

Juniper Care Limited

Caremark (Enfield)

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Caremark (Enfield) is a domiciliary care service providing support with personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 33 people with personal care.

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

People received safe care from staff who knew and understood them well. There were safeguarding policies in place and the registered manager and staff knew how to identify and report concerns.

There were sufficient staff available to support people. Staff had the necessary training and experience. Recruitment checks were carried out prior to staff starting to work at the service.

People and relatives told us they were supported by staff who were kind, caring and respectful.

Risks to people were assessed, managed and reviewed. Medicines were managed in a safe way. There were infection control procedures in place.

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 had access to health and social care professionals where required in a timely way. People were supported by staff to maintain a balanced diet where this was part of their care package.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed.

The service worked in partnership with other agencies to make sure people received the right care and support.

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 31 January 2018).

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 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 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 (Enfield)

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 was carried out by one inspector and one 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 a short period 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 7 January 2020 and ended on 8 January 2020. We visited the office location on 7 January 2020 and contacted people and relatives via telephone on 8 January 2020.

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 four people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care manager, business manager, medication supervisor, co-ordinator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff supporting them. One person said, "Yes we feel safe."
- There was a safeguarding policy and procedure in place which included information about the local authority, relevant local contact details and how to report safeguarding concerns.
- Staff received training in safeguarding and were knowledgeable about the different types of abuse and how to report them.
- The registered manager notified us of incidents of potential abuse where this had occurred at the service.

Assessing risk, safety monitoring and management

- Risk assessments in place were personalised and had been completed with the person and where appropriate their family and other professionals.
- We saw risk assessments in relation to people's medical conditions, such as diabetes and epilepsy. Other risk assessments included moving and handling, nutrition and hydration and skin integrity.
- Risks to people and the environment were assessed before people started to use the service.
- Procedures were in place to make sure care workers knew what to do in the event of an emergency. For example, in the event people suffered from a medical emergency.

Staffing and recruitment

- People told us they received care from a consistent staff team.
- The provider used an electronic care management system which allowed the care workers to see any changes to their rota immediately, greatly reducing the risk of missed calls.
- People said they knew who to expect for their care calls and they were notified if there were any changes. Comments included, "Christmas and New Year holidays, they bent over backwards to make sure [person] had the care needed over the period" and "Yes they do. So far no issue regarding running late and always turned up."
- We looked at recruitment records and saw that pre-employment checks were carried out before staff joined the service. These included, criminal record checks, references from previous employers and confirmation of people's right to work in the UK.

Using medicines safely

- Not all people receiving support from the service needed help with their medicines. Where this was identified as part of their care package, appropriate support was put in place.
- Medicines administration records (MARs) were managed through an electronic care management system.

The MARs showed which medicines people were prescribed and when they were given.

- MARs were checked daily by the medication supervisor and audited by the care manager. This helped ensure any errors were identified and action taken to reduce the risk of them being repeated.
- Staff received training in supporting people with their medicines. Staff we spoke with told us they had their competency checked regularly. Records seen confirmed this.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff were aware of good infection control practices and people told us they had no concerns in relation to this.
- Staff received training in preventing and controlling infection as part of their induction.
- Staff told us they had access to disposable gloves and aprons.
- Accidents, incidents and near misses were reported and investigated by the registered manager to reduce the risk of reoccurrence.

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

- Assessments were completed before people started receiving support to ensure their needs could be met. This included considering any risks and assessing for any specific equipment that people may require. A relative told us, "I had full input; I set it all up with my mum present."
- People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans which included their preferences in relation to culture, religion and gender preferences for staff support.

Staff support: induction, training, skills and experience

- Training and induction offered to staff were in line with the Care Certificate. Staff we spoke with told us they found the training helpful and effective. One staff said, "Annual training and refreshers are available and helpful."
- People and their relatives had confidence in staff abilities and spoke positively about the standard of care their family members received. A relative said, "They're good with the hoist and slings, bathroom equipment and medicines. Food has to be blended. The lead person always makes sure that new carers are trained."
- Staff told us they had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Where people needed any support with nutrition and hydration this was provided in accordance with their wishes.
- People and relatives told us staff supported them to live as healthy a life as possible. They told us staff supported them in monitoring their health needs and involved healthcare professionals promptly when this was needed. One person said, "They do tell me if there's an issue and they tell me to call a nurse."
- Staff worked closely with a range of healthcare professionals to ensure people received the support they needed to live healthier lives.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the registered manager worked effectively with other professionals. For example, when people's needs changed they made referrals to other health and social care professionals to ensure people received the support they needed.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records we looked at contained details about people's capacity to make decisions.
- People and relatives told us staff consulted with them and asked for their consent before providing care and support.
- Capacity assessments had been carried out where people had not been able to make decisions for themselves. Where people could not make a specific decision, decisions had been made in their best interests, involving their relatives and representatives.
- Staff were trained in the MCA and demonstrated they understood this and how it applied to the people they supported.

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 and their relatives spoke positively of the staff who supported them. Comments included, "Yes I do [think they are caring]. They come in and ask how mum is; have a little joke with her when she's in the mood" and "They are good with mum and they treat her with a lot of affection. They humour her and they like her."
- Staff we spoke with knew people well, including their likes and dislikes, preferred routines and activities.
- The registered manager and their team promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.

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

- People were encouraged to make choices about their day. The care plans we looked at considered choices and preferences throughout and staff provided support accordingly. A relative told us, "Yes I had input in all planning."
- People were encouraged to have support from appropriate representatives where they needed additional support to make decisions about their care.
- People told us they were regularly asked for their feedback. The registered manager and staff gave information to people, their families and representatives about other organisations and sources of specific advice and support.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected and maintained. People told us, "They are brilliant, professional and polite."
- Staff told us they ensured doors and curtains were closed when attending to people's personal care.
- Staff demonstrated a clear understanding of the boundaries of confidentiality and worked within these.
- People's independence was promoted. Staff we spoke with told us they encouraged people to do as much as they could for themselves. One staff said, "I motivate people to do things they can, keep on trying and persevere."

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 received personalised care and support which met their preferences and needs.
- Care plans and records contained person-centred information, including people's needs on the ground of protected characteristics.
- Staff told us they were supported to understand and meet people's needs through regular meetings and learning opportunities.

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 information and communication needs were identified as part of their initial assessments. These were recorded in care plans as necessary.
- The registered manager was aware they were required to make information available in alternative formats if required by people in order to aid communication and understanding.

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.

- Staff supported people to maintain relationships that mattered to them, to ensure they were protected from social isolation.
- People had access to newsletters which contained information on local organisations and events taking place in the local community.
- Staff told us and people confirmed that staff spent time talking with them and were not rushed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people were provided a copy with their care plan documents when they joined the service.
- People and their relatives told us they knew how to make a complaint and that they had not had a need to raise one. However, they said they were confident that if they complained, they would be taken seriously.
- The registered manager confirmed they had not received any complaints in the last 12 months.

End of life care and support

- At the time of this inspection the service was not supporting people with end of life care.
- People's preferences and choices in relation to end of life care was discussed as part of their overall assessment.
- Care plans contained information about people's wishes where people wished to share this information.

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.

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

- People and their relatives said they knew the registered manager and felt the service was well-led. Comments included, "I think the registered manager is okay; I've got a good relationship with him" and "I know the registered manager; so far he's been very pleasant."
- Staff told us they thought the culture at the service was transparent and open, and the registered manager was available if they had queries or concerns.
- The registered manager understood their legal duties in relation to the duty of candour and were open and honest with people if something went wrong.

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

- The registered manager submitted notifications to CQC as required.
- The service was well organised, and staff we spoke with were clear about what was expected of them.
- There were quality assurance and governance systems in place. These included audits on medicines management, health and safety and the care provided to people. The audits and checks supported the registered manager in identifying shortfalls and take action to address them.
- Staff work practices and competencies were observed and assessed during 'spot checks'. These were to check that staff were working to the required standards.

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

- People told us they had opportunities to engage and be involved in their care. One person said, "We do have reviews and they're quite extensive."
- Relatives confirmed they received quality assurance questionnaires annually.
- Staff also had the opportunity to participate in surveys to ensure their views and opinions were captured.
- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs.
- The registered manager worked with local organisations, with the aim of promoting healthy living, reduce social isolation and provide people with information about organisations that could help.
- The registered manager and their team reviewed accidents, incidents, feedback and complaints to learn

lessons and improve care at the service. They communicated improvements to people's care in meetings to ensure staff were aware of any changes.