Inspection Report

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

Caremark (Barnsley)

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ 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	Focal Care Limited
Overview of the service	Caremark (Barnsley) is a domiciliary care agency which provides personal care to people in Barnsley, South Yorkshire. They deliver care and support to people in their own homes. Caremark (Barnsley) provides services for people with dementia, people with complex needs, people with mental health needs and offer reablement to people when they have been discharged from an acute care environment. At the time of our inspection Caremark (Barnsley) provided care for 89 people.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

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'.

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 announced 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 2 July 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

At the time of our inspection, Caremark provided care and support to 89 people. We visited two people who used the service in their own home. One person was supported by a relative with whom we spoke. We spoke with a further ten people who used the service, and six relatives of people using the service via the telephone to obtain their views.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People told us they could make their own choices. One person said, "we have a routine, they (staff) know what to do but always ask first."

People experienced care, treatment and support that met their needs and protected their rights. All people we spoke with were satisfied with their care. Their comments included, "I am happy with them", "no complaints at all, they're brilliant"and "I'm satisfied with them." We saw that people had current care plans in place which were reviewed at regular intervals.

Where people were assisted and/ or prompted with their medication, people we spoke with did not have any concerns. Staff were appropriately trained and risk assessments were in place where applicable.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider had appropriate and effective recruitment procedures in place.

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

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with eleven people who used the service and seven relatives of people who used the service. One person told us that they had used numerous care agencies before. They said that Caremark staff "are the best people I've ever dealt with. They treat you like a human being, not a number. I'm very happy and wouldn't want to move from them." Everyone we spoke with said they found staff to be polite and respectful. Their comments included, "they're (staff) very patient, polite and respectful", "they're so pleasant and nice", "most of them are polite, I can't grumble" and "they're always polite and treat us with respect." One person said of their relative, "they (staff) have done so much good talking and laughing with him." Everybody we spoke with said they felt that their dignity was respected by the care workers.

People told us, "they (staff) always ask is there any more they can do" and "they give him choice, ask him what he would like." One person said, "if I wanted anything doing, they would do it, like if I wanted a bath or shower, it's up to me." Another person said, "we have a routine, they know what to do but always ask first." We visited one relative in their home who told us that her family member had very complex care needs. As such the family had been involved in recruiting suitable carers and also in the training of staff. Another person told us how they were able to change the times of one of their visits to a more suitable time, "they sorted it straightaway." This showed that people were involved in making, and able to influence, decisions about the care and support they received.

Most people told us that they usually were visited by the same regular set of care workers. They only had different staff when their regular care workers had days off. People said that they were informed who would be covering and often the new care workers were introduced beforehand.

We spoke with six care workers. All were able to clearly explain how they maintain people's dignity and respect. They gave examples of making sure any personal care was done in private, asking the person what they wanted, explaining what they would be doing,

encouraging independence and maintaining confidentiality. They stated that they always respected the wishes of the person using the service and tried to ensure they were actively involved in their care. The care staff told us, "I ask people what their preferences are, what they like, tell them it's their choice," and "it's important to build a rapport and that people trust you, offering people a choice not just doing things." They said that it was important to establish good relationships with family members also, especially when they were working intensively alongside the family in providing care.

Staff received training on maintaining privacy and dignity as part of their induction. The operations director told us that care workers were observed periodically by field care supervisors. This was to check the care practices and make sure care workers observed privacy and maintained dignity of the individuals when delivering care and support. We saw evidence of observations/ spot checks in the staff and service user files we reviewed during our inspection.

The operations director told us how people were involved in their initial assessments in order to ascertain what care they would require. They were given choices and decisions were made with either the individuals and/or their relatives. Their care would then be reviewed with them periodically throughout their support.

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

We spoke with eleven people who used the service and seven relatives of people who used Caremark to ask their views of the service they received. Their comments included; "very satisfied", "they're fantastic, they really are, they've been great", "I am happy with them", "no complaints at all, they're brilliant", "I'm satisfied with them" "they've been smashing" and "very pleased with the service." No one told us that they were unhappy or displeased with the service. Another person said "I feel that they really care about people."

Everyone we spoke with said that care workers turned up to visits on time and stayed for the amount of the time they were scheduled to. Nobody we spoke with had had a missed visit. One person told us about a misunderstanding when they had cancelled a visit but the incorrect date had been recorded. This was resolved when the person called the office and "they sent someone out straightaway."

Some of the people we spoke with were unable to recall signing a care plan but some said it was possible they had signed but had forgotten. Other people could recall specific meetings where their needs were discussed. People told us, "someone came out and went through everything with us" and "I signed something when we discussed what I needed and I was happy" and "when I first started I had a meeting, I can't remember what I signed. I'm satisfied with them." People we spoke with told us that they were satisfied with the support they received from their carer workers and from the other staff.

All of the people we spoke with said that they had a copy of their care plan which was kept in a file in their home. The two people we visited in their own homes had detailed care plans and information contained in a file which we saw.

People told us that supervisors would come out on occasions to check on things and ask if they were happy with their care. One person told us someone had been out "a few weeks ago, stayed to see how things were going and if we're happy. I can call them anytime." Everyone we spoke with said they felt the care they were receiving was suitable and that if they required any changes in their care they would inform one of the care workers or supervisors. They felt that any issues would be addressed appropriately.

During our inspection we reviewed five care records of people who used the service. In addition, we reviewed the care records of the two people whose homes we visited. We also spoke with the operations director, the manager and six care workers.

Care records included an individual needs assessment that contained detailed information about various aspects of the person's life. This included areas such as likes and dislikes, medication, diet and mobility. There were individual care and support agreements in place which had been completed as a result of the initial needs assessments. We saw evidence of reviews of the care and support plans. Each care file included a list of potential areas of risk and when these had been identified as an area of concern, risk assessments had been completed. There was information recorded as to how to minimise the risk. There were also quality assurance check sheets and telephone monitoring forms in place. These recorded when a supervisor or manager had been to visit, or had had telephone contact with the person and whether the person had been satisfied with their care or had raised any issues.

We noticed that not all of the various documents in the care records had been signed by the person using the service. For example in one person's file the individual care plan had been signed by the person using the service but a subsequent review and a prior needs assessment had not been. There was no reason given as to why not. In the other files we checked, there was other documentation which required signed agreement by the service user but was not signed. This meant that it could not always be evidenced that people had agreed to various aspects of their care. We raised this with the providers who told us that the forms should be signed or if not, an explanation given as to why not. They said they would look into this matter further and raise this with the appropriate staff.

The people who we spoke with told us that the care workers recorded information in their daily records each time they visited and that they also had to sign to confirm staff had attended.

The six care staff told us that if a person's needs changed, they would inform their field care supervisor. The supervisor would then review the person's care plan and risk assessments and make any changes as required. Staff told us that they referred to people's care plans regularly. This would include when they were supporting someone they had not worked with before, if a recent assessment had been done, and generally to refresh and keep up to date with current information.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with eleven people who used the service and seven relatives of people who used the service. The majority of the people we spoke with did not require any assistance with medication. Of the people who did, one person told us, "they (carers) put my tablets in a glass for me ready for the morning." Another person said, "they get my tablets ready each time, all lined up for me." One relative we spoke with said that she provided her family member with their medication. She told us, "when I have had the sitting service, the carers have made sure my (family member) has had their tablets." No one we spoke with had any concerns regarding medication.

The provider had a medication policy in place which was kept in the general office for staff to access. We were informed that all policies were also available to view on Caremark's own computer system.

We spoke with six care staff members who told us that they sometimes assisted or prompted people to take their medication as part of their role. They told us that they had been trained in medication and had been subject to an observation where their supervisor had assessed their competency in handling medication. It was only after they had been assessed as competent that they were able to perform this role unsupervised. All staff said they felt confident in undertaking this duty and in recording information in the relevant medical administration record (MAR) charts.

We looked at five staff files and saw evidence that the staff had undertaken training in medication. We also saw evidence of the medication observation checks where these had been undertaken. We were advised that the competency checks would be completed within an employee's twelve week probationary period.

We looked at care records for seven people who used the service. Where applicable, we saw there were risk management plans in place for people who required assistance with medication. We reviewed two people's MAR charts that had been filed. We found that one person's MAR chart had not been completed on two occasions but when we checked the daily logs for the corresponding days, the entries did give information about the medication. However, this had not been reflected in the MAR chart. Similarly, another

MAR chart also had an entry omitted but relevant information was recorded in the separate daily record.

The provider may wish to note that this meant that medication records were not always completed correctly and that this information on its own was misleading and could potentially pose a risk.

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

We spoke with eleven people who used the service and seven relatives of people who used the service. Although people were not generally aware of what training staff had, no one had any issues with the competency of the care workers. One person commented "they do seem to be trained in physical handling, they're very good at that."

We spoke with the operations director about the recruitment procedure. He explained in detail the steps involved in recruiting new employees. He told us that any gaps in employment would be addressed directly with the person and covered during interview. Two written references were required for potential new recruits. He told us that a new employee would not start working unsupervised until satisfactory references and DBS checks (Disclosure and Barring Service) previously CRB (Criminal Record Bureau) checks had been received for that person.

We reviewed five staff files. We found appropriate checks had been undertaken. We saw evidence of application forms, identity checks, references, DBS checks and evidence of training.

We spoke with six members of care staff about the recruitment procedure. All of the care workers told us that they had to attend an interview, supply reference details and have a DBS check. One care worker told us that she already had a current DBS disclosure that had been obtained a few days earlier from another employer. The operations manager confirmed to us that for staff with a satisfactory DBS disclosure obtained within the previous three months, they would not apply for another disclosure. Staff told us that they did not start work until their DBS and references had been returned and were satisfactory.

All staff completed an induction which included a three day training session provided by the local authority. This covered a variety of training in a number of subjects including dementia awareness, infection control, moving and handling and medication. Staff also took part in a Caremark induction day. In addition they had various work books to complete which were to be done within their 12 week probationary period. All staff we spoke with told us that they were fully aware of their role and responsibilities. They said

that they felt the training and the induction, and also shadowing other colleagues had equipped them for their role.

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 receive.

Reasons for our judgement

We spoke with eleven people who used the service and seven relatives of people who used the service. One person told us they had received a questionnaire "not too long ago" asking them for their views. Everyone else we spoke with said that since starting with the service, a supervisor had been out to check that they were satisfied with everything. One person said, "I remember two visits asking me if I got what I wanted and was happy with the standard." Other comments included, "someone comes out to check on the carers and see if I am happy with everything", "someone came out, they checked the paperwork was in place and that we were happy with things" and "they check up all the time, see if we are satisfied." Everyone we spoke with said they were either satisfied through to extremely happy with the service. All said they would feel comfortable in telling their carer worker or a supervisor if they had anything they wanted to raise.

The operations director told us that field care supervisors would regularly visit people who used the service. This was done as a 'spot check' to check that care staff were conducting their duties correctly, check paperwork was correct and complete and to obtain feedback from people to see if they were satisfied with the service. They would also be responsible for reviewing people's care plans at regular periods and also introducing new care staff to people. This meant that people using the service had opportunities to give any feedback they may wish to put forward.

The provider had been, and was in the process of, sending out 'customer annual surveys' to people who used the service. We saw some of the responses to these from June 2013 which were predominantly positive. We also saw evidence of 'care worker annual surveys' that had been sent to staff in February 2013 and some responses to these. No surveys had been sent out to any relatives or to any other professionals who may have had involvement with the service. The providers told us this was something they would consider doing in future. They told us the results of the surveys would be evaluated to look for any recurring themes or trends that may require action.

The managers and the six care staff we spoke with told us that staff meetings were held monthly. We saw minutes of these staff meetings. Staff told us that a variety of issues

were discussed and everyone had the opportunity to give their input. The manager told us that there was a basic agenda which included core topics for discussion but staff were free to add to this. Areas for improvement were also discussed at these meetings and staff were able to share information.
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The manager told us that there was an 'on call' system outside of the normal working hours. The manager and two field care supervisors each had a phone for out of hours calls. She said that most calls would be for carers and issues could often by resolved over the phone. She told us about one occasion where a field care supervisor went to visit a person that was new to the service to check on their welfare following a call from a carer who had expressed concern.

The six care workers told us that if untoward incidents or accidents happened they would inform their supervisor. We saw that the service had incident and accident report forms in place. One staff member told us of an instance where she had reported an incident to her supervisor and the progress and outcome had been fed back to her.

We found that the provider had provisions in place for recording comments, complaints and compliments. There was a complaints policy in place. We looked at some recent complaints and found that they had been dealt with thoroughly with information written clearly and the outcome of the complaint clearly explained to the complainant. We saw positive comments and thank you cards from people expressing their gratitude. Information about how to make a complaint with relevant contact details was present in people's home files which they received at the start of the service. There was also an easy read format available for making complaints.

There were detailed policies and procedures in place held at the office which staff could access. This information was also available on Caremark's own computer system.

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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