

OM2 Care Ltd

# Caremark (Croydon)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults. There were 42 people using the service at the time of our inspection.

When we last visited the service on 9 and 12 October 2015 the service was meeting the regulations we looked at and was rated Good overall. However, we rated the service Requires Improvement in the key question 'Is the service Safe?' This was because sometimes people did not feel safe with inexperienced care staff. In addition, the provider did not always tell people when staff would be late and what time staff would arrive, or which staff would be coming.

At this inspection we rated the service Requires Improvement.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People experienced late visits and the provider did not always inform them staff would be arriving late. We identified these same issues at our previous inspection in 2015. This meant the provider had not improved in light of our previous inspection findings. In addition, the provider did not have an effective system to monitor the time staff cared for people and the provider had not identified the on-going issues relating to lateness which people and relatives were dissatisfied with. These issues were a breach of the regulation relating to Good Governance.

Most people and relatives we spoke with felt the service was not well-led due to the issues relating to lateness and the lack of communication from the service relating to this. People did not always know in advance who would be caring for them and some people did not receive consistency of care from the same people.

People were protected from the risk of abuse as the provider had systems in place such as training staff to recognise and respond to abuse.

Risks relating to people's care were also reduced as the provider identified, assessed and managed risks. The provider managed people's medicines safely.

The provider carried out recruitment checks on staff to check their suitability to care for people.

People received care in line with the Mental Capacity Act 2005 although the provider told us they would review their processes when we identified some improvements could be made.

The provider assessed and reviewed people's care by gathering their views and consulting any relevant professional reports. People were involved in decisions regarding their care.

People were supported to maintain their health and were supported in relation to eating and drinking by staff.

Staff received suitable induction, training, supervision and an annual appraisal to help them in understanding and delivering care to people. The service worked well with other services in providing care to people.

People were supported by staff who knew their needs and preferences. People were supported to be as independent as possible. Staff treated people with dignity and respect and maintained their privacy. People's care plans contained sufficient detail about people to be reliable to staff in caring for people.

The provider had a suitable complaints procedure in place and investigated and responded appropriately to any complaints.

The service had a registered manager in post who had a good understanding of their role and responsibilities and leadership was visible and capable at all levels. The director implemented incentives to retain staff such as company cars and bonuses. The director often spoke about care-related topics at events and mentored other directors in the franchise.

The service supported people to integrate into their community by providing training to local businesses and members of the public on dementia to raise their awareness.

The registered manager encouraged open communication with people and staff and gathered their feedback on their experiences of receiving care as part of quality assurance processes. However, the provider had not used these systems to monitor and respond to the on-going issues concerning lateness.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. People experienced on-going issues with lateness.

People were protected from abuse and neglect.

Risks relating to people's care were reduced due to suitable risk assessment processes.

Staff were recruited with checks of their suitability carried out. There were sufficient staff to support people.

**Requires Improvement** 

### Is the service effective?

The service was effective. The provider assessed people's needs well.

People were supported to maintain their health and in relation to eating and drinking.

Staff received induction, training, supervision and appraisal to help them understand people's needs.

People were supported in line with the Mental Capacity Act 2005.

**Good** 

### Is the service caring?

The service was caring. However, people did not always receive consistency of care workers so were not always able to build good relationships with people.

People were supported to maintain their independence.

Staff were respectful towards people and respected people's privacy and dignity.

**Good** 

### Is the service responsive?

The service was responsive. People's care plans contained reliable information for staff to follow.

The provider responded to people's changing needs.

**Good** 

Suitable processes were in place for the provider to respond to complaints.

Suitable processes were in place to for the provider to respond to complaints.

### **Is the service well-led?**

The service was not always well-led. The provider had not improved the service in light of the findings of our last inspection.

The provider did not always communicate with people, particularly in relation to lateness.

There was an experienced registered manager in post and leadership was present at all levels.

**Requires Improvement** 

# Caremark (Croydon)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the previous inspection report and the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the service on 11 December 2017. Our inspection was unannounced and carried out by one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with the director of the service, the registered manager, the care coordinator, a field care supervisor and two care workers. We looked at care records for five people, staff files for three staff members and other records relating to the running of the service.

On the same day as our inspection our Expert by Experience spoke with three people using the service and eight relatives.

# Is the service safe?

## Our findings

There were enough staff deployed to care for people, although there were consistent issues with lateness which could put people at risk. A relative told us how sometimes only one care worker attended so they had to help out as the required second care worker themselves. A different relative told us about three occasions in the last nine days when staff were very late and on one of these occasions the relative had to cancel due to the lateness. The relative told us, "I need to have the time in the morning to go out and get things done and not be left waiting about for them. It's not satisfactory." A third relative told us, "No one had come by 12 noon on Sunday and so I cancelled." A fourth relative told us, "Two months ago no one turned up by 10am. The office tried to get cover but it was too late at 11am [as the person had missed their appointment by then due to the staff lateness]. The office is forever changing the times staff visit." The registered manager told us they had sufficient staff to cover calls, as did the care coordinator who developed the rota. When we raised our concerns regarding lateness with the registered manager after our inspection they told us they believed there was not a major issue with lateness but they would investigate this further. The provider then contacted us and clarified some people experienced issues with lateness due to regular football events in the local area which affected traffic substantially.

People were safeguarded from abuse and improper treatment by the provider. People told us they felt safe receiving care from staff. Staff understood the signs people may be being abused and how to respond to this to keep people safe. Staff received annual training in safeguarding adults at risk from the provider to keep their knowledge current. The registered manager understood their requirements to report any allegations of safeguarding to the local authority and CQC but had not had reason to do so in the last 12 months.

Risks to people were reduced as the provider assessed risks and put management plans in place for staff to follow in supporting people. The provider incorporated advice from external professionals, such as speech and language therapists into risk assessments, such as guidance from Occupational Therapists (OTs) in moving and handling risk assessments. The provider reviewed risk assessments if people's needs changed to ensure guidance for staff remained reliable.

The provider had systems to learn when things went wrong, although the provider had not used these systems to learn and improve in relation to the issues of lateness. The director met with the registered manager and other members of the team every Monday to review any complaints, accidents, incidents or allegations of abuse or misconduct. An action plan was put in place to ensure the provider responded appropriately and improved systems where necessary.

People received care from staff that the provider checked were suitable. The provider ensured staff completed an application form which included a full employment history. In addition the provider checked for any criminal records, obtained references from former employers, checked qualifications, training and experience, proof of identification and right to work in the UK. The provider also monitored staff suitability during their probationary period. The registered manager explained action they had taken when allegations of staff misconduct had been made and we found this action to be appropriate to protect people from poor practice.

People were supported safely in relation to medicines. The registered manager explained they did not administer medicines to any people using the service at the time of our inspection but did prompt some people to take medicines themselves. We found the provider had carried out risk assessments where necessary in relation to medicines support and people's care plans included relevant information for staff to follow relating to medicines. Staff received training in medicines management each year and the provider also assessed staff competence to administer medicines annually to reduce risks.



## Is the service effective?

### Our findings

People were supported to maintain their health and the provider worked with other services in relation to this. The provider included details of people's health conditions in their care plans, contact details of healthcare professionals involved in their care and guidance for staff as to how to support them in relation to their health. Staff supported people to attend healthcare appointments where this was part of their care package. The provider had supported people to gain referrals to healthcare professionals such as occupational therapists. In addition, the provider attended regular meetings held for some people to review their complex care needs with healthcare professionals such as district nurses which helped people receive joined-up care.

People received the right support in relation to eating and drinking. The provider included information about people's preferred foods and drinks and how staff should support them in relation to eating and drinking in their care plans for staff to be aware of. Some people required support from staff to reduce their risk of choking and the provider used guidance from speech and language therapists in relation to this for staff to follow.

People's needs and choices were reviewed by the provider. A relative told us, "They review [my family member] every three months. The supervisor comes and talks to [my family member]." The provider reviewed people's care four times a year through meeting with the person and their relatives and any relevant professionals involved in their care, or more often if necessary. In addition, the provider contacted people regularly to ask them whether their care continued to meet the needs. The provider made any necessary changes if people's care package required amending.

People were cared for by staff who the provider trained and supported to meet their needs. A relative told us, "You can tell that [staff have] been trained." The provider ensured all staff completed an induction in line with the Care Certificate. The Care Certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff also completed training during their induction, and annually, to help them understand the particular needs of the people they supported, including in dementia, diabetes, catheter care and pressure ulcers. Staff also completed training in core topics each year including safeguarding adults at risk, infection control, equality and diversity and dignity and respect. The provider supported staff to complete diplomas in health and social care to further their knowledge of their role. Staff received supervision with their line manager every three months during which they reviewed the best ways to care for people and their training requirements. Staff also received an annual appraisal during which they received feedback on their performance and set goals for the coming year.

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 were cared for in line with the MCA. The provider carried out mental capacity assessments when there was reason to believe people lacked capacity to consent to particular areas of their care, such as receiving personal care. However, for one person we identified the provider had only described the person's capacity in their care documents and not carried out a formal assessment to determine their capacity to consent to their care. This meant the provider had not followed the Act and could not be certain of the person's capacity. The provider held 'best interests' meetings with people's relatives and others involved in their care to make decisions in people's best interests when they lacked capacity. However, for one person we identified the provider had not carried out best interests planning. This meant the provider had not followed the Act in clearly identifying and recording the views of those involved in their care as part of making decisions on behalf of the person. The registered manager told us they would review people's mental capacity assessments and any best interests meetings as soon as possible to ensure they followed the Act. Staff understood their responsibilities in line with the MCA as they received training on this each year and staff confirmed they always asked people for consent before carrying out personal care

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a different process for people who receive care in their own home. The registered manager told us no people were deprived of their liberty at the time of our inspection but they had processes to follow if this changed.

# Is the service caring?

## Our findings

People received support from a service which was caring. People told us the staff who supported them were caring. A relative told us, "Most of [the care workers] are very polite and they make [my family member] feel comfortable." A second relative said, "They communicate well with [my family member], chat with [my family member], and when he says 'no', they don't force [my family member]." A third relative said, "[Staff] don't treat [my family member] like a patient but like a person. They always ask him [what he would like] and talk to him." A fourth relative said, "[Care workers] are kind and caring. They're all good and they laugh together [with my family member]." The provider celebrated special events in people's lives, such as birthdays, anniversaries and culturally significant times of the year such as Christmas. For example, the provider sent birthday cards and Christmas cards to people each year to demonstrate how they cared. We viewed many compliments received by the service from people and relatives about the care received.

Most people were cared for by staff who knew them and understood their needs. One relative told us, "We have a regular carer and we've not had any problems." A second relative said, "The regular ones are very good. The main thing is how they understand him. We have no problems with them." However, some people did not receive consistency of care workers. One relative told us, "We get different [care workers]" and this meant they were less able to build good relationships. A third relative told us, "We have a lot of different carers, a few come regularly." The registered manager told us they always tried to provide people with consistency of care workers but it was not always possible. Our discussions with staff confirmed they were provided with sufficient information about people before they began providing care to them.

People were involved in decisions relating to their care. A relative told us, "The care is all about [my family member's] choices." A second relative said, "[Staff support my family member to dress] and she chooses what she wants to wear." People's care was based on how they wanted to receive care. Records showed when people requested care to be provided differently, such as at a different time or with amended tasks, the provider promptly reviewed the care staff provided to meet people's preferences.

People were treated respectfully by staff and their dignity was maintained. A relative told us, "They close the door. They explain what they are going to do." People also told us staff supported them to maintain their appearance. Staff received training in privacy and dignity each year to help them understand the importance of this in their role and understood the need for confidentiality. However, one relative told us, "[Care workers] talk about other clients in front of me. You shouldn't give names of other clients." The registered manager told us they would discuss with staff the importance of confidentiality to reinforce expectations. The provider stored information about people securely to maintain their privacy and confidentiality.

People were supported to be as independent as possible. A relative told us, "[Staff are] good and help [my family member] to be as independent as possible by doing things like standing against his walker offering him a steady support to balance against to strengthen his muscles." People's care plans contained information about how staff should provide care in ways which encouraged them to retain their skills and abilities, such as involving people in their personal care where possible.

## Is the service responsive?

### Our findings

People's care plans were developed in response to their needs and wishes. The provider met with people and their relatives before they began providing care to them to find out how they wanted to receive their care. The provider also reviewed reports from professionals such as social workers and developed care plans for people based on the information they gathered. The provider ensured people's care plans contained sufficient detail about their needs, preferences, interests, aspirations and the best ways to communicate with them to be reliable in guiding staff. In addition, people's care plans reflected their current needs as the registered manager reviewed them regularly. Care plans were 'person-centred', based on how the person themselves would like to receive care. One relative confirmed staff followed the care plan and, "They also help [my family member] with his exercises" as agreed with the provider. People's preferences were observed by the provider. A relative said, "We've had the same two carers since we started and they know him well. We made a special request that one of these two carers must always attend because they understand the quality care that's needed."

People's changing needs were responded to by the provider. As an example, the provider identified a person's mobility had improved so they no longer required particular aids and adaptations to support them to transfer. The provider arranged for an assessment by an OT and updated their care plan based on guidance from the OT.

Any complaints people made were responded to appropriately by the provider. A relative told us they had not had reason to complain because, "We work things out together." The provider included information about how to complain in information given to people about the service before they began receiving care. Records showed the provider responded promptly to any complaints made and issued apologies if they found the service people received fell short. The provider told us they would introduce a tracker to log complaints so they could more easily review the action taken in relation to complaints. This was because we identified information relating to each complaint could be made more accessible for review.

There were arrangements in place for people to receive coordinated end of life care, although at the time of our inspection people were not receiving end of life care. However staff received training in end of life care and the provider worked closely with others involved in people's end of life care, such as the hospice and nurses who provided care from other services, in ensuring people received responsive care.

## Is the service well-led?

### Our findings

The provider was not always effective in monitoring, assessing and improving the service. At our last inspection we identified issues with timekeeping and the provider did not always tell people when staff would be late and what time staff would arrive, or which staff would be coming. At this inspection we identified the same concerns. This meant the provider had not put robust improvements in place in light of our previous inspection findings. The provider told us they always aimed to inform people when staff were running late. However, sometimes during evenings and weekends they were not able to contact people in advance to inform them due to other situations the on-call supervisor may be dealing with.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always communicate well with people using the service or their relatives. Four out of six people or relatives who we asked told us they found the service was not well led due to poor communication about lateness and also poor planning of the rota. One relative told us, "There's poor planning on the rotas. No travel time and they've got to cope with buses and traffic. They send [care workers] all over the place!" A second relative said, "Carers have complained especially when they bother to tell the office they're running late and these messages are not passed on to us. The admin and organisation of the rotas is also something [care workers] complain about." When we asked a third relative if they felt the service was well-led they responded, "Not really. They chop and change and are not very organised. They need to improve on planning their rotas and phone more to let me know if they're running late or not coming." A fourth relative responded to the same question, "I don't think [they are well-led]. They are poor at communicating. They listen but there's no action! When you phone the emergency number, no one answers but they call back about 30 minutes later or don't call back at all." A fifth relative felt the management was "Ok" although they could improve by, "Informing people about their lateness." When we raised these concerns with the provider they spent time gathering their own feedback from people to find out more about their concerns. The provider then reviewed rotas to promote better time keeping in light of people's feedback to them. In addition the provider put in place a new system for staff to text a dedicated number if they were running late. The provider told us this system was working well and was helping them to improve in informing people about any lateness promptly. Also as a consequence of feedback they received from people, the provider committed sending rotas to people more promptly, using first class stamps instead of second. In this way people would be aware of who would provide care to them each day.

People, their relatives and staff were encouraged to feedback on the service and the provider communicated openly with them. However, these systems of gathering feedback were not effective as they had not identified and resolved the issues we found relating to lateness and planning the rota. The field care supervisors visited and called people regularly to get their feedback on their care and to check whether any improvements could be made. The provider also contracted an independent resource to call people each year to gather their views on their care. In addition the provider sent annual surveys to people and their relatives to gather their views and we saw feedback recently received was positive. The provider held monthly staff meetings where what was working well and not working well was discussed.

The provider monitored the service including records relating to people's care and the care people received. In addition an electronic system was in place to track staff training. The field care supervisors carried out regular spot checks and observations of staff to check they were caring for people in the best ways, and supported staff to make any improvements they identified. Staff were aware of the provider's whistleblowing policy and told us they felt they would be supported if they raised any concerns.

The service was led by a registered manager who had managed the service since it was registered with CQC. Our inspection findings and discussions with the registered manager confirmed they understood their roles and responsibilities. The registered manager was completing a diploma in leadership and management in health and social care to help further their knowledge. Staff told us the registered manager was very supportive and a good manager.

Leadership was visible across the service. The director spoke passionately about making a difference to people through providing a good quality service and they had completed the diploma in health and social care when they began their career in care. They had experienced great success after taking over and transforming a failing service in the Caremark franchise and this inspired them to open the Croydon service. The director mentored other directors within the franchise to help them to run a successful service. In addition the director frequently spoke to audiences at events such as care forums and cultural events about care related topics. The director and registered manager were trained to deliver care to staff in a range of topics which meant training was readily available to staff. The director told us they kept up to date with research in staff recruitment and told us about the initiatives they put in place to retain staff. For example, the director offered cars to care workers who worked more than 40 hours and paid staff a bonus twice a year for meeting key targets such as attending training and team meetings.

The service supported people to integrate into their local community by raising awareness of dementia. The director was an Alzheimer's society dementia friend and ran workshops for local companies and members of the public to help them understand dementia. The director was also part of a scheme to act as a resource for local businesses to contact if they needed advice on how to support a person with dementia who wished to use their services.

The provider worked in partnership with key organisations in an open and transparent way. For example, when the provider was concerned a person may not be receiving the required support from an external source they promptly liaised with social services who were able to investigate the matter. The provider also facilitated regular checks of the service by the local authority. The director and registered manager attended forums held by the local authorities in which they provided care as part of keeping up to date with developments in the care industry.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established systems, which operated effectively, to ensure they were able to assess, monitor and improve the quality and safety of the services provided to people.</p> <p>Regulation 17(1)(2)(a)</p>