

Liberty Carers Limited

Caremark (Redbridge & Waltham Forest)

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 (Redbridge & Waltham Forest) is a domiciliary care agency providing personal care to 85 people in their own homes in North East London.

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

People told us they felt safe at the service. Staff knew to report any allegations of abuse to the registered manager but were not always aware of the procedure to follow if they needed to 'blow the whistle' on poor practice. There were no instances of poor practice found during the inspection and the registered manager took immediate steps to increase staff knowledge.

People told us staff were caring and friendly. Their dignity and privacy were promoted, and their diversity was championed. People felt confident they could contact the office if they needed to make a complaint.

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.

Staff received training to help them carry out their roles. Staff supported people to eat and drink enough and to have access to healthcare.

The provider created a personalised electronic care plan for each person and updated them regularly. Risks to people's health and wellbeing were assessed and managed effectively.

People told us the service was well run. There was an open and inclusive culture at the service and the provider had effective systems in place to assess the quality of the service and make any improvements necessary improvements.

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 10 May 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 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 (Redbridge & Waltham Forest)

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

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 five members of staff including the registered manager, one team leader and two care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two people and six relatives.

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 receiving care from the service.
- One relative told us, "Yes, it is safe. [Person] is very happy to see them."
- The senior management staff understood their responsibilities to report safeguarding incidents to the local authority and the Care Quality Commission. Accurate records were maintained of two safeguarding incidents.
- Staff received training about safeguarding people from abuse and had a good understanding of different types of abuse and their responsibilities to report any concerns to the registered manager. However, not all staff were aware of the procedure to blow the whistle on poor practice to external organisations such as the police, the local safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing, such as the risk of pressure sores and mobility, were well managed.
- The provider had assessed the different risks people faced and completed risk assessments with a plan for staff to follow to minimise the risks.
- The assessments were regularly reviewed, and staff demonstrated they knew how to keep people safe from the risk of harm and in emergency situations. One staff member said, "I monitor them to know when something is wrong, if they have shortness of breath I call 999 and the ambulance will come."

Staffing and recruitment

- There were enough staff to keep people safe and records demonstrated care visits were always carried out.
- Staff and people told us there were enough staff. People told us they received care from a core staff team during the week, but weekends sometimes lacked consistency of staff. Where two members of staff were required they always arrived together to provide safe care.
- The provider followed safe recruitment practices and had conducted the relevant checks before staff worked unsupervised at the service. Records showed completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- Medicines were managed safely.
- Staff had received medicine administration training and were aware of their responsibility to record

people's medicines accurately on medicine administration records (MAR).

- People told us they received their medicines as prescribed and the provider regularly audited people's MAR to ensure there were not any errors in administration.

Preventing and controlling infection

- The provider had a system in place to control the spread of infection and a policy to guide staff.
- Gloves and aprons were supplied, and staff told us they used these while providing personal care.

Learning lessons when things go wrong

- The service analysed incidents and accidents to learn why things went wrong and to prevent the situation in the future.
- Records demonstrated that accident and incident reports were completed by staff and the registered manager had created an action plan to make improvements.

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 now 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; Staff support: induction, training, skills and experience

- The provider assessed people's needs before they began supporting them.
- Staff received training to help them support people well.
- People and their relatives told us staff knew what their needs were and supported them well. One relative told us, "They must have [received good training]. They have been very efficient at hoisting [person]."
- The registered manager was implementing a training programme whereby staff members would become champions in areas such as epilepsy and in order to provide expertise on these topics within the service. The registered manager told us they had supported care staff to become Dementia Friend Champions to raise understanding of those living with dementia.
- New staff completed a period of shadowing before working on their own and were supported by an assigned 'carer and work placement mentor' for three months who provided ongoing practical advice. Staff also had access to electronic videos to support their work.
- Staff received supervisions and annual appraisals and agreed an action plan to help them develop in their roles.

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

- People were supported with nutrition and hydration in line with their care plans.
- People and their relatives told us people were supported to eat and drink enough. One relative said, "[Person] doesn't like microwave meals and the carers do help [person] make fresh food and we are lucky that the carer enjoys cooking."
- Daily logs demonstrated staff supported people to eat balanced meals in line with their preferences and medical requirements.

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

- The service worked with agencies and healthcare professionals to ensure people received effective care.
- People told us staff helped them access healthcare services when they were unwell.
- Records captured people's GP contact details and demonstrated people received care from healthcare professionals such as district nurses.

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.

- Consent to care was obtained in accordance with law and guidance.
- People and their relatives told us they consented to the care they received.
- Records showed people had signed to consent to their care and the provider recorded where people had legally appointed people to make decisions on their behalf.

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 now 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

- Staff developed caring relationships with people using the service.
- A person told us, "Yes, they have a lot of empathy". A second person said, "Yes, we can have a laugh and a joke." A relative said, "Oh yes, yes. Some of [the staff] will have a cup of tea with us."
- Staff spoke about people warmly and about how much the people they supported mattered to them. One staff member said, "The best thing about doing the job is seeing smiles on people's face. Some say without you I don't know what I'd do. And I feel the same way."
- Records captured people's spiritual needs. Staff told us how they treated everyone equally with respect to their diversity and human rights.
- Discussions with the registered manager showed the service welcomed people of all faiths and sexual orientation.

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

- People were involved in making decisions about their care.
- Staff understood the importance of giving people choices. One staff member said, "You need to make sure they are in charge they can make their own decisions. Even about wanting a tea or coffee. It makes them feel comfortable and safe with you. I always respect their decision if they don't want a body wash in the morning try to encourage but leave it if don't want it."
- Staff explained how they communicated with people who could not express themselves because they were non-verbal or could not hear. One relative told us, "Yes, they come and say hello and they can do basic signing."

Respecting and promoting people's privacy, dignity and independence

- Staff explained they treated people with respect. One staff member said, "During shadowing, I say that the first thing you do is start a conversation. In my team they need to show compassion. I explain not to talk to them like they're babies. They're older than us so we need to treat them with lots of respect."
- Records detailed how staff could promote people's independence and privacy.
- Daily logs demonstrated that people undertook tasks with sensitivity and care.
- Staff told us they maintained people's independence and people were asked about what they were able to do.

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 now 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; 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

- The provider created comprehensive plans of people's support needs. These were reviewed regularly and adapted when people's needs changed.
- People told us they took part in planning their care and had a copy of their care plan in their homes.
- Staff were aware of their responsibility to monitor people for changes to their health and wellbeing and gave examples of when they had made referrals to healthcare professionals to reassess people's requirements.
- Care records were detailed and personalised, containing information about people's backgrounds. They captured what people liked to do such as culturally important food choices and hair styles.
- Care staff found the care plans helpful and knew what people liked and did not like.

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.

- Care plans captured people's communication needs and provided information about how staff can best communicate with people.
- People and their relatives told us staff communicated well and staff gave examples about how they use different methods to fully communicate with people who may need extra support because of medical conditions.

Improving care quality in response to complaints or concerns

- Complaints were well managed.
- People and their relatives felt they could make a complaint to the office staff. One person said, "I'd phone [the office], but I do have a good rapport with the regular carer and would address them."
- The majority respondents of a recent survey of people using the service found people were confident to raise complaints.

End of life care and support

- The provider had an end of life policy.
- The service was not supporting anyone at the end of their life at the time of the inspection, but records

recorded whether people had made any advanced decisions about their end of life care.

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 now 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

- There was a positive and open culture at the service.
- Staff told us staff morale was high and there was good communication with team leaders and the registered manager. One staff member told us, "I'm very happy working here. The staff are friendly and professional. Communication is the biggest key for solutions."
- Team meetings supported good team work and culture by focussing on topics such as team culture, 'leading by example' and 'team wellbeing'.
- The provider was in the process of creating staff wellbeing officers to better support staff welfare outside of meetings with staff with line managing responsibilities.

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

- The service was set up in a way that promoted good quality care.
- The service was run by a registered manager who was supported by a care coordinator. Care workers were split into different teams with an appointed team leader. Staff told us these small teams worked well together. If a staff member had not completed a personal care task the electronic system sent team leaders an automatic alert. The team leaders addressed these with the team the same day to keep people safe.
- The registered manager held monthly meetings with team leaders to discuss ongoing spot checks, staff supervisions and care plan reviews to ensure these were up to date.
- The registered manager completed internal inspection of the service and monthly audits such as of medicine administration records to ensure the service was providing good quality care.

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

- Staff told us the management team were "friendly, helpful and approachable" and gave examples where their ideas about improving the service were implemented.
- The provider conducted annual surveys of staff and people using the service to ensure their views were heard and acted upon.
- The provider strove to learn from any incidents. Staff were encouraged to share what they didn't work so

well and what they learnt from it at team meetings in order to make service-wide improvements.

- People told us they were happy and satisfied with the service. One person said, "I would say [it's run well]. It ticks over very nicely."
- The registered manager demonstrated their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment... There was evidence the registered manager had had transparent conversations with health and social care professionals where required.

Working in partnership with others

- The provider was working in partnership with others to embed best practice at the service. For example, the registered manager told us they volunteer as I care Ambassadors. The registered manager told us they strove for innovative ways to provide good care.
- The service involved the Job Centre Plus to assist with a comprehensive recruitment drive.
- The service ran non-profit community social events in partnership with local community leaders. The aim was to improve well-being and decrease loneliness.
- The service supported people to book a free fire safety check from the local fire brigade to help ensure they were safe in their homes.
- The service had been recognised for industry awards. For example, the service was a Great British Care Award Finalist.