staff member said, "I think we develop relationships with people. We can have a laugh and a joke then so if someone is a little tired that day and they ask me to do something, I turn around and encourage them so that they do it for themselves." The records we looked at had information about people's levels of independence and stated what people could do for themselves and how they should be encouraged to do so. Staff we spoke with were aware of the levels of support people needed. This showed us people were encouraged to be independent.

People were encouraged to make choices for themselves. One person said, "They shower me, make my bed, prepare my breakfast of my own choice." A staff member gave examples of how they encouraged people to make their own choices. They said, "When I arrive I always ask them if they are ready to get up some have only just woken so need a few minutes. I ask people what clothes they want to wear. If someone says the red jumper and there are two I would show them to make sure it's the right one." Another staff member told us, "At mealtimes if there are different things in the fridge I ask them what they would like. And I always ask people before I leave if they want anything like the remote control or a book to read." Records we looked at gave examples how people were able to make choices and the levels of support they would need with this.

Is the service responsive?

Our findings

At our last comprehensive inspection in July 2017, we found improvements were needed to ensure people received personalised care that was responsive to their needs. This area was rated as requires improvement. At this inspection we found the provider had made the necessary improvements.

Staff knew about their needs and preferences and people received care that was responsive to their needs. One person said, "I can have a shower when I want to." The records in place were detailed and offered staff the information they needed to support people. For example, when people had sore skin this was demonstrated within people's records and there was guidance stating how people needed to be supported, including creams they used and how their position should be changed. There was also information recorded about people's like and dislikes and preferred time of calls. People had also been asked if they preferred male or female staff and people's preference had been considered and the rotas reflected this.

People and their relatives were involved with planning and reviewing their care. One person said, "I was involved in the care plan when the person from Caremark came out to me." A relative told us, "My relation and I were both involved with the care plan they were very diligent." We looked at records which showed people were involved with planning and reviewing their care. We saw review meetings took place and when requested families were involved with this. Where possible people had signed their care plan to confirm the details were in accordance with their wishes.

The registered manager told us they were aware of accessible information standards (AIS) and this was an area that needed developing. They told us they had identified people who may need further support with this and were in the process of gathering information and accessing the individual needs of people. The provider had started to consider individual needs and were considering these based on the protected characteristics. This was considered and information gathered as part of the pre- assessment that the provider completed with people. The provider was not currently supporting anyone with any special requirements. However, they were able to give examples of how they had supported people previously with their cultural needs.

People were supported with leisure activities if needed. Staff members gave examples how they supported people with their hobbies. One staff member said, "We do support people to go to the shops and things but it's mainly making sure they have the items they enjoy around them before we leave. So, a nice cuppa and a book." We looked at records and this information was documented in people's care plans. This showed us, when needed; people were supported to pursue their hobbies and interests.

We saw the provider had a complaints policy in place and the provider had responded to complaints in line with their policy. People knew how to complain and were happy with the outcome when they had made a complaint. One person said, "I have no complaints."

At the time of inspection, the provider was not supporting anyone with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

At our last comprehensive inspection in July 2017, we found improvements were needed as the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. This area was rated as requires improvement. At this inspection we found the provider had made the necessary improvements.

Since our last inspection the provider had introduced a range of audits to ensure the care and support people received was monitored. We saw audits were taking place in various areas including the management of medicines and accidents and incidents. The registered manager was also analysing this information so that patterns and trends could be identified. For example, in relation to incidents the information stated how many incidents related to moving and handling, falls and missed calls. When areas of improvements had been identified there was an action plan in place and the registered manager was working towards completion of these actions. The action plan was updated to show the progress. The provider also had a business action plan in place which monitored the progress of the service. Through this the provider was able to demonstrate the action and progress that had been made since the last inspection and how this information had been used to identify and make improvements to the service.

There was a new registered manager in place. They understood their responsibility around registration with us and notified us of significant events that had occurred within the home. This meant we could check to ensure appropriate action had been taken. In line with our requirements we saw the poster displaying the previous rating was on show in the office and displayed on their website.

All the staff we spoke with felt the registered manager and provider were approachable and would be happy to raise any concerns. One staff member said, "The new manager is very approachable, they will listen and then take action." Another staff member said, "The provider is in the office most of the time, I feel very supported." Staff told us they had the opportunity to raise concerns and all the staff we spoke with told us they had the opportunity to attend staff meetings and individual supervisions with their line manager. Since the last inspection the provider showed us how they had developed the role of senior carer and how they were available to provide day to day support to staff. They offered support to staff with medicines and their induction. They also completed unannounced spot checks on staff to ensure they were delivering safe care and treatment to people.

Staff knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "It's about raising anything that's not right, I know the manager and provider would want us to do this, they would be supportive of us". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

People and relatives spoke positively about the service they received. One person said, "The management phoned the other week to check all is okay. I couldn't cope without this company." A relative said, "I emailed

the company to ask for the same carers as my relation gets confused and they have accommodated me."

Feedback was sought from people who used the service and their relatives. We saw the feedback that had been received was positive. We saw the registered manager had developed a 'tree' in the office where people could write and leave comments about the support they received and comments about the staff. These comments included, 'Brilliant all the staff are lovely' and 'Fantastic my regular carers are great'. People also had the opportunity to complete review forms and attend meetings with other health professionals to discuss the care and support they received. Records we saw confirmed this to us. The registered manager was in the process of developing an annual survey that could be sent to people and they told us how they would collate this information to feedback to people who had participated. We will review this as part of our next inspection.