

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

Caremark Redditch and Bromsgrove

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Date of Inspection: 11 September 2013

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2013

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

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

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

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

Complaints ✓ Met this standard

Details about this location

Registered Provider	GG Trading Limited
Registered Manager	Ms. Marie Egginton
Overview of the service	Caremark, Redditch and Bromsgrove, provides personal care and support to people living in their own homes.
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 11 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with nine people who used the agency, seven family members and three members of staff, the manager and provider.

People told us that they were happy with the service they received and it made a big difference to their lives. They told us that care staff treated them with respect and dignity whilst their independence was promoted. One person who used the agency told us: "Very fortunate with the carers we have got, they really care." One family member told us: "They (care staff) have been very good" and "Changed my life."

We found that people and their family members had been involved in how their care was planned. They told us that they had been consulted about their preferences. One person said, "If I want something done in a certain way, they (care staff) do it."

We were told that care staff took their time and did not rush people. One person who used the agency described the service they received as: "Very good quality." Another person said: "They (care staff) understand my needs" and "I have put on a bit of weight as they (care staff) make sure I am being fed properly and I feel much better for it."

Systems were in place to protect vulnerable people. Staff had been trained in how to recognise adult abuse and records confirmed this. Staff we spoke with understood what adult abuse was and knew what the procedures were to report this. One person who used the agency told us: "They (care staff) are very friendly and polite and make me feel comfortable."

We saw that systems were in place that captured the views of the people who used the agency. These were used as part of the systems that regularly assessed and monitored the quality of service that people received.

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.

People experienced care and support that met their needs.

Reasons for our judgement

We spoke with nine people who used the agency and seven family members. They told us that they were happy with the service they received and that care staff had provided the care and support required.

Many people who used the agency described how they were supported by a small group of regular care staff who understood and appreciated people's different abilities and preferences. We talked with two people who were able to discuss the support received from the care staff with us. They were very positive about the support provided. One person told us that: "When I get regular carers the care is very good quality as they know me well." Another person said: "They follow my wishes by making sure that I get the same carers as much as possible which is a big help for me."

People's needs were assessed prior to the start of their care service and care was planned and delivered in line with this. The people who used the agency had been involved in this process. We saw that staff documented any changes in people's care and support needs. This meant that any changes to their plan of care could be made. We saw that people and their family members had been involved in the review process. A person who used the agency said, "I am quite happy with the firm and feel involved in my care."

Plans included a process for assessment and management of the risks associated with people's care, for example people's mobility, skin integrity and medicines. One person told us, "They (care staff) tell me if I am not drinking or eating enough as this could affect my health."

Staff had understood the needs of people whose care they provided and what they needed to do to meet people's individual needs. They told us that they had read people's care plans and documented the care that they had provided. This was done in a manner that promoted the independence of the person who used the agency whilst at the same time safety was maintained. For example, one staff member described to us that they had supported a person to go out into the community for a meal and told us that they wanted to

give the: "Best care as possible to people." All the people and their family members who we spoke with told us that they felt the care needs were met with one family member who stated: "The care is fantastic they (care staff) could do no more."

Staff that we spoke with confirmed that when there had been a need, referrals had been made to appropriate health and social care professionals. These had included referrals to social workers for care input, reassessment of need and equipment to promote safety and independence.

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

Our judgement

The provider was meeting this standard.

People who used the agency 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

The provider worked in line with local safeguarding policy and procedures. The manager clearly understood their responsibility to identify and report potential abuse under local safeguarding procedures. We looked at the providers safeguarding policy and found that this reflected the working arrangements in place. This included the need for all safeguarding matters reported to the local authority to also be reported to ourselves.

Safeguarding formed part of the required training for all staff. The care staff we spoke with understood the types of abuse people that received care in their own homes could be at risk from and their responsibilities to report any concerns. All the care staff we spoke with were confident that any concerns with people's safety or welfare they reported would be responded to.

People we spoke with told us that they felt safe with the care staff that visited their homes and had no concerns about how care staff treated them. Care staff carried identification and always wore this when they visited people to help protect people from unauthorised visitors.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with nine people who used the agency and seven family members about the care staff coming into their home to provide their care.

Many of the people who used the service told us that care staff generally arrived when expected. They were happy with the support they received during the visits and that care staff completed the care and support required. On occasions when care staff were delayed, some people told us that they had been advised of the delay and when to expect the call. One person who used the agency told us: "They let us know if there is a problem" and another commented: "The office staff would ring me."

Some people who used the agency confirmed that they were provided with a copy of their weekly rota and they could see the times the staff visited their home to support them. Some people also told us that they would contact the office if there were not happy with the times detailed on their rota or they wanted to change the times.

During our inspection visit, we were shown some staffing rotas. We found that the staff rotas were planned and linked to the care needs and preferences of people who used the agency. Where possible, care staff were allocated to look after the same people in support of continuity and consistency of care. The care staff that we spoke with were able to confirm that they had regular people who they provided care and support to which helped in knowing people's specific needs.

There were also arrangements in place to respond to unexpected care staff absences. Any care staff absences were covered from within the team and if necessary staff who normally worked in the office were also able to provide cover. We asked care staff whether they felt that the agency had enough care staff to meet the needs of the people they looked after. Care staff told us that they did.

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

The views of people and families were used to improve the quality of services delivered, for example, completing surveys and by approaching staff. People and their family members were also asked for their views on the care they received and what could be done to improve the service generally as part of the review of people's care.

We asked staff whether they could give their opinions on how the service was run. They told us they could and their opinions were listened to.

There were monitoring systems in place that included regular checks to monitor that staff arrived at people's homes at the allocated times, and carried out all tasks in line with the care plan. We were told by some staff that spot checks were undertaken and any issues were raised with staff. This meant that staff were well supported, and the standard of their work was monitored so that people could be confident that they were in safe hands at all times.

There was evidence that the provider responded to themes and risks identified in regards to the care and support people received. We saw that where any risks to people were identified safety measures were put in place to minimise risks to people who used the agency and staff.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found that arrangements were in place so that people had the opportunity to raise any concerns or complaints that they may have about the service provided. All the people we spoke with told us that they would feel comfortable to raise any concerns they had with staff at the office. One person who used the agency told us, "They (care staff) always seem courteous at the office." Another person said: "I just speak with the office staff about anything I am not happy with at the time and they put it right straightaway." This meant people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We looked at the complaints procedure which was accessible in other formats and languages. The complaints procedure showed how people would make a complaint and what would be done to resolve it.

We looked at the complaints that had been received by the provider since our last inspection. We saw that all complaints made had been investigated in line with the procedures and action taken to resolve the issues raised. This meant people's complaints were fully investigated and resolved where possible to their satisfaction.

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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