

Let's Go Care Ltd

Caremark (Colchester)

Inspection report

Unit 34
Colchester Business Centre, 1 George Williams Way
Colchester
CO1 2JS

Tel: 01206585225
Website: www.caremark.co.uk/locations/colchester

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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 (Colchester) is a domiciliary care service that provides personal care to older people in their own homes within the Colchester and surrounding areas. At the time of our inspection the service was supporting 13 people with personal care. 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 we spoke to were very happy with the care provided. They told us they received a personalised, reliable and consistent service, from staff that were caring and understood their needs. People told us they were treated with dignity and respect.

There were enough staff in place, who had received appropriate training and support in their role. People's care was developed to promote good outcomes. assessments of people's needs effectively identified the support people required in key areas such as nutrition, medicines and healthcare.

People told us the management team were approachable, dedicated and in regular contact to plan and review care. People told us they felt comfortable raising issues with the provider and communication between parties was good.

The registered manager took a hands-on approach and had a very good understanding of people's needs. There were effective systems in place to monitor the quality of care and drive improvements in quality and safety.

People were safeguarded against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed and effectively reduced.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 18 March 2019 and this is the first inspection.

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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

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 (Colchester)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by one inspector.

Service and service type:

Caremark (Colchester) is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service predominantly to older adults in Colchester and the surrounding areas. At the time of our inspection the service was supporting 13 people and employed 10 members of staff.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone was available at the office. Inspection site activity took place on 03 February 2020 and telephone calls to people using the service, staff and relatives were made on additional days. We visited the office site location to see the registered manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the

Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people and two relatives of people who use the service to ask about their experience of the care provided. We spoke to members of staff including the registered manager, the care co ordinator and the director of the company.

We reviewed a range of records. These included four people's care and medication records. We also looked at four staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff had received safeguarding training that ensured they had up to date knowledge about protecting people from the risk of abuse. They knew how and where to report any concerns.
- The provider had a safeguarding policy which staff were familiar with.
- All the relatives we spoke with said they totally trusted the staff to keep their loved ones safe. They said staff were reliable and trust worthy.
- The registered manager understood how to notify the local authority and the CQC about any safeguarding concerns.

Assessing risk, safety monitoring and management

- A member of staff said, "We know the people we care for very well, so we know how to keep people safe in all different circumstances."
- Risks to the health and safety of people were assessed. There was guidance in place for staff to follow to keep risks to a minimum and keep people safe. Risk assessments contained information relating to people's mobility and individual personal care needs. Risks to people were regularly reviewed and updated.
- One relative said, "The carer always makes sure [relative] is safe. They never put them at risk, they are well trained in my opinion."
- People's environment was assessed and reviewed to ensure it was suitable and safe for people and staff.

Staffing and recruitment

- People and relatives told us they received support from regular staff that knew them well. Many had worked at the service for a long time. Sufficient staff had been employed at all levels, to ensure the smooth running of the service. Relatives spoke very highly about the staff. Their comments were "They are very good and have never let us down"
- Call schedules were arranged in advance and were specific to people's needs and those of their family carer. People had not experienced any missed or late care calls.
- People were protected as staff were recruited safely. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines and their competency was checked regularly. Medicines policies and procedures were available for staff to support their practice. Not everyone needed support with their medicines.

- A member of staff told us, "We don't give everyone their medicines as this is done by their relatives or they do it themselves, but. I feel confident. I have had training and we get regular refresher courses".
- Medicine administration records (MARs) were in place and were signed by the care support worker when medicines were given.
- Regular medication audits were completed to ensure people received their medicines safely and when they needed them.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in how to minimise the risk of infection for people. Staff practices were checked by the registered manager to ensure infection control procedures were adhered to.

Learning lessons when things go wrong

- The registered manager ensured lessons were learnt when things went wrong. For example, if any medicines errors or mistakes were identified or reported action was taken by the registered manager. Investigations took place, staff were retrained, and their competencies checked.
- A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy.
- The registered manager reviewed any accidents and incidents and looked for any patterns or trends to prevent any re-occurrence.
- Care support workers shared any incidents and accidents that had occurred. They said this was a valuable way of learning so from each other to prevent re-occurrence.

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Prior to supporting a person, an initial assessment of their needs and care was carried out. This identified all tasks to be completed at each visit to achieve good outcomes for people. People were assessed in a holistic way, considering their culture, past experiences, physical, psychological and social needs.
- People and their relatives were fully involved in the assessment process. People were matched with care support workers who could meet their individual needs. People could express their like or dislike to staff; attention was given to people's body language and behaviour if they were unable to verbalise.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture, were recorded. The registered manager told us they discussed people's preferences. People's rights were respected, and their diverse needs were supported in a way that made sure they were not discriminated against.

Staff support: induction, training, skills and experience

- People were supported by staff who had received specific training to meet their individual needs. New staff undertook a thorough induction and completed standard training. Additional training was provided in areas which specifically related to the people they supported, such as, training in MS (multiple sclerosis) and dementia. All care support staff received regular refresher training.
- People's relatives said they thought the staff were well trained and competent in their jobs. One relative commented, "The staff we have are well trained. They know what they are supposed to be doing and they do it very well."
- Staff undertook shadow shifts at each person's home to ensure they understood each person's preferred routines prior to lone working. Comments from relatives included; "New staff always shadow experienced staff before they visit by themselves" and "I feel very reassured with all the staff sent."
- All staff told us they felt well supported and could approach senior staff for advice or support at any time. One member of staff said, "I can speak to the manager at any time. They support me well, also when it is not work related." Staff had regular one to one meetings and annual appraisals to identify their learning and support needs.

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

- Not all people required support with food preparation. People that did have support said the staff made them a meal and ensured they had access to food and drink of their choice. Staff knew people's dietary requirements and had received training on preparing food safely.
- Staff told us, "We encourage people to eat and drink independently wherever possible, but staff will provide whatever assistance and encouragement is needed to help them and will allow people as much

time as they need to drink or eat their meals.'

- Staff were clear on their role and responsibilities in relation to raising concerns about poor nutrition, dehydration, or health needs. They told us they would share this in the first instance with the person's carer/relative to ensure people's needs continued to be met.

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

- Staff reported any non-emergency concerns about people's health and well-being to people's close relatives or sought advice from senior staff about involving a health professional.
- Relatives told us staff would support them if needed, to contact their GP if they or their loved was unwell, or to attend medical appointments. Relatives told us they were confident that staff would take the necessary action if their loved one became unwell when with staff. One relative said, "I trust the staff to look after my relative and do whatever is necessary."
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. Care records showed that staff communicated with other health care professionals when needed.
- Staff worked as a team to support people and ensure care visits were covered in the event of staff shortfalls. We saw the office staff coordinating carers and visit times to ensure people's needs were met.

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.

- The staff were working within the principles of the MCA. Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed otherwise. In these cases, decisions were made with relatives and professionals to act in people's best interest.
- People and their relatives were involved and consulted in all decisions about their care and support. Relatives and people told us that staff obtained their consent before completing any care or support. Their comments included; " We feel involved in everything. The staff always ask what needs to be done and consult with us and [relative]."

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 staff were caring. Comments included, "Really lovely staff and very helpful", and, "Yes they are very caring."
- People told us staff understood their needs and preferred routines. Comments included, "The staff know exactly how I like things done, I don't have to tell them what to do."
- The registered managers and staff were aware of equality and diversity issues. There were policies in place to help ensure staff took into account people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- The provider made all practical efforts to provide people with care calls at their preferred times. This meant that care was organised around people's regular routines and commitments.
- People were given a choice about the staff that supported them. This included whether they were supported by a male or female member of staff.
- People were involved in planning and reviewing their care. The registered manager organised regular telephone calls and review meetings, which gave people a chance to give feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager ensured people had small, consistent teams of staff, which promoted the development of positive relationships with people. People knew which staff were coming and were informed when there were changes to their planned care.
- People's confidential information was stored securely in the provider's office. This included the combination for people's key safe devices, which were used in the event people were unable to answer the door when staff arrived. The provider ensured this confidential information was only available to staff when they needed it.
- The registered manager helped to promote a culture where staff treated people with respect. They gave staff clear expectations around their appearance and conduct when attending care calls. One relative said, "Staff know the importance of maintaining [relatives] dignity."
- People's care plans reflected the level of independence they wished to retain in their everyday tasks and routines. One person said, "I like to do things myself but they [staff] will help me if I need them to."
- People's care plans identified how and with whom the provider could share care related information with. This helped to ensure that people's private information was only shared in line with people's instruction and wishes.

- People's right to confidentiality was respected by staff who understood the importance of this. Training was provided, and policies guided staff to recognise and support people's diverse needs. Confidentiality was respected. Records were kept securely at all times.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care reflected their individual needs and their care plans identified the preferred outcomes of support. Care plans detailed the help people needed in a range of daily tasks, including their personal care.
- People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.
- People had a copy of their care plan in their homes. This helped to ensure that staff could easily reference guidance about people's needs when required.
- The provider was responsive to changes in people's health and wellbeing. Staff were quick to recognise when people's needs changed and contacted the registered manager to help ensure care could be adjusted to an appropriate level. One relative told us, "They are quite flexible around appointments."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were identified in their care plans. Where people had an impairment, for example with their hearing, their care plans documented how staff could promote effective communication to help ensure the person could understand and be understood.

Improving care quality in response to complaints or concerns

- People told us they understood how to make a complaint and felt comfortable in doing so. Comments included, "I have never had to make a complaint, but I would have no problem doing so if I had to." and, "They [staff and management] are so helpful. I'm sure they would sort any complaint appropriately."
- The provider had a complaints policy in place, which outlined how complaints would be investigated and responded to. The registered manager had investigated concerns thoroughly and responded to people in line with the provider's policy.

End of life care and support

- The provider worked responsively with people, relatives and other stakeholders to meet people's changing needs during their last days, enabling them to stay in their homes as they wished.
- The registered manager told us staff where applicable, received training in end of life care. This helped develop their skills in delivering empathetic and dignified end of life care.

- People's wishes around their care during their last days where applicable were identified in their care plans. The provider was flexible and responsive to fluctuations in people's condition as their needs changed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and management team carried out audits and checks to identify where improvements in the service were required. Audits were carried out in areas such as accidents and incidents, care records and medicines.
- Audits reviewed showed areas of improvement were identified and action was taken when required. Staff confirmed the results of audits were shared with them. The registered manager told us audit processes would be further developed as the business grew.
- The registered manager had notified the Care Quality Commission about events that occurred at the service. This was required by regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- There was a caring culture in the service. The management team spoke passionately about the importance of creating a professional and supportive ethos to help ensure high quality care.
- Staff told us they were committed to enabling people to live independent and fulfilling lives and this was led by the management team and registered manager. A staff member said, "We're all a team, all of us work together, it's like an extended family."
- The provider passed best practice information to the management team to ensure their knowledge and skills were refreshed. They kept up to date with best practice and were able to gain any relevant information.
- The registered manager told us there had been no recent events when mistakes had been made and an apology required. However, should events occur, these would be investigated, and an apology would be made.
- Relatives spoke positively about the registered manager. They told us they were able to speak with them openly.

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

- The provider and management team engaged with people and others acting on their behalf to enable them to influence the service provided. People were asked to contribute their views through regular phone conversations and face to face meetings in their own home. The registered manager explained they were also in the process of introducing an annual survey.

- The provider and registered manager held staff meetings and to gain staff views and pass information regarding the service. Staff told us the registered manager and provider were keen to seek their views and asked for ideas on how the service could improve.
- The management team maintained relationships with external agencies. This included working with external health and social care professionals to ensure a collaborative approach to care. Some of these included the quality innovations team, the MS Society and Dementia friends. Training had also been delivered via these sources.
- The registered manager kept up to date with best practice and guidance via the local authority, Skills for Care, the Care Quality Commission and other organisations.