Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Caremark (East Riding)

East Riding, 2 Owen Avenue, Priory Park, West, Hessle, HU13 9PD

Tel: 01482579579

Date of Inspection: 27 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Precious Limited
Registered Manager	Mr. Daniel Malcolm Rhodes
Overview of the service	Caremark is a domiciliary care service operating from offices on a business park in Hessle. It provides care and support to adults of all ages with a wide range of care needs, including memory impairment, old age, learning disability and physical disability, as well as some needs associated with medical conditions. There are over 400 clients receiving care and support from, and around 180 staff working for, the service. Training for all staff is provided by the service at the location.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with people that used the service about their views of the care and support they received. The told us that they were generally satisfied with the 'calls' they received from care workers and supervisors and that they had made choices about who visited them and when. We found that people were well supported and had given their consent whenever possible.

People were protected from the risks of abuse and any suspected abuse situation was appropriately handled and referred to the local authority safeguarding team. We found that care and support staff understood their responsibilities in respect of infection control and demonstrated they followed safe practices.

People were supported by safely recruited staff that received supervision from their seniors. We found that the agency had an effective system in place to assess and monitor the quality of the service it provided and it took note of what people said.

People said, "I know that Caremark do their business properly. I must say they put themselves out to try to grant my wishes", "The carers provide good care and maintain a good routine for us" and "Staff minimise the indignity of it all and they do a good job of making sure we are comfortable."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People we spoke with told us they had signed the documentation about them when they first began to receive the service from Caremark. One person said, "I can't really remember what I have signed, but I know that Caremark do their business properly. I must say they put themselves out to try to grant my wishes." Another person said, "The co-ordinator has been to see me several times and she may have brought new paperwork for signing."

Of the three case files we saw at the agency offices all contained some signed documents of consent, but support plans had not been signed. The provider told us that support plans held in peoples' homes did have signatures on them as the co-ordinator usually arranged for this to happen when people first began to receive the service. We did not visit anyone at home, but we were able to verify this using information received from the two people we spoke with. We saw evidence in case files that reviews of support plans had been signed by people.

We discussed obtaining consent with carers and their supervisor and they told us that they considered it important to tell people about the help they were offering and more important to have peoples' agreement to the care taking place. They said with people that did not have capacity to give informed consent it was especially important to have their cooperation with care and personal care tasks. They related situations where people with capacity had either accepted or declined offers of help and where people without capacity had been encouraged to agree to help in order to ensure their comfort and wellbeing.

Staff told us they had either completed or were soon to complete training in the Mental Capacity Act 2005 and they demonstrated some understanding of their responsibilities in this area.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with were complimentary about the service of care they received from Caremark. One person said, "I have been lucky with the carers that come to me and my husband as they have always been able to communicate well with us. They provide good care and maintain a good routine for my husband". Another person said, "I prefer to have more mature carers and the agency now provides them. I wouldn't say everything has been 100% but it has been quite good overall. Generally care and support is now how I want it."

Staff we spoke with told us how they provided care to people, relating some situations that demonstrated their conscientious approach and their empathetic attitudes. Staff explained they followed care plans and risk assessments, and ensured peoples' needs were met safely, so people received the care they needed. Staff also told us they had opportunities to undertake qualifications in care under the National Vocational Qualification route at a local college of further and higher education.

We saw information in three staff training records that told us staff had completed training in first aid, medication administration, moving and handling, fire safety, food hygiene and health and safety. We understood that much of the training that staff had completed was supplied by the company's own training department.

We saw in case files held at the agency that people had been assessed for their care needs and that the assessment documents were detailed and included peoples' preferences. Assessments covered areas of personal care, nutrition, safe environment, social activity, finances, family involvement, history, medical conditions, communication, mobility and medication. People had their needs assessed so that their care and support could be appropriately planned for.

We also saw that people had an 'individual care and support agreement' with the provider. This showed details of their support plan; when support was needed, what support looked like and for how long it would be provided. These agreements also named the care staff that provided the support. We saw that support plans were reviewed when necessary and review documents had been signed by the people that they related to.

There were daily log sheets that showed when and what care had been given to people, recorded any ailments or changes in needs and indicated peoples' general wellbeing. These documents showed that people had their needs met according to identified and recorded information.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People that used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with did not give us any feedback about this outcome, other than to say they would mention any concerns to the service manager. One person said, "If I were uneasy about any situation I would talk about it to the manager."

We spoke with staff about their safeguarding responsibilities towards people that used the service and they demonstrated they understood what constituted abusive behaviour. They told us they knew the signs and symptoms of abuse and they knew what to do with any information they received regarding an alleged or actual abusive situation. Staff knew where to pass information to both within and outside of the company.

We looked at the agency's safeguarding records and saw that two referrals had been made to the East Riding of Yorkshire Council (ERYC) Safeguarding Adult's Team in the last twelve months. These had been appropriately dealt with and documented, staff had been asked to stay away from work as the safeguarding and disciplinary procedures required and the Police had been involved in both situations. The outcomes had also been appropriately documented and staff had returned to work under appropriate supervision and support conditions.

We saw documentation for three staff that showed us they had completed training in safeguarding adults from abuse with the company.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People we spoke with told us they were satisfied with the hygiene standards that care staff demonstrated in respect of personal care. However, one person expressed a wish that care staff were a little more meticulous with cleaning up after preparing meals. They said, "I realise that a half an hour visit is not a lot of time to help me with a hot meal and clear away, but I wish the staff would take a little more care with wiping down kitchen tops." Another person said, "The care staff are very good with my husband's routine and they chat away to him while providing personal care so as to minimise the indignity of it all. He has become used to them and they usually do a good job of making sure he is comfortable".

Care staff told us they had access to and used appropriate personal protective equipment when helping with personal care needs. They said they had completed food hygiene and infection control training and they followed environmental risk assessments for safety and cleanliness.

We saw on the staff training records that staff had completed training in infection control. This meant that people that used the service received care based on good hygiene practices. We also saw in peoples' case files that there were environmental risk assessments in place that covered infection control issues as well as safety of the property.

We saw on the staff training matrix that staff had also completed training in food hygiene. This helped to ensure people were assisted with their meals by staff that followed good food safety practices.

There were effective systems in place to reduce the risk and spread of infection.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for or supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with did not give us any feedback about this outcome. We spoke with the agency manager and staff about recruitment and we looked at three staff files.

Staff told us the process they had followed to obtain a job working for Caremark. We were told that some staff were recruited via their college placements, as Caremark worked with Bishop Burton College, where young people completed accredited courses in care. We were also told that improved changes in recruitment practices had occurred so that additional staff were recruited as the service user base increased. Staff said, "We now recruit according to the regions where new contracts are set up and we always try to match staff to new service users, so that there is compatibility. Our coordinator recruits new staff as new service users join the agency. That way staff shifts are built up, but we might all lose shifts as well, because of losing service users."

We saw in staff recruitment files that they had been recruited according to a procedure. Files contained a checklist for recording the procedure and when recruitment documents had been obtained or processed. We saw a completed job application form, an interview 'question and answer' sheet, references, Criminal Records Bureau and Disclosure and Barring Service security checks, and evidence of personal identification. Files also contained induction logs, evidence of clearance to drive (licence and insurance), a lone working policy and a contract of employment.

Staff files contained details of training courses that staff had completed and evidence of regular supervision. Training included food hygiene, safeguarding adults, moving and handling and supporting with medication. The provider may find it useful to note that although we saw evidence of staff training in supporting with medication, all three files we viewed contained blank copies of the agency's 'medication competency check' form. When we asked the manager about this we were told the three staff were new to the agency in the last five months, all of them had been trained within that time and were considered competent following their training. However, they had not yet been competency checked as part of the agency's yearly checks on individual staff because they had not been working long enough at the agency to warrant this.

We saw that staff had not begun working for the agency until after their security checks and references had been received.

Appropriate checks were undertaken before staff began work.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People we spoke with told us they were regularly consulted about their satisfaction with the service of care and support they received. People said, "The agency coordinator visits me from time to time to check everything is OK and the agency has never let me down with missed 'calls' to me", "My carer's supervisor often phones to ask if there are any issues with the staff. If I had anything to complain about I would talk to the manager. I just speak up now whenever I need to, but that is not often".

We discussed quality assuring the service with staff and they told us they had covered the concept of assuring care on their college training course, so they understood what auditing was about. They said they assisted with some audits on staff performance, which included carrying out 'spot' checks to assess staff time keeping, observing staff practice while assisting people, and ensuring the training they had completed was up to date, for example.

One of the staff supervisors told us they checked the case files for people that used the service every six weeks, to ensure file contents were properly entered, information was up to date and care was satisfactory. We saw evidence of this in the audits on case files. They said that any issues identified would cause a review of care to be carried out and a re-assessment for equipment or changes in times of 'calls', for example, would take place.

We discussed quality assuring the service with the manager and looked at some of the audit and survey information that had been obtained over the last year. The manager told us they completed various audits across the service and issued surveys to people that used the service and staff. They told us that service user forum meetings were held, as well as a newsletter produced, a complaint and compliment system operated, and a staff 'employee of the month' scheme was followed as part of assessing the quality of the service.

We saw a copy of the latest newsletter, which gave people that used the service and staff information about changes and happenings in the agency. Staff confirmed they had the opportunity to be nominated by their supervisors for the 'employee of the month' scheme.

We saw that surveys had been sent to people in July 2012 and that 120 responses had been received. Comments included information that staff were always on time, stayed for the full duration of their 'call', were professional and helpful, supported people with the changes they wanted to make and encouraged people to be independent. Comments also included information that people knew who their 'field care supervisor' was, knew when they would be visited, that staff wore their identity badges, people knew who their care manager was and how to contact them, as well as lots of other information about the service and the staff.

From comments received we saw the service had produced a newsletter, introduced more suitable 'call' hours for people, ensured new staff were given more working hours more quickly and reduced the staff time spent travelling between 'calls'.

We also saw the complaints and compliments that had been received and dealt with by the service in the last twelve months. They numbered five complaints, which had all been dealt with appropriately to the complainants' satisfaction, and eight compliments about the service.

The quality assuring and auditing of the service completed by Caremark meant that people that used the service had opportunities to make their views about satisfaction known and could be confident that changes would be made to the service delivery.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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