

SVK Care Ltd

Caremark Hinckley Bosworth & Blaby

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caremark Hinckley, Bosworth and Blaby is a domiciliary care agency providing personal care to people living in their own homes or flats. Staff support a range of needs including younger and older adults, children and people living with dementia. At the time of the inspection the service was supporting 106 people, 81 of whom were being provided with the regulated activity of personal care.

People's experience of using this service and what we found

People were supported to stay safe. Risks were identified and responded to. There was a system in place to report any incidents, including safeguarding concerns, which were analysed for any themes or trends. People's staffing requirements were assessed individually and met. People received the support they needed to take their medicines safely and as prescribed. Staff followed current guidance and requirements to protect people from the risk of infections, including those associated with COVID-19.

People's needs were assessed before they started to use the service and these assessments formed the basis of care plans. Care plans were personalised and reflected people's wishes, preferences and specific needs. Staff received training to give them the knowledge and skills to meet people's needs. The provider was developing in-house training to expand face to face training for staff, particularly in specialist areas such as autism. People were supported to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a range of systems and processes in place to monitor the quality of the care provided. People and relatives were encouraged to share their views and opinions about the service through a variety of consultative methods. Staff did not always feel they benefited from an inclusive culture. The provider was committed to developing consultation processes with staff to improve communications and working relationships.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 June 2019).

Why we inspected

We received concerns in relation to staff deployment and training and the control and prevention of infection. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark Hinckley, Bosworth and Blaby on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Caremark Hinckley Bosworth & Blaby

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector and an Expert-By-Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2021 and ended on 7 June 2021. We visited the office location on 25 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and seven relatives of people who used the service to gain their views about the care provided. We also spoke with six staff members including the provider, the registered manager and four care staff.

We reviewed care plans and records for five people and looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse.
- Staff had completed safeguarding adults training and knew how to identify and raise concerns. One staff member told us, "If I had concerns I would go to the office and feel confident they would listen and act on them. I also have access to a whistleblowing helpline."
- Staff had built relationships with trust with people so that people felt safe raising any concerns. One relative described how staff had learnt to communicate with their family member through non-verbal communication which had established a positive, trusting relationship.
- Staff were confident that the registered manager and provider would deal with any concerns raised. Where issues had arisen, these had been reported and addressed appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety continued to be assessed and care plans were in place to guide staff on how to mitigate risks and provide care safely. This included risks around personal care, mobility and medication.
- People felt staff knew how to keep them safe. One person told us, "Staff absolutely know how to use the hoist. They make me feel so confident in it. They operate it brilliant."
- Risks to people and staff from the environment were also assessed. This reviewed whether the environment was safe for staff to provide support and whether there were any risks to people which needed to be addressed.

Staffing and recruitment

- There were sufficient staff to meet people's needs, though we received mixed feedback on reliability of staff and call times. Some people experienced consistent staff who were on time and had developed a positive relationship with the person. Other people described changing staff, late calls and staff not staying for the full duration of the call.
- We reviewed a sample of call visit logs between 19-25 May 2021. These confirmed some staff were not staying the full duration of the call and were not recording why they had left early. Records also showed some late calls.
- The provider was aware of these issues prior to our inspection visit. They were in the process of addressing people's concerns which had arisen as a result of the pandemic and impact on staffing.
- Staff continued to be recruited safely. Recruitment checks continued to be carried out to ensure that staff were recruited safely. For example, to make sure Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who used the service.

Using medicines safely

- People continued to receive their medicine on time and as prescribed. Medicines administration records were complete.
- People's support needs for medicine administration had been assessed. People and relatives told us they were happy with the support staff provided with medicines. One relative described how their family member's medicines had changed a lot over recent weeks and had been impressed by how staff had responded to this.

Preventing and controlling infection

- People were protected from the risk of infections, including COVID-19. Staff used personal protective equipment (PPE) including face masks, gloves and aprons when giving personal care.
- Staff were provided with information and guidance on reducing the risk of infections. This included putting on and taking off PPE correctly and safely.
- People's care plans included risk assessments to support staff to manage infection control risks, such as additional cleaning and disposal of clinical waste.

Learning lessons when things go wrong

- Systems were in place to record and identify incidents and ensure lessons were learned and improvements were made when things went wrong.
- Records showed action was taken in response to lessons learnt. This included improving communication and amending call visit timings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff gave mixed feedback about the training and support they received. One staff member told us, "The training is good and if I feel I need additional training I will ask for it and it's usually arranged." A second staff member told us, "I have completed training, including refreshed moving and handling training, but I don't feel the training always meets my needs."
- People felt staff were skilled and knowledgeable, although some relatives felt staff who were new to the service lacked the knowledge and skills needed to meet complex needs. One relative told us, "The staff are really good but they have to learn it on the job. I have to explain things to new staff before I do it. Some new staff have only done 2-3 days online training and no shadowing."
- We discussed training with the provider who maintained a record of training completed by all staff. They told us there had been temporary interim arrangements during the pandemic to ensure sufficient staff were deployed which included staff working with relatives as second carers as part of contingency planning.
- The provider employed their own qualified trainer, in addition to on-line training, who was in the process of sourcing specialist courses to enable these to be delivered in-house.
- Most staff felt supported, although staff had not received consistent supervision. This was being addressed through the use of on-line meetings and more face to face meetings with line managers.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began to use the service to ensure they could be met. Assessments were completed with input from the person, relatives and relevant health and social care professionals.
- People were supported to identify their abilities, wishes and preferences to support personalised care.
- People told us most staff understood their needs and provided the support they needed.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided effective support for people to improve their diet and nutritional intake. People were happy with the support provided. One person told us, "Staff get me a cup of tea, sort out my dinner and bring it in to me. This is helpful because I have arthritis in my hands. Staff prepare food from fridge as requested and will make and leave me sandwiches for later."
- People's care plans included details of likes and dislikes in terms of food choices and any specific dietary requirements.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had systems in place to plan referrals to external services and to maintain care and support. Staff worked with local health services to ensure people received the support they needed. Examples included their GP and district nurses.
- People and relatives told us staff supported them to access health services if required.
- Care plans included details of people's health needs. We discussed with the provider that records would benefit from further information where people had specific health conditions to support staff knowledge and understanding of potential impact for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- No one using the service was being deprived of their liberty under the Court of Protection.
- Staff had a good understanding of the MCA Staff were supported to have a good understanding of the MCA through training and email updates from the provider.
- People told us staff provided care in the way they wanted and sought consent before supporting people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were promoting a person-centred approach in the service. This was evidenced through people and relative feedback. One person told us, "Communication is improving now. When I call, my calls are returned by the end of the day or [Name of staff member] messages me, which is good."
- Staff did not feel a fully inclusive approach between managers, office staff and care staff. Some staff spoke about a lack of understanding of the key issues in delivering care on 'the front line'. We raised this feedback with the provider who told us they would meet with staff to gain their feedback on current issues and work to identify a solution to their concerns.
- We looked at the provider's systems to deal with complaints and incidents. These were robust and evidenced the provider was aware of their responsibilities under duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had clear systems in place to support the running of the service. Quality assurance systems included, reviews of care records, medicine records, staff records and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice.
- A representative from the franchise undertook independent audits to ensure the service was compliant and benchmark quality against other services. This information was used to develop action plans and bring about improvements to the service, for example, ensuring staff received formal supervision.
- Staff were supported to understand their roles and responsibilities through regular updates from the provider including changes to government guidance around COVID-19 and working practices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were frequently asked for their views on all aspects of their care, the service and staffing. People could feedback their views through staff, quality calls by telephone and through surveys. One person told us, "We used to have routine visits from the office. Now we have a telephone call every three months to answer a questionnaire."
- People's overall feedback about the service was positive, with comments including, "It's all good at the

moment. I don't want anything to change," and "The staff we have on our shifts now are outstanding. The agency has met my needs and I am happy with the care we have."

- The provider had developed a newsletter which was sent to people and staff to share news, changes and good practice.
- Staff were able to share their views through their line managers, contact with the office and through staff meetings. Some staff felt more confident than others to share their views. The provider told us they would consult with staff to support them to be honest and open about any concerns or suggestions they wanted to make.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to support continuous learning and development.
- Staff worked with a range of people to ensure they reviewed and developed the service to meet the needs of people using it. One relative described how staff regularly attended meetings with other agencies involved in their family members care to ensure a consistent approach.