

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

## Caremark (Vale Royal)

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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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Supporting workers** ✓ Met this standard

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

## Details about this location

Registered Provider	J.O.T Limited
Registered Manager	Mr. John Franklin
Overview of the service	Caremark Vale Royal is part of a large franchise organisation offering domiciliary care providing personal care and support to people in their own homes.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information sent to us by commissioners of services, reviewed information sent to us by other authorities and talked with commissioners of services. We talked with other authorities.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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We spoke with nine people who used the service and three of their relatives. People told us they believed their care needs were being met and were confident in the care they received from staff. Comments such as; "I would recommend them" "very caring" "carer brilliant" "quite content" "they offer a service as good as it gets" and "I would miss them if they didn't come" were made by people receiving care and support.

We spoke with staff members who told us they had access to information to help them understand people's needs and their wishes.

Everyone spoken with knew how to contact the agency office and would do so if something happened that they were not happy about and comments such as "very happy with the service that Caremark provide" and "the staff are excellent." were made.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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

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### Reasons for our judgement

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The manager told us that people received a full assessment of need before any service was provided. She said that an information pack was given to all prospective service users to make sure they understood how the agency worked. Staff told us that information was also provided to identify each person's rights to make informed choices about their daily life and address their individual needs.

We looked at five care files. Records viewed confirmed that a full assessment of need was carried out prior to the commencement of the service. Care plans held signatures to confirm the assessment reflected the choices, wishes and capabilities of the people using the service.

We spoke with staff members who told us they had access to information to help them understand people's needs and their wishes. Staff also said they had completed induction training which covered the principles of good care practice and the importance of promoting independence and the value base of social care. This ensured that people's health, personal and social care needs were identified and their needs could be met by the service.

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

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**Our judgement**

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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

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**Reasons for our judgement**

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We spoke with nine people who used the service and three of their relatives. People told us they believed their care needs were being met and were confident in the care they received from staff. People also reported that they had been visited by the manager of the agency to discuss their needs prior to using the service and confirmed staffing was reliable and consistent.

People told us that they felt as if their wishes had been listened to and acted upon. They said their individual needs were catered for. People said that information had been recorded in a care file and this was used to produce a plan of care and risk assessment to ensure the care and support provided was appropriate to their need.

We looked at a random sample of five care plans for a selection of people who experienced varying levels of need. The initial assessments and care plans were detailed, comprehensive and personalised. We saw that incidents and accidents that occurred were recorded and the organisation responded appropriately reviewing risk assessments and plans as necessary.

Staff spoken with reported they had access to care plans and confirmed they contained sufficient information to enable them to understand how to provide care to the people they supported.

Copies of the care files and daily records were held in the home of the person using the service. Care files examined showed there were variations in the format of assessment and care planning paperwork to reflect the diverse needs of the people who used the service. Staff members told us they updated records on a day to day basis; this included sheets for staff to record visits and activity and medication prompts.

The manager informed us that a telephone system was to be introduced in the next few weeks to improve the logging of visits. People we spoke with said they had a care plan in place which they referred to as a book that the care workers used to write down things about their needs and preferences. They said the book was left in their home and was available for them to read at anytime.

Comments such as "I would recommend them" "Very caring" "carer brilliant" "quite content" "they offer a service as good as it gets" and "I would miss them if they didn't come" were made by people receiving care and support.  
were made .

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments had been carried out for each person, with actions to be taken to minimise any risks identified. These included an environmental risk assessment of each person's home and assessments for individual risks such as mobility restrictions .

There were arrangements in place to deal with foreseeable emergencies. Staff were able to describe the action they would take if they found someone unwell or collapsed at home, to get them the care and attention they required without delay.

People who use the service and the manager said people's care plans were reviewed if their care needs changed. For example if people went into hospital the service reviewed their care to determine what was needed to meet their needs when they went home and if those needs could still be met.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We spoke with nine people about this outcome area. All of them said that they felt safe in their home and they did not feel in any way threatened or concerned when the care workers were around. All the people we spoke with told us that they felt safe receiving care from Caremark Vale Royal. They said they felt they were respected and listened to and would say if they felt they were not. They knew they could speak with a manager and would have no problem doing so if they had any concerns.

Whilst people had not received any specific information about reporting abuse they confirmed that they would contact a member of staff at the agency if they had any concerns about the service or the support they received. All confirmed they felt safe with the carers.

Everyone spoken with knew how to contact the agency office and would do so if something happened that they were not happy about.

The registered provider had developed internal policies and procedures to provide guidance to staff on the 'Safeguarding of Vulnerable Adults' and 'Whistle blowing'. A copy of the local authority's adult safeguarding procedure was also available for reference.

The care manager demonstrated a good understanding of the different types of abuse, her duty of care to protect vulnerable adults and the action that should be taken in response to suspicion or evidence of abuse.

Discussion with care staff and examination of training records confirmed that staff working for the agency had completed safeguarding training.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We looked at the recruitment procedures in place and the personal files of the four staff recruited most recently. We saw that there was an organised process in place to recruit staff. An interview took place and we saw interview notes and questions that were asked. Two references had been requested and obtained before applicants commenced employment. Once criminal record check clearance (now called Disclosure and Barring) had been received staff were able to work with vulnerable adults. Any gaps in employment history had also been explored before they started working at the agency.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

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## **Reasons for our judgement**

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New staff members had received a proper induction and were receiving regular training. The result of this was that the current team had the skills, knowledge and experience to meet the diverse needs of the people using the service.

The manager informed us that all staff members were provided with induction procedures which had been developed in line with the Skills for Care Common Induction Standards (a comprehensive induction that takes account of recognised standards within the sector). Workbooks were seen in staff files looked at.

We also looked at the training matrix for staff working for the agency which revealed that staff had access to a range of mandatory, national vocational qualifications and other more specialised training relevant to the needs of the people they supported.

Staff told us that they had regular training on the computer system and felt this was very good. They said that since the new manager had been at the agency things had improved. One staff member said " I feel safe working here now it is calm and organised." Staff spoken with confirmed that they received formal supervision and they felt supported in their roles.

Staff files held details to confirm that training and supervision sessions were carried out as an ongoing process.

Risk assessments were available for safe handling of people who use the service.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People told us that they were encouraged to speak their mind about the staff and services provided. One person said that they had been given a questionnaire to complete about the service. Another person told us that staff carried out reviews of care and people were asked their opinions of the care provided.

The manager told us that in order to monitor the quality of services the agency used a variety of methods. These included: telephone calls, face to face visits, service reviews and random spot checks.

Staff told us the agency used various quality assurance systems to assess the quality of the service it was providing to people. This included questionnaires that were sent to people using the service, their representatives and other stakeholders such as social workers.

Staff said that during reviews of care, people who used the service were asked what they thought about the way the care was delivered. They were also asked if they wanted anything to be changed. Comments such as "very happy with the service that caremark provide" and "the staff are excellent." were made.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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