Caremark Limited

Caremark (Leggyfield Court)

Inspection report

Leggyfield Court
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Date of inspection visit:
16 May 2019
17 May 2019

Date of publication:
05 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 (Leggyfield Court) provides care and support to people living in a setting called 'extra care' housing. At the time of this inspection 34 people lived on site. 27 people received 'personal care' from the service. The provider supports older people. The development had communal areas such as a lounge and restaurant which people could use.

People's experience of using this service:
While the provider adhered to the requirements of the Mental Capacity Act 2005 (MCA) to ensure people's human rights were not unlawfully restricted, care staff did not demonstrate a clear knowledge of the MCA. We fed this back to the manager who provided an assurance this would be a discussion point at their next team meeting. People and relatives told us their rights to make their own decisions were respected. Records supported what people told us.

People told us they received safe care. Staff understood how to report concerns and manage risks to keep people safe. The manager acted upon and reported safeguarding concerns when these were identified. Staff were recruited safely, and people were supported by a regular team of staff. Medicines were given in a safe way and lessons were learnt when things went wrong.

People spoke positively about the support they received. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people. People's dietary needs were assessed and where required, people were supported with their meals.

People received caring and compassionate support from the staff. People told us staff were kind and caring and treated them with dignity and respect. Care plans contained person-centred details about people's relationships and how they would like their support provided. People knew how to complain and told us where they raised concerns the management acted promptly to address these.

The service was well-led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them. The management team worked professionally with agencies outside of the service and ensured a transparent, honest and open approach to their work which was valued by others.

Rating at last inspection:
This service was registered by Care Quality Commission (CQC) on 19 March 2018. This was their first inspection.

Why we inspected:
This was a planned comprehensive inspection that was scheduled to take place in line with CQC scheduling guidelines for adult social care services.

Follow up:
We will review the service in line with our methodology for 'Good' services.

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

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 safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

Caremark (Leggyfield Court)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations under the Act, to look at the overall quality of the service, and to provide 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 provides care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. 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 take into account any wider social care provided.

The service had appointed a manager who was in the process of applying to be registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
Inspection site visit activity started on 16 May and ended on 20 May. We visited the office location on 17 May to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection:
We reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the provider about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this

information to decide which areas to focus on during our inspection.

The provider completed a Provider Information Return. This is key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.
We sought feedback from the local authority who worked with the service.

During the inspection:
16 May the expert by experience telephoned and spoke with four people using the service and six relatives for their views on the care and support provided.

17 May we visited the office location and we reviewed: five peoples care records, medication records and risk assessments. Staff recruitment and supervision records for three staff. Training records for all employed care staff. Records of accidents, incidents, complaints and compliments, audits, quality assurance reports and surveys. We spoke with the nominated individual, area manager, newly appointed manager and supervisor.

The manager arranged a coffee/tea morning in the communal area for people to meet with us and share their experiences. There were 13 people present, 11 of whom were in receipt of the regulated activity 'personal care'. In response to this activity we met with an additional two people using the service, one with a carer present, the other with a manager present.

20 May we telephoned three care staff and the manager emailed some additional evidence in response to feedback provided at the end of the inspection.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong:
• The manager demonstrated a good knowledge of safeguarding procedures and the processes around reporting of concerns. The service kept a summary of safeguarding referrals to the local authority and notified the Care Quality Commission (CQC) when required.
• Prior to the inspection, the manager notified us about concerns relating to medication errors. Feedback from the extra-care coordinator for the local authority told us, 'Over the past few months Adult Social Care have received a number of safeguarding concerns, majority of these have been due to medication errors. Adult Social Care are currently working on 5 alerts all in relation to medication errors.'
• Internal actions in response to safeguarding concerns were evidenced in practice. For example, the service had implemented a revision of practices in relation to managing people's medication and the use of a master key. An additional process had been put in place to check for medication errors. A team leader or the most senior person on shift now check every medication administration record (MAR) four times a day to check medication has been given as prescribed and signed to indicate this. An employed supervisor carried out additional spot checks of the MAR records and completed weekly observations to ensure medication was administered safely. The area manager told us, that in response to the additional measures put in place to safeguard this area, records demonstrated no errors, stating, "Last month was perfect."
• A person had complained they felt unsafe and alleged someone had accessed their home while they had not been present. This is currently under police investigation. We cannot report on the investigation at this time. However, the CQC will monitor the outcome of the investigation and actions the provider takes to keep people safe. The manager was working with the local authority for a solution. Currently staff use a master key to access people's homes when a person is unable to let a carer in themselves. The manager explained it is not only employed staff by Caremark that have access to this key, but the schemes staff who look after the site. The manager told us the local authority had agreed to put in place key safes for people. This would mean the master key would no longer be required. The manager had a signing in and out log for the master key which had only recently been implemented due to the alleged incident.
• Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. The provider had a safeguarding policy for staff to follow. Staff knew what actions to take and said they would report any concerns to the manager.
• Staff wore uniforms and identification badges, so people could be assured they worked for the service.

Using medicines safely:
• Medicines systems were organised, and people were receiving their medicines when they should.
• People had individual MAR's that included details of their GP and any allergies they had. MAR's seen confirmed that people were receiving their medicines as prescribed by health care professionals.
• There was guidance in place for staff on when to offer people 'as required' medicines or pain relief and systems in place to ensure people received their medicines at appropriate intervals.

• Training records confirmed that staff responsible for administering medicine had received medicines training and had been assessed as competent to administer medicines by senior managers.

Assessing risk, safety monitoring and management:
• Risks to people were assessed, recorded and updated when people's needs changed. People and their relatives told us they were safe. One person said, "I fell with my leg underneath me, (pressed) emergency button, they (staff) came straight away. (Staff member) sat with me until the paramedics came." Another person said, "I feel very safe. They (staff) know me and how to care for my needs."
• People's risk assessment included areas such as mobility, showering and other individual conditions such as diabetes and catheter care. Where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to safely assist the person, and the equipment to be used.
• Risks within people's home environment had been assessed and identified. Care workers and management worked closely with the housing association who were responsible for repairs. People had personal emergency evacuation plans in place which included guidance for staff and the emergency services on the support they would need to evacuate from the service safely.
• There was a system to record accidents and incidents; any emerging trends were identified. We viewed these records and saw appropriate action had been taken where necessary.

Staffing and recruitment:
• Records demonstrated the provider employed enough staff to enable each person to have a consistent staff team. People and a relative told us they felt there were enough staff and no one we spoke with reported any missed visits. Everyone we spoke with said staff stayed long enough to do everything they needed to before they left.
• Where required additional hours were provided to people to ensure their safety was protected. The supervisor said, "[Person] can no longer stand on a stand aid, get in or out of bed with one carer. We have put in place an extra carer to support this. The persons social worker and physio are included in this and we are looking to increase the number to two carers per call permanently."
• People were protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs.

Preventing and controlling infection:
• The staff were trained in infection control. Staff told us they used gloves appropriately, for example when assisting people with application of creams.
• The staff had access to protective personal equipment, such as gloves and aprons, available in the office.

Requires Improvement

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff induction, training and experience:
• People were not supported by staff who knew the principles of The Mental Capacity Act 2005 (MCA). When we asked staff what their understanding was of the MCA and best interest decision making, comments included, "They (people being supported) may request to get out, if it was in their best interest I would be taking them for a walk and let them enjoy that." "We decide for them (people) based on what is good for them" and "If they cannot decide you can pick on behalf of them." Feedback from the extra-care coordinator for the local authority told us, they had identified this as an area that staff lacked knowledge in. Our findings supported this. While most staff had received training in the MCA since October 2018, in our discussions with staff their knowledge and understanding was limited. This knowledge shortfall had not been identified by the manager and was not included on the provider's improvement plan for May 2019. The manager gave us assurances that staff would be provided with additional training to improve their understanding. We will not be able to confirm if sufficient action has been taken until we next inspect the service.
• People were supported by staff that had ongoing training that was relevant to their roles. Staff had additional training around people's specific conditions, for example, in dementia awareness and diabetes. The supervisor said, "It has helped me a lot. Because it is things we deal with in our role. The training has given me the knowledge on how to support people with these needs, why and how to respond. I want to be a manager one day, Caremark has inspired me."
• Staff were encouraged to study for vocational qualifications in health and social care. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff shadowed experienced staff.
• Staff told us, and records confirmed staff were supported in their roles. They had regular one to one meeting with their line manager to discuss their care practices and development opportunities. A carer said, "We are asked how we are getting on, are we stressed with anything, get feedback on what we are doing well and what we can work on. Our knowledge is checked, given scenarios of what we would do, steps would take around people's safety etc."

Ensuring consent to care and treatment in line with law and guidance;
• The Mental Capacity Act 2005 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 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.
• Staff told us they gained verbal consent before undertaking any support and people we spoke with confirmed this. People felt staff respected their wishes and listened to them.

• The provider understood their responsibilities under the MCA and knew people could not be restricted unlawfully. People and relatives told us their rights to make their own decisions were respected. Records supported what people told us. The manager sought and recorded individual's consent to their care. The manager completed and documented appropriate mental capacity assessments in accordance with the MCA code of practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People's care records showed support was planned in line with best practice guidance and reflected professional's involvement.
• People's needs were assessed before they were started receiving care from the service to ensure these needs could be met. The initial assessment included people's physical, cultural and communication needs. People's care records contained a front page about people's conditions for reference. The service was working with the local authority to ensure a review of individual's needs took place before care commenced to identify any changes in need.
• There was clear guidance and instructions within people's care plans about how to use equipment such as a hoist, stand aid and oxygen.

Supporting people to eat and drink enough to maintain a balanced diet:
• Staff knew people's dietary requirements and were able to explain how they would offer people meal choices to meet their dietary needs. This information was documented in the person's care plan.
• Where people did not require support with food and drink, any nutritional risks were still recorded in their care plans so staff could be aware and monitor any changes in people's health.
• The manager told us that information about people's dietary requirements, for example allergies or special or modified diets had been shared by the service with the restaurant to ensure the meals they received met their assessed needs and preferences. This ensured that people were able to maintain a safe diet.

Staff working with other agencies to provide consistent, effective, timely care to support people live healthier lives:
• People were supported to live healthier lives and had access to a range of healthcare professionals and services. The manager had good relationships with the local medical practice and with the pharmacy. Issues were addressed as needed.
• People attended appointments with professionals such as their GP, dentist and optician. As needed, people were supported to make referrals to specialists, such as speech and language therapists and district nurses.
• The service provided emergency response 24 hours a day via individual's pendant alarms. People we spoke with confirmed they wore them and knew how to use them. One person said, "They (staff) answer quick." People told us they felt they could rely on staff and experienced prompt responses when they used the alarm.
• Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional wellbeing which meant care workers were able to provide continuity of care.

Adapting service, design, decoration to meet people's needs:
• People's needs were met by the design and decoration of their flat's. The provider as part of the person's assessment of care, ensured any adaptations to the person's home were carried out by an agreed external contractor.
• People had access to specialist equipment that enabled greater independence whilst ensuring their physical needs were met. For example, wheelchairs and hoisting equipment. A relative told us how a chair had been placed in a person's kitchen for them to be able to sit at and rest while preparing food and doing

domestic tasks.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• The provider had an equality and diversity policy. People's preference on whether they wanted a male or female carer were documented in their care files. The staff we spoke to understood what equality and diversity meant. The manager had recently recruited a male carer for a person at their request, the manager explained how this had improved the person's confidence and quality of life.
• The caring nature of the service was shared by all, the manager told us the provider aimed to create a caring organisation. Feedback from people reflected they formed caring relationships with staff. A person said, "I really appreciate the work the carers put in. It's well above the call of duty. The carers are really kind." Another person said, "They are friends more than carers." Another person said, "Love it here. The team are the best. I am well looked after here."
• During our visit to meet with people we observed kind and caring interactions from staff towards people.
• Staff spoken with had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.

Supporting people to express their views and be involved in making decisions about their care:
• People and their relatives told us they were consulted with and involved with their care and the management team checked information in their care plan was up to date. People confirmed they had copies of their care plans and were involved in completing them.
• Relatives said, and records confirmed, they were kept informed of any changes or health concerns.
• People told us the staff knew their preferences well and knew how they would they liked their care to be delivered. One person said, "I am very pleased with the team. They are very approachable."

Respecting and promoting people's privacy, dignity and independence:
• All people we spoke with told us staff respected their privacy and dignity. One person said, "This is an area staff are so mindful of. They really make sure that the areas not being washed are covered up. They care how that might affect me. They are terrific."
• People were encouraged to maintain and develop their independence as far as possible. For example, participating in cooking and cleaning. A carer said, "We should be encouraging a person to do as much as they can, we shouldn't be just going ahead and doing it for them." A supervisor said, "We try to always encourage people to do things for themselves. Like washing themselves, choosing their clothes for the day and for bed, encourage them to do things we know they can do themselves."
• People's care reviews included goals which were meaningful to them and their progress was monitored and reviewed to support them to develop their skills at their own pace.
• People's confidentiality was supported and information about people was held securely. Staff told us how

they respected people's privacy by not talking about them in front of other people and closing a person's curtains when supporting them with personal care.

Good

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People received personalised care and support specific to their needs and preferences. One carer said, "It's all about the person. Putting the person first. We are there for them not for us." One supervisor said, "Person centred care means you are looking after the person and doing things how they like things done. Getting to know them, getting to know the things they like to do. If you can personalise everything as much as you can and get to know them, it can make such a difference to the rest of their day and their mood. One of our residents got vocal and stressed over little things. He had a mental health problem. One day the carer got out a t-shirt - it meant nothing to us. He became upset. It was because of the t-shirt. They then visually gave him two to choose from and he chose one - he was ok after that. The minimal things we take for granted can have such an impact on a person."
• People's needs were outlined in care plans, there was a clear information about what level of support was required on each of the visits and the care plans were current and reflected people's needs. There was a good understanding of seeing each person as an individual, with their own social diversity, values and beliefs. For example, staff valued people and knew their preferred daily routines, like, dislikes and wishes. A person who is registered as blind, stopped taking part in activities. A carer told us, that with the encouragement and persistence of staff the person now does knitting each week in the communal lounge. Engaging with other people and producing handmade items. The carer said, "Knitting, it's a rhythm that you do not forget. Whether you can see or not, [person] is proof to that. We don't give up on the person because of age or disability."
• The manager recognised people's changing needs and the importance of prompt reviews. A relative told us their loved one's dementia had become more advanced and felt maybe a residential placement would be more appropriate. The manager requested a review with the local authority and it was agreed the person needed more things to do, to remain engaged. The manager told us the person used to be an administrator as an occupation. The person was given an administration role in the office, folding the newsletters and putting them in the envelope's ready for the post. The manager explained how this had helped the person remain independent in their own home but had also supported the persons memory.
• There was a timetable of activities on display and people told us about the range of things they had participated in. People could access gardening on site, attend a film night, quiz afternoon, play card games and bingo. People receiving 'personal care' confirmed they took part in activities and found them to be an important part of their day to day lives.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals. For example, a person was hard of hearing. Their care plan guided staff on the person's hearing loss and how to provide personalised

support. Another person with partial sight, relied on staff placing themselves very close to their face and lip read. Where required, care plans and minutes of meetings were also provided in large font.

Improving care quality in response to complaints or concerns:
• The provider had a complaints policy and complaints received by the service were recorded and investigated.
• People and their relatives told us they knew how to make a complaint. People told us when they raised concerns these were dealt with. One person said, "If I had a complaint I would talk to the manager. They are very easy to get hold of. I don't have complaints now, I used to have, and we worked through together."

End of life care and support:
• The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people and their families for completion should they chose to do so. Where known, people's wishes were recorded, and families were involved as appropriate. The manager explained if a person was receiving end of life care training around death and bereavement issues would be provided to staff.
• Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were in some of the care files we looked at. Where people did not want to be resuscitated, DNACPR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Good

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• People and relatives, said the service was well-managed. One person said, "The whole thing is quite well run." Another person said, "They are very good."
• The manager planned and delivered person-centred, high-quality care and consistently achieved positive outcomes for people. This considered all aspects of a person's life, addressed people's health needs promptly and maintained links with their local community. This was evidenced through feedback received and records viewed.
• The provider promoted an open and transparent, no-blame culture. A staff member said, "My manager is approachable - very good with me since I arrived. I have had great support. The team is brilliant and we all help each other." The nominated individual and manager collectively told us it was very important to offer a service to people and to be an employer that did not compromise on the quality of care and support provided. They were passionate about providing and supporting their team to deliver a personalised high-quality service. This was evidenced through the team meeting minutes and the outcomes in compliance audits.
• The manager demonstrated how they fulfilled their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The manager was available throughout our inspection and demonstrated a good understanding and knowledge of all the people who used the service.
• Staff understood the requirements of the CQC regulations and how to meet these. Notifications the provider was required to send to CQC by law had been completed.
• The staff were aware of their roles and worked well as a team. Staff told us there was a 24 hour on call system to access if they required support outside of office hours.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The provider created opportunities for people to provide feedback. People had regular reviews, they could provide feedback during the care reviews and spot checks. The provider encouraged people and their relatives to complete an annual survey in February 2019. Overall comments were positive and where there were suggestions to improve the manager compiled an improvement plan. This included recruiting more staff to stop the use of agency cover. The impact of this meant people have staff who are familiar to them

and have better knowledge of how to meet their needs.
• Staff told us they were valued and able to contribute their ideas to the running of the service. Team meetings were held monthly for staff. This supported them to contribute towards the day to day running of the service and to receive regular updates about the service. This included an awareness session in March 2019 on the needs of lesbian, gay, bisexual, and transgender (LGBT) people. Teaching staff to have a good understanding of different kind of relationships, listening to people they support and respecting their choices. It was an opportunity for staff to learn more around this subject and how to be better prepared for providing support that is personal to an individual. The manager told us, this is an area they will continue to work on and improve.
• The manager shared a newsletter with people and relatives each month. This was used as an opportunity to update people, relatives and staff on recruitment, activities, nominate care worker of the month, provide updates on available training or completed training.

Continuous learning and improving care:
• The manager had a number of quality assurance systems in place. These included, audits of medicines records, care records and spot checks. Audits were effective in identifying any issues or underlying themes to drive improvement.
• There was an emphasis on continuous improvement. For example, the manager monitored complaints, accidents and other occurrences monthly to identify any lessons to learn.
• The manager and local authority had an improvement action plan which included the open safeguarding's, and actions taken. It included moving and handling and working closer with occupational therapists for training on any new equipment. The review of care plans and monitoring records to ensure they were more robust and comprehensive.

Working in partnership with others:
• The management team worked professionally with agencies outside of the service and ensured a transparent, honest and open approach to their work which was valued by others. Feedback from the extra-care coordinator for the local authority told us, 'We are currently completing weekly monitoring visits to Leggyfield to support Caremark to improve the service and this is ongoing at this stage. Throughout the past few months [manager], her director and staff at Leggyfield have worked positively with us to make improvements to the service. I'm hopeful that with ongoing work, Caremark will continue to improve and confidence in the service will grow for social care professionals.'
• The manager and staff worked in partnership with other services, for example their GP, community pharmacists, advocacy, community nurses and occupational therapists to ensure people's needs were met in a timely way.