

M D J French & Co Ltd

# Caremark (Weymouth & West Dorset)

## Inspection report

Unit 21, Basepoint Business Centre  
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25 September 2019  
26 September 2019  
27 September 2019

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Caremark (Weymouth & West Dorset) is a domiciliary care agency. It provides personal care to people living in their own houses/flats in the community.

Not everyone using Caremark (Weymouth & West Dorset) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection, 56 people were receiving personal care from the service.

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

People told us they felt safe and cared for by staff who were friendly, respectful and attentive to their needs. A relative said, "I have been very pleased and impressed with all the care and support my husband has received."

However, we found improvements were needed in the management of people's medicines and some risk assessments were not person centred and lacked specific guidance for staff to follow. Also risks associated with providing care and support to people in their own homes had not been assessed or recorded. We have made recommendations in relation to medicines and risk management.

Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had not identified the issues we found at this inspection. We have recommended the provider undertakes a review of the effectiveness of the systems and processes in place.

Other risks were well managed. Risks had been identified in relation to people's care needs such as mobility and action had been taken to minimise these.

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.

People's privacy and dignity was respected, and their independence promoted. They had access to healthcare professionals when required and were supported to maintain a balanced healthy diet.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable by their circumstances.

People had confidence in the registered manager and told us the service was well managed. There was an open culture where people, relatives and staff were encouraged to provide feedback. Staff felt they received a good level of support and could contribute to the running of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 6 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme.

## 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Caremark (Weymouth & West Dorset)

## **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

The inspection team consisted of an 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 homes.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they 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 registered manager would be in the office to support the inspection.

Inspection activity started on 25 September 2019 and ended on 27 September 2019. We visited the office location on 25 September 2019.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. 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 visited the office location on 25 September 2019 and met with the provider, registered manager, office and care staff. On 26 September 2019 we visited five people in their homes with prior consent. On the 27 September, we spoke with 10 people and their relatives over the telephone. We looked at five people's care records, three staff recruitment files and other records relating to the management of the service including, training records, governance systems and quality assurance.

# 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 the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Most risks to people had been considered and there were plans in place to manage and mitigate risks. However, we found some risk assessments were not person centred and lacked specific guidance for staff to follow. For example, one person's risk assessment guided staff to follow "an established safe evacuation procedure". This person's care plan did not contain any additional information about what this might be or what staff were expected to do.
- Another person's risk assessment directed staff to prompt and assist the client to eat adequate protein each day. There was no information about what an adequate amount of protein might be. None of the staff we spoke with were able to tell us what this meant for their individual clients or what they would do if their client didn't eat an adequate amount of protein.
- None of the care records we view contained an environmental risk assessment. This meant we were unable to tell if the provider had assessed any of the risks associated with providing care and support within people's individual homes.

Whilst we did not find people had been placed at risk, we recommend the service reviews all records relating to the management of risk to ensure these are sufficiently detailed, person centred and cover all aspects of a person's care and support including the environment.

- People's equipment was regularly checked by staff to ensure it remained safe and well-maintained.
- Staff were vigilant in monitoring people's safety and reporting concerns.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Using medicines safely.

- Some aspects of medicines recording could be improved.
- Medication administration records (MARs) for one person showed they had been prescribed a laxative medicine to be taken twice a day. Records did not show, staff were administering this medicine as prescribed.
- Records for another person showed they were prescribed a variable dose medicine (one or two to be taken). We were unable to tell from the MAR's how many were being given as staff were not recording the amount taken.
- Were people had been prescribed medicines as PRN (as and when). Records did not contain clear guidance for staff as to when these should be used. This information is necessary as it provides staff with information to help ensure those medicines are administered in a consistent way.
- Staff confirmed they had received training in the safe administration of medicines and staff's competency

were regularly assessed.

We recommend that the provider update their practice in some areas of medicines management to incorporate current best practice.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. Comments included, "I have always felt very safe, the staff have always been very kind", "I don't have any concerns about the staff that support me" and "They make me feel safe just by their sheer efficiency and the way they know what to do"
- Policies in relation to safeguarding and whistleblowing were in place.
- Staff had received training to enhance their understanding of how to protect people from any form of discrimination and were aware of when and how to report concerns and were confident they would be dealt with.
- The registered manager was aware of their responsibility to liaise with the local authority about any safeguarding concerns.

Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and were suitable to be supporting people. Pre-employment checks included references, identity and Disclosure and Barring Service checks (DBS). A DBS check allows employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.
- People, staff and relatives told us the service had sufficient staff in place to meet people's needs safely. One person said, "I have the same girls most of the time and they always ring and let me know if they are going to be late." A relative said, "My husband has dementia and they know what his needs are, and they always try to make sure he has a regular team."

Preventing and controlling infection

- People continued to be protected against the risk of infection.
- Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection.
- People told us staff wore appropriate personal protective equipment, such as gloves and aprons. One person said, "They [meaning staff] always put on gloves when they prepare my meals."

Learning lessons when things go wrong

- The provider had systems to learn and make improvements when something went wrong. Staff recorded accidents and incidents. The registered manager analysed these on a regular basis to identify any trends or themes. Any lessons learnt were shared with staff to improve the service and reduce the risk of similar incidents.



# 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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

Healthcare support:

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.
- The service worked well with other organisations. Care plans and records showed effective liaison with other health and social care professionals and other care services. Staff told us they had worked with a variety of professionals including district nurses, occupational therapists and physiotherapists.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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

- People continued to be supported to eat and drink sufficiently. We did not receive any concerns related to people's nutrition and hydration needs.
- People and their relatives told us they were happy with the support they received around meal preparation. One person said, "The girls are very good, and they always leave my kitchen clean and tidy." A relative said, "They always make sure mum has a drink and a snack within reach when they leave just in case."

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.

- We found the service was working within the principles of the MCA and staff understood the importance of

enabling people to make their own decisions about their care as much as possible.

- Records showed people had consented to their care and support. Everyone we spoke with told us staff always asked for their consent prior to supporting them. One person said, "They [staff] always ask me for my consent before they do anything." Another said, "They [staff] don't do anything without checking its ok with me first, they understand the importance of me having the right to choose."
- Staff told us they had completed training in MCA and understood people's rights. Staff described how they would support people who might lack capacity and encouraged them to make day to day decisions for themselves.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the skills and knowledge to meet their needs. One person said, "They [meaning staff] seem very well trained and I have every confidence in them." Another said, "I would say she is well trained, these girls are so good, they are like nurses, but they don't get recognised in the same way." A relative told us, "All the staff I have met, have been very well trained and know how to care for [person's name]."
- Staff told us they completed an induction and did not work unsupervised until they had been assessed as competent to do so. Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- Staff had opportunities for regular supervision and appraisal of their work performance. Records showed actions for improvements were planned when shortfalls in staff performance were identified. Staff told us they felt supported and appreciated by the service's management team. One staff member said, "The registered manager is amazing, their so knowledgeable, I can talk with them about anything, there so supportive."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who had a good understanding of their individual needs.
- People told us staff were friendly, respectful and attentive to their needs. Comments included, "They always treat me with respect", "They are just so thoughtful", "So kind and caring", and "They know just what my needs are and how I like things to be done."
- People told us they felt their views were listened to and were respected as individuals. Care plans contained information about people's past, cultural and religious beliefs.
- Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected.

Supporting people to express their views and be involved in making decisions about their care

- People had control over their lives and were fully involved in making decisions about how they wanted to be cared for and by which staff. One person said, "I was involved in the care plan I think but have a job to remember. The care plan is here." Another said, "My daughter was involved in the care plan and it is reviewed by [registered managers name] every few months."
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys.
- People said the registered manager and staff frequently asked them if they were happy with their care and if there was anything they wanted to discuss or change.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with kindness and compassion and people told us they felt valued by the staff who supported them. One person said, "I receive personal care and have never felt rushed or that I was a nuisance." Another said, "All the staff are very kind and caring."
- People were supported to maintain their independence. Staff described how they supported people to be as independent as they were able. One member of staff said, "It's important that we don't take over, we are there to support people." One person said, "They have given me so much confidence and without their support I wouldn't be able to say at home." Another person said, "They try and encourage me to do things for myself and help me with the things I find more difficult."
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People continued to receive person-centred care.
- Most care plans we saw were detailed and personalised. This information guided staff on how best to support people, recorded people's health needs and/or behaviours and how to work with people in a way that best suited them. However, some care plans did not always contain sufficient information about people's needs or associated health conditions. For example, records for one person who had diabetes did not contain any guidance for staff about how to identify high or low blood sugars or what action they should take to keep the person safe. Although staff had good knowledge about people and their associated support needs, detailed information in care plans would provide staff with a better understanding of people's health conditions.

We recommend the provider reviews care records to ensure all risks related to people's health and complex care needs have been assessed and plans are in place to mitigate and manage those risks.

- Staff told us they had spent time reading people's care plans and spoke with people and their families to help them learn about what people needed and wanted.
- People's needs were regularly assessed and monitored, and care plans amended when changes occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. This helped ensure staff understood how best to communicate with each person.
- Staff told us about the different ways they communicated with people. For example, one member of staff told us how they often wrote information down so the person had something to remind them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Good relationships between people and staff, helped to reduce social isolation. People were supported to attend hairdressers, cafes and trips out. We heard how staff gave up their own time to ensure people were

able to access social events.

- People were supported to maintain relationships with families and friends and were appropriately involved in their care.

End of life care and support

- Where discussions had taken place with people regarding their end of life wishes, these were documented, and care plans recorded if a person had a 'do not resuscitate' document in place.
- Staff told us the service was committed to supporting people's wish to remain at home whenever possible. Staff had received training in end of life care and described how they worked in partnership with community healthcare professionals to ensure people had a comfortable and pain free death.

Improving care quality in response to complaints or concerns

- People told us if something was not right they would let someone know. One person said, "If I had any concerns I would talk to the manager in the office." Another said, "I have never needed to complain, but I would tell the staff if I was unhappy."
- Each person had a copy of the service's complaint's procedure in their home.
- The service had not received any formal complaints since the last inspection. The registered manager told us they would always act upon concerns in an open and transparent way and use them as an opportunity to improve the service.

# 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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found care plan reviews had not identified that some care records did not contain enough information or guidance for staff to mitigate known risks, or that some risk assessments were generic in nature, not person centred or that risks associated with providing care and support to people in their own homes had not been assessed or recorded.
- Governance systems had failed to identify people were not protected from risks associated with their medicines.
- The registered manager and provider were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. However, they had not been aware that they were required to notify CQC without delay of the death of a service user which they were legally required to do. The registered manager and provider assured us they would review their reporting procedures.

We recommend the provider reviews the effectiveness of the system in place to monitor and improve the quality and safety of the services provided.

- The management and staff structure provided clear lines of accountability and responsibility. Staff understood what was expected of them and were motivated to provide and maintain high standards of personalised care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives, and staff had confidence in the registered manager and told us the service was well managed. One person said, "The service is very well managed." Another said, "I have been very pleased and impressed with all the care and support my husband has received."
- The provider and registered manager were passionate about providing high quality care and support and told us in June 2019 Caremark (Weymouth & West Dorset) had been officially recognised as being one of the top 20 home care providers in Southwest England. A relative said, "The standard of care has been excellent. My mother's relationship with her carers is trusting and friendly. We would recommend their services."
- The provider had systems in place to provide effective oversight of the service. They regularly met with the

registered manager to discuss all aspects of the running of the service, for example, staff performance, people's care needs as well as overall management of the service. The registered manager told us they felt supported by the provider.

- Staff's training, skills and competence were regularly monitored through observations of their practice.
- Concerns and complaints were listened to and used to help improve the services provided

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others: Continuous learning and improving care

- The registered manager and staff had good working relationships with partner agencies. This included working with commissioners as well as other health and social care professionals.
- There were annual satisfaction surveys which provided people and their relatives with an opportunity to express a view about the quality of the service provided. The results of a recent survey showed a high level of satisfaction.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the service.