

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

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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

Records ✓ 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 600 clients receiving care and support, and around 200 staff working for the service.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Caremark (East Riding) had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Records

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 24 March 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited Caremark following some issues that had been raised in previous inspections. The provider had undertaken a large volume of work to improve the services being offered including new levels of management, staff training and monitoring systems to ensure that the quality of service was good.

We found during our inspection that there had been improvements to the quality of reviews and care planning, that people were receiving care that was person centred. Staff were now receiving appropriate training and support to meet individual needs and there was a system to ensure that calls were not missed or late.

Paperwork had been improved, and staff training had been delivered around this area. There were now monitoring systems in place regarding the quality of documentation and there was a system in place for dealing with and responding to actions identified, complaints, investigations and care planning. The records documented all of this well.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed regularly and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was delivered in a way that was intended to ensure people's safety and welfare.

In October 2013 the scheduled inspection of Caremark was bought forward as a result of concerns raised with us. As part of the inspection we visited people that used the service and relatives. As a result of the inspection findings in October 2013 we asked the provider to make some improvements to the service. We visited again in December 2013 to see if improvements had been made and found that although some improvements were clear, other areas still required development.

As part of the follow up visit in December 2013 we sent a satisfaction questionnaire to 60 people who used the service and 60 relatives of people who used the service. An expert by experience contacted 20 people that used the service by telephone. An expert by experience is a person who has experience of using this type of service either themselves or with a family member. The provider also sent questionnaires to over 400 people and 130 were received back. The results of this were shared with us. We found that things had improved since our previous visit.

We then revisited the service in March 2014 to look at the further improvements that had been made since our last visit. We also spoke with people who used the service over the telephone in order to gather further feedback about the support that was being delivered.

Issues had been raised previously regarding carers who were late for calls; people having a number of different carers; rotas not being supplied or shared with people; and difficulties getting in touch with the right contact at the office. The provider had put various measures in place to address these areas. A new system was now fully functional whereby the carer called in to the office system by telephone at the beginning of a call and called out at the end. This data was monitored and collected within the office and meant that it was now possible to track visits in real time. This enabled care co-ordinators to

chase up if carers did not arrive on time to a call, and to contact the person if required to update them on the whereabouts of the carer. The data was then monitored and analysed to address any issues. This meant that if there were specific trends or patterns these could be addressed quickly and effectively. The monitoring indicated that there had not been any missed calls in the period since our last visit.

We spoke with people who used the service about when carers came. One person we spoke with told us "The carers are usually on time and always let me know if there are any issues. They always stay for the allotted time". Another person told us "There has been no recent calls missed and they are always on time".

The training manager showed us the training that staff had been completing since our last visit. This included specialised training around specific conditions and care such as epilepsy and dementia. Staff were also able to request training in specific areas if they felt it would be useful and the provider was ensuring that staff were able to access that in a timely manner. This meant that staff were now more appropriately trained to support the individual people that used the service.

The provider had been submitting information to the Care Quality Commission on a regular basis about reviews of people who used the service. We also looked at the records regarding this during our visit. We found that the system the providers had implemented for review visits was working very effectively and there were now no overdue reviews. The monitoring was done by managers and senior managers at all levels to ensure that staff on the ground were carrying out the reviews, and that the quality of these was satisfactory. We found when looking at records that there were some minor inconsistencies with the quality of recording within review records but that the reviews had been carried out and changes to care and delivery had been made where needed.

We spoke with people who used the service about the care and support they received. One person told us "They are excellent. They have an individual approach and always know what to do. When a new carer came they were able to shadow staff that already knew me to get to know my routine. There have been no occasions where staff could not give me the support I needed". A relative told us "Overall the care is pretty good. Even when new carers come there have been no problems. They respect my relatives wishes well".

Overall the provider had made improvements in the delivery of support to people. Progress had been made with regard to reviews of people using the service. The monitoring system in place was effectively enabling the provider to closely monitor late and missed calls. People reported that they were happy with the support they were receiving.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had been maintained.

We had found during the inspection in October 2013 that care related documentation was not always detailed. One of the files we looked at did not contain a care plan. There were discrepancies in some of the files we looked at. Some plans had been written in 2011 and had not been altered since. There were many sections of notes missing from the files we looked at.

During the inspection in December 2013 we looked at six care plan files and records of reviews that had been carried out since our last visit. The provider also submitted information on a two weekly basis between October and December 2013 regarding the reviews completed. We found that the amount of detail recorded in the review paperwork was inconsistent. The quality of the information gathered at these care plan reviews appeared to be dependent on the individual field care supervisor. The provider agreed that further work was required.

At the inspection in March 2014 we found that there had been improvements within the files regarding review and care plan documentation. We looked at five files and found that four of them had full records of reviews, and care plans including updates following the review. One required a little more detail but the information contained in it was factual and adequate.

All the files we looked at showed that the person had a review of their care plan within the last four months and where changes in care or needs had been identified these had been transferred into people's care plans. The compliance manager explained that when changes were needed, the subsequent update to the plan was then monitored and reported to the senior field care supervisor through the weekly meetings with the field care supervisor staff. This system had now had time to bed down and was proving to be extremely effective as there was regular monitoring at each stage of the process. This meant that when any issues were raised in terms of the service being delivered to the individual it was being actioned immediately. If any actions were highlighted regarding the quality of recording information, this was also picked up quickly and rectified.

As part of the inspection in October 2013 it had been highlighted that plans were task orientated and did not give details about how the person wanted to be supported. In December 2013 we found that the level of detail and information regarding personal preferences was dependent on the field care supervisor that had written the plan. During the inspection in March 2014 we found that as a result of the documentation monitoring systems which were now in place there was improved consistency in the documentation that we looked at. Where generic statements or sparsely detailed statements were used, this was then picked up on by the senior field care supervisor or the compliance manager and queried further with the field care supervisors to ensure there was further clarification.

We had previously identified when looking at records that there was a lack of information in people's files about conditions such as dementia. We found that this area had not been fully addressed yet, but discussed with the provider, registered manager and compliance manager about the development planning that was going on in this area and the intended implementation of specialised work specifically around dementia related conditions. The provider explained that now that files were improved and review work was up to date this would now be further developed. The provider may wish to note that this may have meant that people's individual needs and conditions were not known by staff and were not considered in the way support was delivered.

We had found in October 2013 that there was a lack of records relating to action taken following complaints, concerns, safeguarding events, accidents and incidents. As part of our visit in December 2013 we found that this had improved and records were now more robust. However, there were still examples of gaps in recording and a lack of detailed notes showing what had been discussed or what action was being taken in some areas. This included care plan reviews, supervision meetings, complaints and some audits. During our inspection in March 2014 we looked at all these records. There had been a realignment of systems used and structures within the management of the organisation and this meant that there was now clarity about who was dealing with what. The paperwork had been updated as a result and we saw that everything was well organised in individual files. Where the paperwork pertained to a complaint or an incident we saw that this was well organised. All the documentation was present including original paperwork, investigation notes, interviews and statements and records of the outcome and action taken. Following on from this, we saw that all these areas were discussed at regular senior management team meetings. This ensured there was consistency in dealing with matters and that paperwork and records were fully detailed regarding who had been involved in making decisions and taking action.

We also checked medication records, daily note recording, records within staff files, and both care plan and review documentation. We found that these were all complete and accurate. Appropriate language was used and there was a good level of detail. There were regular audits of all the paperwork used being carried out by field care supervisors and the senior field care supervisor and the compliance manager was currently carrying out a full audit of all the paperwork being used. We saw her initial records from this and the checks were thorough. Where action was identified this was being highlighted with the senior who was then ensuring that the action was taken by the appropriate person in a timely manner. The compliance manager stated that once all staff were completing paperwork to a satisfactory standard they would be moving to a sample system of monitoring but that currently they were monitoring it at all levels.

We found in some of the files we looked at that although paperwork was present it was not very well organised and it took some time to locate all the paperwork we were looking for. The provider may wish to note that some files required reorganising so that the most

recent versions of things were available to ensure that care being delivered was according to the most recent needs as recorded in the most recent care plans.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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