Care Remedies Limited

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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
Care Remedies Limited is a domiciliary care agency. The agency provides personal care to people living in their own homes. At the time of the inspection, care was being provided to 57 people. Some were living with dementia, some had physical disabilities and two had learning disabilities.

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.

People's experience of using this service and what we found
People told us they felt safe and this was supported by relatives and carers. Staff had a good understanding of safeguarding and what steps they would take if they had concerns. Risk assessments had been completed and were bespoke to individuals. Accidents and incidents were correctly reported, recorded and investigated. Staff were recruited safely, and people were supported with medication when necessary.

A robust induction process was in place which was followed up by regular training, supervision, meetings and appraisals. Staff knew people well and knew how to communicate with them. Some people were supported with food and drink and management of diabetes. Food and fluid intake records were kept where there was concern. Staff understood the importance of gaining consent from people and all staff had received mental capacity training.

Staff were seen to be kind and caring towards people in their own homes. People's differences were recognised and celebrated, and people had choice about how their care and support needs were met. People's privacy and dignity were respected. People were encouraged to be as independent as possible with daily tasks such as washing, dressing, food and drink preparation.

Care was delivered in a person-centred way. People were supported to attend medical appointments when family/carers were not available. Staff helped people out on short trips to the seafront and to an annual pantomime at certain times of the year. At the time of the inspection no one had significant communication needs but the staff had received training in communication and aids were available to help if the need arose. A complaints policy was in place and was accessible to everyone. Few complaints had been raised and all issues had been dealt with quickly and satisfactorily. No one using the service was in receipt of end of life care but staff had received training in this area.

People, relatives and staff spoke well of the registered manager who provided clear, visible leadership and support. Although there was no formal meeting structure there were various ways that people, relatives and staff could provide feedback. Annual questionnaires were completed and then analysed by the registered manager. The service was relatively small and regular interactions took place with the management. The new computer system meant that audits could be carried out daily for medicines, accidents and incidents

with a fuller monthly audit to identify trends carried out by the registered manager. The service is growing and there are ambitions to expand further. The registered manager told us that they wanted to ensure the new computer system was fully imbedded before further growth.

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, (report published 14 February 2017.)

Why we inspected
This was a planned inspection based on the previous rating.

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

Care Remedies Ltd

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.

Service and service type
Care Remedies Limited is a domiciliary Care Agency. The agency provides care and support for people in their own homes. The Care Quality commission (CQC) regulates the care provided and this was looked at during the inspection.

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 24 hours' notice of the inspection because we needed to be sure that staff, people and relatives would be available to speak with us.

Inspection site visit activity took place on 19 December 2019. We spoke to the registered manager, office and care staff and reviewed care records, policies and procedures. On 20 December 2019 we visited three people in their homes.

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
During the inspection we spoke to seven members of staff including the registered manager, the director, the office manager and four carers. We spoke with three people and one relative. We looked at six people's care plans and a range of documents relating to how the service was managed. These included audits, quality assurance reports, complaints, accidents and incidents and medicine administration records (MAR).

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke to three people and four relatives.

Good

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 told us they felt safe. A person said, "I love them so much there're a lovely bunch, I feel very safe with them." Another said, "I'm never rushed, they take their time beautifully."
- Systems were in place to manage risk. Staff had received training and had a good understanding of safeguarding. Staff were able to tell us of potential situations that would amount to a safeguarding, what they would do and who they would inform. A member of staff told us, "I'd complete an incident form, seek advice and report to social services."
- The registered manager showed us the service safeguarding policy. There had been no recent safeguarding reports but the registered manager was aware of their responsibility to report incidents to the local authority, CQC and the police if necessary.
- Staff were aware of the service whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.

Assessing risk, safety monitoring and management

- Each care plan contained risk assessments bespoke to that person. Examples included moving and handling, health and safety, medicines and diabetes. The assessments showed the risk and gave details of how to avoid an accident and what to do in the event of something going wrong. Diabetes risk assessments detailed signs and symptoms of illness and how to deal with them.
- Care plans and risk assessments were regularly reviewed and people and relatives could ask for changes or for a review at any time if they wanted to change the levels of care and support. A relative told us, "I'm at every review but we can raise issues at any time and they always respond and help us."
- Staff checked people's smoke alarms and lifeline's once a month. Lifeline's are devices held by people to alert relatives and emergency services in a crisis. The computer system recorded details of all calls and produced a 'word cloud,' which was based on the words most used in staff notes about people. The system had highlighted when certain words were used, such as 'refused' or 'missing', which meant that the registered manager was aware of and had been able to investigate situations much more quickly.

Staffing and recruitment

- Enough staff were employed by the service to meet people's needs. Staff did have regular people that they cared for but were also used to cover unexpected absences and leave. A person told us, "I have the same five or six carers but that works well. We've got to know each other well."
- The registered manager told us that the managers and most of the office staff were trained carers and

would help with care calls when required. An on-call system was in place and managers and qualified staff could be called at any time for advice and support. A staff member said, "I do on call. It's a really helpful back up. I've been called out when a hoist stopped working and was able to help."

● No care calls had been missed. Occasionally staff were held up and ran a little late. The policy agreed with people was to allow a 15-minute period for being early or late to a call. If a carer was later than 15 minutes then the office called the person to let them know. A person said, "There're on time nearly always. Very rarely I'll get a call to say they've been held up."

● Staff had been recruited safely. Personal files were held on a computer system and were all up to date and held the required information. This information included references, interview notes, photographic identification and the results of Disclosure and Barring Service (DBS) checks. DBS checks for previous convictions or cautions or any other relevant history that may prevent a person from working at the service.

Using medicines safely

● Some people were supported by staff to take their medicines, however most people were supported by family members. A person told us, "I manage my own medicines but they always ask me if I've taken them and check."

● Staff told us they had received medicines training and this was confirmed by staff training records.

● Staff used an application on their mobile phones to record when medicines had been given and this was immediately transferred to the person's medication administration record (MAR). This process enabled managers to identify if any medicines were ever missed or refused. The MAR recorded the date, time and amount of medication given and details of the member of staff involved.

● As required medicines (PRN) were rarely given but staff told us they would always seek advice before giving PRN medicines and they would be recorded electronically on the MAR the same as other medication. A separate protocol had been written covering PRN medication. A staff member said, "We'll always mark up PRN meds so that the next carers can see."

Preventing and controlling infection

● People and their relatives told us staff always wore gloves and aprons when caring for people. During visits to people's homes we saw staff using gloves and aprons and regularly washing their hands. A member of staff said, "There is always a good supply."

● All staff had completed infection control and food safety training. We observed staff preparing food and drink for people in their homes and this was completed safely and hygienically.

Learning lessons when things go wrong

● Accidents and incidents were recorded, investigated and then audited monthly. Copies of reports were attached to people's care plans and people and relatives were kept informed of any investigations.

● Patterns were identified as a result of the auditing for example, a person had experienced several falls during a short period of time. This prompted the service to contact the person's GP and the frailty team. A meeting was then held to discuss what extra support the person required with tasks they could no longer safely do themselves. Further falls were prevented because of this intervention.

Good

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

- People's care and support needs were re-assessed after the first week of receiving care calls to ensure the right level of support was being given. Reviews then moved to a six-monthly cycle and involved the person, relatives/advocates and professionals if required. A person told us, "My husband is always here for the reviews. They always ask if there is anything else they can do for us."
- The registered manager told us that it was rare that there would be no changes made following a review. They said that the new computer system revealed issues arising immediately and changes to people's care packages were constantly being reviewed and tweaked if needed.
- The registered manager, one of the management team or an experienced, trained carer, carried out the initial assessments with people and their relatives/advocates. During this process, enough detail was secured to create a support plan for the person. This detailed care and support needs and areas of risk to the person. Risks included environmental factors such as trip or other hazards around their homes.
- The registered manager contacted people after the first few care calls to ensure that all care and support needs were being met. As far as practicable, people were matched with carers who had similar interests and values to themselves.

Staff support: induction, training, skills and experience

- Staff induction lasted for 12 weeks and involved initial training, face to face and online, for example, in health and safety. Staff were given opportunities to shadow more experienced staff and to get to know the people they would be caring for. Staff were matched with people but the relationship was regularly reviewed to ensure people were getting on with their carers. A member of staff told us, "They look at how you work. I was matched with a person who likes a strict routine. That suits me as that's how I like to work."
- Staff were supported with regular supervision meetings every three months and appraisals yearly. A staff member said, "We have supervisions every 12 weeks but we can chat at any time if we have a concern." Personnel files confirmed this.
- We saw training records kept online that were up to date and had dates shown for refresher training. Staff had been trained in safeguarding, moving and handling, diabetes and oral health care for example.
- All staff were working towards the Health and Social Care certificate. This was a training program designed to equip staff with the knowledge and skills to work in health and social care settings.
- The registered manager carried out regular spot checks. These were unannounced checks on staff in the workplace to ensure they were working safely with people. A staff member said, "I'm checked about every 12

weeks. They look at PPE and make sure we're interacting correctly. We get feedback within a week."

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

● Most people lived with family members/advocates who supported them with preparing food and drinks throughout the day. However, staff prepared some meals and drinks for people regularly and others when required. Staff always checked to make sure that people had eaten and that they had enough drinks available.

● A relative told us, "My (relative) has frozen meals but the carers will always check to make sure they've had them." Staff recorded if any meals were missed on their mobile phone application and this meant any patterns were identified straight away. Nutrition and hydration records were kept where there were any concerns.

● No one using the service required help to eat and drink, however some lived with diabetes. Staff had received training in diabetes and were aware of which food and drinks to provide if needed and what steps to take if a person became unwell.

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

● People's physical and emotional wellbeing were supported and people had access to health and care professionals, such as GP's and district nurses when needed. Staff would liaise with professionals and request support when required. During a visit, a social care professional from the local authority visited the family to discuss whether any additional support was needed.

● A relative said, "They have helped us in the past with visits to the GP. I know they'd help again if we needed it." Staff told us that sometimes they supported people to get to medical appointments.

● The service provided a 24 hour on call service. This was primarily to support staff but was also available to people. A relative said, "The out of hours call line is very helpful. They always resolve issues for us."

● Care plans were updated with peoples' needs and contained details of GP's, district nurses, chiropodists and other professionals. As people's support needs developed this was recorded each day. A member of staff told us about an elderly person they were looking after whose independence was declining. The care plan was updated and additional support put in place.

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.

● Most people had capacity but a few were living with dementia and required support with complex decision making. Mental capacity assessments were completed as part of the initial assessment, usually by the local authority. Best interest meetings were then held and the registered manager or their deputy would attend.

● Staff had completed mental capacity training and were aware of the importance of consent. A staff

member told us, "It's all about communication. Sometimes I read peoples' facial expressions, I'll always maintain eye contact. One person squeezes my had to indicate 'yes'". Another staff member said, "You get to know people. I'll say, 'are you ready?' 'Would you like to have a wash?' I'll always respect 'no', but sometimes you can encourage people by starting with their hands and face and then slowly getting consent for other areas."

● We asked people about the issues of consent. A person told us, "It's the first thing they ask. They'll always ask, 'is that alright/ok?'" People were involved in decision making around their daily care and support. A staff member said, "I'll always ask for consent but sometimes I'll say something like, 'shall we make you look nice as you have church tomorrow.' It's really about how you talk to people."

● Care plans contained details of consent forms signed by people and their relatives/carers. Some people had Powers of Attorney in place and reference was made to the relevant contact points. These are legal documents which empower nominated relatives or friends to make decisions on behalf of people.

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.

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 told us that the staff were caring. One said, "They always ask if there is anything else they can do." Another told us, "It's the way they talk to you. They are kind and always offer to help, to do more." A relative said, "It's the little things that count. If they are looked after then (relative) is happy."
- A relative told us about a recent issue where the care staff had identified a small area of soreness on their relative. Staff immediately addressed the issue, taking a photograph, with consent, and sending it through to the office who in turn called out the district nurse. They applied cream in the short term to try and prevent it from getting worse.
- People told us that they had regular carers and that they got to know each other well. A person said, "I have about four different carers across the month and I've got to know them well. I'm always pulling their legs." We visited people in their homes during care calls and saw positive interactions between people and their care staff. Staff said, "Let's make you comfortable," "Is there anything else I can do," and "Let's get you to your comfy chair."
- People's differences were known by staff and respected. For example, people's different faiths and practices at certain times of the year.

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

- Staff provided people with choice. For example, people who required help getting dressed were asked what they wanted to wear and for those requiring help to wash, they were offered a bath or shower. People who received help with food and drink preparation were similarly given choice.
- People were involved in their reviews of care. A person said, "My daughter was here with me. They involve us in everything." A relative said, "I live a little way away but I'm still involved. I e-mail for an update every weekend and always get a response."
- Care plans had an outcomes section which described 'autonomy.' This reflected each person's wishes and views about their care and their decisions about how the support and care they needed, was provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff. A staff member said, "I'll always make sure the bathroom door is closed during personal care. Some people have PA's so privacy is important. I'll always cover people up even during a full wash." A person told us, "There's no problem. They always respect my privacy."
- People and relatives told us that people's dignity was considered and respected. A person told us, "I have

nicknames for the girls but we all respect each other. I never want to lose contact with them. It's the way they talk to you, always asking if there is more they can do." A relative said, "Yes they respect her dignity. If she's happy then that all that's really important and she is."

● People's independence was promoted. A person told us, "They help me get dressed but they do get me to do things for myself, like washing my face." A relative said, "We very much want (relative) to keep her independence. The carers really help with that."

Good

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

- Care was person centred and focussed on people's needs, personal choices and routines. Carers were matched with people as far as possible who had similar interests and values. The registered manager told us that part of the initial review process involved checked that people and staff were getting on. Occasionally changes had to be made, if people were not happy with carers.
- A relative told us that they sometimes had to vary the times of care calls to fit in with family visits and other appointments. The relative told us, "We have to change times sometimes. It's never any problem to them at all."
- Another relative told of a specific way in which their loved one wanted an aspect of their care dealt with and how the staff had adapted to this. They reflected how happy they and the person were now that this was in place.

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.

- Staff told us how they spoke clearly and directly face to face with people who had hearing loss or took more time to understand conversations. No specific aids were currently in use at the time of the inspection but the registered manager told us the service had picture sets and a chalk board for use if required. Some people were supported by having calendars or diaries read to them each day to help them orientate to which day it was and what they had planned.
- Care plans had an effective communication section bespoke to people and their needs. For example, a person living with dementia liked to first engage in a conversation of their choosing, before being supported with care. They also required reassurance when anxious and family contact if withdrawn.
- Staff knew about people's communication needs and how best to approach people. A staff member said, "We get to know people so well you can tell by their facial expressions how they are each day."

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

- Most people did not require support with activities as part of their packages of care. However, where possible, staff supported some people to engage with other and the community.

● For example, the service arranged an annual visit to the pantomime for people. During the summer months, staff also helped relatives take their loved ones on short visits to the sea front.

Improving care quality in response to complaints or concerns

● A complaints policy was in place and a copy was attached to people's care plans within their homes. The policy was clear to follow and all staff we spoke with were aware of what to do if they received a complaint first hand.

● People and relatives told us they knew how to complain if they needed to. A person said, "Never had to but would speak to carers first." A relative said, "I know the policy is in the folder and I'd know who to call. Never had to though."

● Minor issues had been raised with the registered manager and had been appropriately dealt with. No significant complaints had been made about the service. All minor complaints were included as part of the auditing process to ensure any patterns could be identified.

End of life care and support

● No one was in receipt of end of life care at the time of the inspection. There was a 'Care of the dying' policy which covered all aspects of end of life care and considered staff welfare.

● Most staff had completed end of life training and were aware of the likely needs of people at those times. A staff member said, "Liaison with GP's and district nurses is important. Keeping people comfortable, avoiding soreness and paying attention to oral health care."

● The service on call system provided support for staff in the event of a death. A manager told us, "Whoever is on call will always attend in the event of a death to support our staff on scene." End of life plans were reflected in people's care plans and had been discussed with people and relatives.

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.

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

- People spoke positively about the registered manager and the management team. A person told us, "It seems to be very well run." Another said, "I like the way they do it." Comments from relatives included, "It's a first-class service," and "The management are brilliant."
- Similarly, the staff spoke well of the registered manager. A staff member said, "I'm very much supported. I've come on so much in the past few months and my confidence has grown. They believe in me." Another told us, "We get supported with our studies, it's the best company I've worked for."
- The registered manager and their management team were always available to support the on-call staff.
- The registered manager told us about the new technology being used and how it had improved the service provided to people. All records were being transferred to a new computer system and staff now updated daily notes on mobile phones which enabled the managers to immediately identify any errors or issues. The registered manager told us that there were plans to expand the service, but this would only happen after the new systems were fully embedded.

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

- The registered manager was aware of their responsibilities under the duty of candour. Whenever issues were encountered for example, if carers were delayed, systems were in place to notify people and relatives within a few minutes and contingencies put in place to avoid risks.
- The registered manager was aware of their responsibility to report certain incidents and events to the Care Quality Commission.
- The previous CQC rating was displayed within the service office and on their website. The PIR submitted prior to the inspection was very detailed and described successes and future plans for the service.

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

- The registered manager had overall responsibility for the service but shared the workload with the operations manager and service director. This ensured management availability. Twelve staff were trained to NVQ level three which was the service threshold for being able to cover on-call.
- Quality assurance was carried out by the registered manager each month with any issues arising being

addressed and fed back to all staff.
● The registered manager explained to us that auditing was an ongoing process. With the new computerised system, it was possible to daily audit medication, accidents and incidents for example. This was monitored using a simple RAG system to prioritise issues as they arose. RAG stands for red, amber, green and was used to prioritise with red being the most urgent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives/carers were asked for feedback about the service. This was achieved daily during visits and then annually through a questionnaire. A person said, "We get asked to do questionnaires sometimes. I'll always say they're good." We were shown the last questionnaire results which showed positive feedback in all areas. People living with dementia and those with learning disabilities were assisted by relatives to complete feedback.
● Staff were fully engaged with the registered manager and the management team and were encouraged to provide feedback. Similarly, this was done daily as staff called into the office and reported issues or positive outcomes. Due to the nature of the service, formal staff meetings were not held but an informal meeting was held every week where managers were available to speak to staff if they needed to.
● Staff were invited to complete questionnaires. Similarly results of the latest survey were positive in all areas, including team and management support, training and communication.
● A compliments folder contained numerous letters and e-mails of thanks for the staff. Copies of all documents were placed on staff files.
● During the pre-assessment, people's equality characteristics were discussed and recorded. For example, the service looked after people with a variety of faith needs, Muslim, Christian and Jehovah's Witness for example. The significance of this was that people's holy days were respected and care calls adapted to fit around religious observance.

Continuous learning and improving care
● The registered manager did not regularly attend any management forums and this was discussed during the inspection. They understood that forums allowed opportunities to exchange and promote good practice and were planning to attend some meetings in the future. The registered manager did keep up to date with any changes or updates to legislation, policies and procedures by regular visits to the local authority and CQC websites.
● The registered manager had started researching the best ways for their service to minimise admissions to hospitals. This was an ongoing project.

Working in partnership with others
● Staff regularly worked with health and social care professionals such as GP's, nurses and social workers to achieve positive outcomes for people and promote their wellbeing.
● Additionally, the registered manager had sought to establish links within the local community, such as churches, residential services and the hospice. Links had also been made with a local day service supporting people living with dementia.