

# Review of compliance

Care Precious Limited Caremark (East Riding)	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	Owen Avenue Priory Park West Hessle East Riding of Yorkshire HU15 1AN
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	September 2011
<b>Overview of the service:</b>	Caremark (East Riding) is a franchise of Caremark Ltd who provide domiciliary care across The UK. The franchise is owned by Care Precious Ltd who offer care in the home for people living in the East Riding of Yorkshire area from their offices in Hessle. The company's field team work within seven geographical areas, each with a field care supervisor and team of carers providing a tailored

	care package allowing people to continue living in their own home.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Caremark (East Riding) was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 July 2011, talked to staff and talked to people who use services.

### What people told us

We spoke via telephone to six people who either receive or their husband or wife receive domiciliary care from this provider. All expressed overall satisfaction with the service.

Two people questioned the experience of some of the younger staff, one gentleman only wishes older staff to bathe him and one lady felt the staff member who attends to her needs cannot make a bed properly yet. All those asked however felt the staff appeared well trained and briefed.

One person felt the company's internal communications could be better as three different members of staff turned up on the same day when the regular worker was not available.

### What we found about the standards we reviewed and how well

#### **Caremark (East Riding) was meeting them**

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Caremark (East Riding) provides a service that encourages people to make choices and decisions regarding the care they receive.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Caremark (East Riding) ensures that the care and support they offer meets the needs and protects the rights of those who receive care.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use services are protected from abuse, or the risk of abuse, by the policies, procedures and systems in place for staff working for the agency.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People who use services are safe and have their health and welfare needs met by competent staff.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us their care plans are discussed with them and we were told of where a care package had been reviewed due to the wishes of the people receiving care. When asked, people felt they were involved in the planning and delivery of their care.

##### Other evidence

We looked at four care plan records chosen at random. We found they were written in the first person, described the needs of the person receiving care and were signed by both the company and the client.

Staff receive training on respecting peoples' dignity and rights. A field supervisor meets with clients every six weeks to review their care plan and ensure the staff are working to the expectation of the client. These are documented and put in the care record, together with any actions from the meetings.

People who receive care keep a copy of their care plan and they include forms to complete and either send in the post or via their care worker to express any concerns or requests to alter the care package. They also receive information regarding contact for the local council, Care Quality Commission and how to formally complain about aspects of the service.

**Our judgement**

Caremark (East Riding) provides a service that encourages people to make choices and decisions regarding the care they receive.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us they were satisfied with the care they receive. One person was new to the service but was already impressed to the attention to detail and professionalism of their care worker. Another person told us that in the bad winter weather, a director of the company offered to get her shopping, over and above the service she had contracted from them.

People felt the company tried to assign care workers such that people are not seeing new faces each day. They are normally punctual and if there are problems, people are informed of the delay and how this is being addressed.

##### Other evidence

We looked at four care plans chosen at random. We looked at the details of the people receiving care, the needs assessment on referral and how this has been formed into a care plan. We also looked at ongoing monitoring forms. They were all completed up to date and gave information regarding the visit, noting anything different, such as not eating as much as normal, spending more time in bed etc. When asked, the registered manager confirmed that staff are trained to look for changes that could signal deterioration in the health and well being of the client, and that there are protocols for informing care management and, as appropriate, family of the issues.

Care workers are normally assigned to clients to ensure continuity and field supervisors normally cover leave. The field supervisors have meetings with clients every six weeks where their care plan is jointly reviewed. We saw evidence in care files of changes in

care as a result of these meetings, such as moving time slots for the client's convenience and meal details.

The registered manager gave us an overview of how care is delivered and their plans for the future, to include a new post of a manager to be office based to allow the registered manager to spend more time out with people who receive care and supporting their workforce. The registered manager explained that her nursing background helps with her expectation of the service.

**Our judgement**

Caremark (East Riding) ensures that the care and support they offer meets the needs and protects the rights of those who receive care.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not speak directly to people who use the service about this outcome.

##### Other evidence

The registered manager told us that safeguarding adults from abuse training was considered to be mandatory training by the agency. Three managers from the agency had attended safeguarding adults training designed for managers of services. The agency's trainer had done additional training that allowed them to cascade safeguarding adults training to care staff via a briefing session. The trainer from the local authority had observed the training provided by the agency's trainer and had been happy with the delivery and the content.

However, a recent audit undertaken at the agency highlighted that the current training undertaken by care staff had not been sufficient to ensure a full understanding by staff; some staff had been interviewed and their knowledge of the topic had not been as thorough as expected. As a result of this, more in-depth training was in the process of being arranged for all care staff via the local authority.

The manager told us that, when staff had supervisory meetings with a manager, they were asked about their understanding of safeguarding policies and procedures, along with other policies and procedures of the agency. The manager said care staff had been told that if they failed to turn up at a service user's home or if a medication error occurred, this would be dealt with as a safeguarding incident.

On the day of our site visit we checked the staff handbook and saw that it contained information about safeguarding adults from abuse, and that this included specific information on whistle blowing.

We were shown a report that had been completed by a care worker about their concerns regarding a potentially abusive situation. This had led to a review of their care being held and care arrangements being changed to protect the person concerned.

**Our judgement**

People who use services are protected from abuse, or the risk of abuse, by the policies, procedures and systems in place for staff working for the agency.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People told us that the staff appeared to be well trained and that they frequently acted 'over and above' what was expected of them. One person told us that staff were very patient. Another person told us that some of the young staff do not know how to make a bed.

##### Other evidence

The manager told us that new staff shadowed one of the organisation's five field care supervisors as part of their induction training. Induction training always took place over a minimum of three shifts but could be extended for a period of two weeks for people with no previous experience of caring. In staff records we saw evidence of both theoretical induction training and practical care induction.

Training on core topics was previously arranged over two days, but this had recently been extended to three days training. We saw in staff records that this covered moving and handling, infection control, food hygiene, safeguarding adults from abuse and medication. A new general manager had been appointed and was commencing work for the agency from the 1st August. They will be assisting the training manager to provide staff training and they intend to extend the period for initial training to 4.5 days.

There were plans in place for field care supervisors to receive more training on assessment processes so that they could become more skilled in undertaking care needs assessments. They had also undertaken Train the Trainer courses (along with the organisation's trainer) on medication. Staff undertook medication training that had been recommended by the local authority and this was followed up with a competency

check by one of the field care supervisors; these checks had been seen and agreed by the local authority. We saw examples of 'medication practice workplace observations' in staff files. The manager told us about a recent incident when a care worker had used the incorrect code on a medication administration record (MAR) chart. Refresher training had been arranged for them to ensure the safety of people receiving a service.

Care workers met within locations with their field work supervisor every three months. This gave them the opportunity for peer support and was an opportunity for staff to raise concerns, discuss individual service users and keep up to date with new developments. Some of these meetings were minuted and some were not. It was acknowledged that it would be good practice to have minutes of these meetings so that staff who did not attend could be kept up to date with the latest information.

None of the current care workers had undertaken training on palliative care. It had been recognised that some more specialised training was needed by staff and arrangements had been made for a private training company to provide training on dementia care, tracheotomy, PEG feeding, catheter care, palliative care and multiple sclerosis.

We looked at some staff records and saw that copies of previous training certificates had been provided by staff as evidence of their skills and experience. Although there were some individual training records held in staff files, it was acknowledged that improvements could be made and the new general manager was to be given this task to complete.

Field work supervisors undertake spot checks to ensure that care workers are carrying out their roles effectively, arriving at resident's homes at the correct time and that they are wearing their uniform and ID. We saw evidence of these spot checks in staff records. Supervision records were seen in staff files and this confirmed that people were given the opportunity to discuss practical work issues as well as training needs.

### **Our judgement**

People who use services are safe and have their health and welfare needs met by competent staff.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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