

Jim and Chris Homecare Limited

Caremark Lambeth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caremark Lambeth is a domiciliary care agency that provides care and support to people living in their own homes. At the time of our inspection, 20 adults were receiving personal care at home from this agency.

In addition, 24 people who also use the service did not receive any help with tasks that were not related to personal care including, shopping, cleaning and welfare checks. The Care Quality Commission (CQC) only inspects where people receive personal care. Where they do, we also consider any wider social care provided.

People's experience of using this service

People receiving a home care service from this agency were not kept safe.

This was because the provider's staff recruitment procedures to check the suitability and fitness of new staff for their role were not consistently or safely applied. This meant people using the service had been placed at unnecessary risk of harm of receiving personal care and support from staff who were not properly vetted and therefore might not be 'fit' for their care worker role.

We were also not assured that people were suitably protected from harm because the risks they might face were not always properly assessed and managed. This meant staff did not always have access to detailed guidance that made it clear what action they needed to take to keep the people they supported safe.

In addition, medicines were not always safely managed. Medicines records were not kept up to date or accurately maintained. Care plans did not always include detailed guidance for staff to follow about how people needed and preferred their prescribed medicines to administered and not all staff had received up to date medicines training. This meant people were at risk of not receiving their medicines as they had been prescribed.

The service was not always effective. This was because staff did not have sufficient opportunities to routinely reflect on their working practices and professional development. This lack of support for staff meant people using the service were placed at unnecessary risk of being harmed.

The service was not consistently managed. This was because the provider's oversight and scrutiny systems had failed to always identify and/or take appropriate action to address all the unsafe practices and issues we found during this inspection (see above). The provider needs to use their established governance systems more effectively in future to help them identify and take appropriate action to improve the home care service they provide people.

People did receive continuity of care from a small group of staff who were familiar with their personal needs and wishes and daily routines. Staff followed current best practice guidelines regarding the prevention and

control of infection, including those associated with COVID-19.

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. Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people told us their dietary needs and wishes were being met. Assessments of people's support needs and wishes were carried out before they started receiving a home care service from this agency. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required.

People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and upheld their right to privacy. People typically described staff as "caring" and "friendly". People were encouraged and supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing so safely.

People's care plans were person-centred, which helped staff provide them with the individualised home care and support they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. The provider had systems in place to manage complaints. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

The registered manager promoted an open and inclusive culture which sought the views of people receiving a home care service, their relatives, and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of home care.

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

Rating at the last inspection

The last rating for this service was good (published 21 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the way the provider managed staffing, including recruitment, training and coordinating home visits, care planning and risk assessing, and medicines. A decision was made for us to inspect and examine those risks.

At this inspection we found multiple breaches of regulations and the need for this provider to make improvements. Based on the findings at this inspection the overall rating for the service is requires improvement. Please see the key questions Safe, Effective and Well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches at this inspection because the provider had failed to safely and effectively manage staff recruitment and support, risk assessing and prevention, medicines, and their governance

systems.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Caremark Lambeth

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.

As part of this inspection we also looked at the provider's infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by two inspectors and 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

This inspection was unannounced on the first day. Inspection activity started on 2 December 2021 and ended on 16 December 2021. We visited the office location three times on 2, 9 and 16 December 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service. This information

helps support and plan our inspections.

During the inspection

We made telephone contact with four people using this home care agency, eight relatives/friends, and four care workers and spoke in-person with the registered manager, three care workers and a member of the business support team.

We also looked at a range of records that included seven people's care plans, 14 staff files in relation to their recruitment, training and supervision, and multiple medication administration record sheets. A variety of other records relating to the overall management of the service, including policies and procedures were also read.

Following the inspection

We received email feedback about the care home from a local authority social worker.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection, which they did, in relation to staff duty rosters, their infection control and COVID-19 policies and procedures, and information about the number of staff vaccinated against COVID-19.

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 deteriorated to inadequate. This now meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- We were not assured the provider's staff recruitment procedures to check the suitability and fitness of all new staff were consistently or safely applied. For example, staff files did not always include two satisfactory character and/or employment references, or Disclosure and Barring Services [DBS] checks. The DBS is a criminal records check employers undertake to make safer recruitment decisions. In addition, several staff's DBS check and references, although satisfactory, had not been obtained until after they had started working for the agency, whose roles included providing unsupervised personal care to people at home.

We found no evidence that people had been harmed however, the providers failure to always thoroughly check the suitability of staff had placed people at unnecessary risk of being harmed by people who might not be suitable or fit to work in adult social care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they or their relatives received continuity of care from a small group of staff who were usually punctual and familiar with their needs, wishes and daily routines. For example, one relative told us, "If our carer can't make it, someone else will always step in. The same people come mostly." A second relative remarked, "They normally send us the same carers and if they're going to be late, the office will let me know. They [staff] never leave before they should and always see to it they complete all the tasks that need to be done."
- The provider had recently installed an electronic call monitoring (ECM) system, which was not yet operational. We discussed this new ECM system with the registered manager who told us it would help the office-based coordinators improve how they managed staff calls. The registered manager is also confident the new system will be fully operational by 2022. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

Assessing risk, safety monitoring and management

- We were not assured people were protected against the risk of avoidable harm. This was because risks people might face had not always been properly assessed and a risk management plan was not always put in place to prevent or mitigate the risk. For example, care plans for several people with mobility needs who required various hoists to transfer safely did not contain any moving and handling risk assessments or management plans. We were also unable to access any risk assessments for another person with high dependency needs who had started using the service in March 2021. This meant staff did not always have access to detailed guidance that made it clear what action they needed to take to keep these people safe.

We found no evidence that people had been harmed as a result of risk management plans not always being

available to staff to follow, however this failure has placed people at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- Medicines administration records (MAR) sheets were not always kept up to date or accurately maintained. For example, we found numerous recording omissions and errors on MAR sheets we looked at where staff had either failed to sign and date these records or had completed them incorrectly with the wrong code.
- Care plans did not always include detailed guidance for staff to follow about people's prescribed medicines and how they needed and preferred them to be administered. In addition, although staff had completed safe management of medicines training as part of their induction, approximately half the staff team had not refreshed this training in the last 12 months, contrary to recognised best medicines practice and the provider's medicines policy.

We found no evidence that people had been harmed as a direct result of the medicines records and staff training issues described above however; it did place people at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were protected from the risk of infection. This was because we were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- We received positive feedback from people about how the provider was managing COVID-19. For example, one person told us, "They [staff] always wash their hands, put on masks and aprons, and cover their shoes, before they come into my room."
- Staff had completed IPC training as part of their induction, used (PPE) correctly and demonstrated a good understanding of their IPC roles and responsibilities.
- We saw the agency had ample stocks of PPE held at their offices, including face masks, disposable gloves and aprons. A member of staff told us, "We always have enough PPE."
- The provider was participating in a COVID-19 testing program for staff. This meant staff were routinely tested for COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded against the risk of abuse.
- People told us they felt safe with the staff that visited them or their relative at home. For example, a relative said, "We have regular carers who we know and trust."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place, which staff could easily access. Staff had received safeguarding training as part of their induction and knew how to identify and report abuse. For example, one member of staff told us, "Abuse has to be reported to the manager straight away who always deals with it."

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems to identify and learn from any incidents. This included sharing the learning from incidents with the staff team to further improve the safety of the service.

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 deteriorated to requires improvement. This now meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not adequately supported by their line managers. This was because they no longer had sufficient opportunities to routinely reflect on their working practices and professional development. For example, most staff had not had an individual or group supervision meeting with their line manager or had their work performance formally appraised or routinely observed in the last 12 months, contrary to the provider's own staff supervision and appraisal policy. One member of staff said, "I don't really have regular supervisions and managers have never observed me at work. My last supervision was in January 2021."

We found no evidence that people had been harmed however, the providers failure to ensure staff were always appropriately supported had placed people at unnecessary risk of being harmed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were well trained. Care staff were expected to attain the Care Certificate as part of their induction before they were allowed to work unsupervised. The Care Certificate represents a nationally accepted set of standards for workers in health and social care.
- People told us staff had the right mix of knowledge and skills to meet their needs. A relative commented, "They [The provider] makes sure new carers get the best training, so they [staff] are aware of what needs to be done."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives said they were invited to participate in the assessment process to help staff to further understand people's needs and wishes.
- Care plans included information about people's daily routines, including the start and finish times of their scheduled home visits.

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.

- People consented to the care and support they received from staff.
- People told us staff always asked for their consent before providing them with any personal care. A relative told us, "Staff know what might upset my [family member] and they are very good at making sure they explain what they are about to do when they transfer her using the mobile hoist, which does reduce her anxiety."
- The registered manager and staff had received training about the Mental Capacity Act 2005 and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people told us they were satisfied with the choice and quality of the meals and drinks they were offered.
- Staff had received basic food hygiene training as part of their induction.

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

- People were supported to stay healthy and well.
- People and their relatives told us they were confident staff would call the doctor or emergency services if they were required. This was confirmed by staff. For example, one member of staff remarked, "Any changes we might notice in a clients' physical or emotional state must be reported to the right health care professionals."

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.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected by staff.
- People told us staff respected their privacy and dignity. One relative said, "One-hundred and ten percent they [staff] respect us. They're always very courteous and polite to my [family member] and me." A second relative remarked, "Staff make sure they cover my [family member] when they're providing her with any personal care and tell me not to come into the room when this is happening".
- Staff demonstrated a good understanding of how to respect the privacy and dignity of people they supported. For example, one member of staff told us, "When I provide any personal care, I always shut the bedroom or toilet door."
- People told us staff supported them to be as independent as they could and wanted to be. This was confirmed by several staff we spoke with. For example, one said, "When supporting clients to dress I make sure people to do as much for themselves as they can."
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance. For example, it was clear in care plans we looked at who could and was willing to manage their medicines independently, and who could not.

Ensuring people are well treated and supported; respecting equality and diversity

- People had their human rights and diversity respected and were treated with compassion and respect by staff.
- People typically described the staff as "friendly" and "caring". For example, one person told us, "The staff are lovely", while a relative remarked, "I've been so impressed with the level of care and attention to detail staff show my [family member]".
- The provider knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices.
- People's care plans contained information about their spiritual and cultural needs and wishes.

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

- People were encouraged to make decisions about the care and support they received and had their choices respected.
- Care plans documented people's views about the outcomes and goals they wanted to achieve. People had signed their care plan where they were able and willing to.
- People were given a service user's guide when they first started using this agency, which contained all the

information they needed to know about the agency and what they could expect to receive from them.

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 meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to meet their individual needs and wishes. For example, a relative remarked, "They [staff] know my [family members] really well and are very good and taking the right action to prevent their behaviour becoming challenging."
- People had care plans in place that included information individual's likes and dislikes, and daily routines. One person told us, "I have a care plan that is up to date which I often refer too." A relative remarked, "I was involved in helping to plan my [family members] package of care and made sure their preferences were incorporated into that plan."
- Any changes to people's needs and wishes were updated in a timely manner in their care plan.
- People told us they could always discuss the care they or their relative received with the registered manager and their care givers. This was confirmed by staff who told us they actively encouraged people to make decisions about the personal care and support they received. For example, one member of staff said, "I always ask people if they would like to have a bath or shower and what they would like to eat and drink. The best you can do for the client is to support them in the way they want you too."

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 needs were identified, recorded and highlighted in their care plan.
- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide and the providers complaints procedure, could both be made available in a variety of different formats, including large print, audio and different language versions.

Improving care quality in response to complaints or concerns

- The provider managed complaints well.
- The agency had a written complaints process in place and this was made available to people using the service and their relatives or representatives. This included a process to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised.
- People told us they did not have any complaints about this agency, but they knew how to raise their concerns when they needed to and most felt confident their issues would be resolved in a timely and satisfactory manner if they did. For example, one person said, "I find it easy to talk to carers or the manager directly when I'm not happy about anything. They do listen and managed to resolve any issues I've had in

the past." A relative also told us, "We had a few problems with the agency when my [family member] first started using them, but the manager soon sorted these out when I raised it with her."

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.
- The registered manager told us the service would liaise with various external health care professionals, including GPs, district nurses, palliative care nurses and staff from local hospices, as and when required to ensure people who were nearing the end of their life continued to experience comfortable and dignified care at home.



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 deteriorated to requires improvement. This now meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 provider did not always operate their governance systems effectively. This was because the provider had failed to identify and/or take appropriate action to address a number of unsafe practices and issues we found during this inspection, including those related to staff recruitment and support, risk assessing and management, and the safe handling of medicines.

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failures described above however, their governance systems were clearly not always operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had established systems to routinely monitor staff's working practices. For example, the office-based managers and staff continued to check staff's work performances, despite the ongoing COVID-19 restrictions, by remaining in regular telephone contact with people using the service and their relatives.
- The provider displayed their rating as required in their offices and on their website and had made their last CQC inspection report available to people. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff.

- The provider used a range of methods to gather people's views about what the home care agency did well or might do better. For example, this included regular telephone contact with people and customer satisfaction surveys.

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies including, the Local Authority, GPs and social workers.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service had been placed at unnecessary risk of avoidable harm because the provider had failed to always ensure they assessed and did all that was reasonably practicable to mitigate health and safety risks people might face.</p> <p>People who use the service had been placed at unnecessary risk of avoidable harm because the provider had failed to ensure their prescribed medicines were always properly and safely managed. Regulation 12(2)(a)(b)(g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight and scrutiny processes were not always effectively managed.</p> <p>People who use the service were not protected against the risk of receiving unsafe care from staff who might not been properly vetted or suitably 'fit' for the role as care workers because the provider failed to always appropriately maintain and make accessible records in relation to persons they employed. Regulation 17(2)(a)(d)(i)</p> |
| Regulated activity | Regulation |

People who use the service had been placed at unnecessary risk of harm because the provider had failed to ensure persons they employed were always adequately supported and received the appropriate levels of supervision and appraisal they needed to carry out the duties they were employed to perform.

18(2)(a)