

Premium Homecare Newcastle Limited

Caremark Newcastle

Inspection report

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16 February 2021

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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 Newcastle is a domiciliary care service providing personal care to adults with a range of health and social care needs in the Newcastle upon Tyne area. At the time of the inspection the service was supporting nine people. The service has an office base near the centre of the city but offers support to people across a number of postcode areas.

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

Relatives told us care was always delivered safely. The provider had dealt with recent safeguarding concerns in line with procedures. Risks associated with supporting people were assessed and action taken to mitigate them in the future. Systems were in place to effectively manage infection control and ensure staff had the most up to date information on Covid-19. Staff told us they had received training and support on the effective use of Personal Protective Equipment (PPE.) Relatives said staff always attended care appointments within a reasonable timescale. Staff recruitment processes were effective. People were supported with their medicines, although the system for adding new medicines to records or updating people's prescriptions was not always robust. We have made a recommendation about this.

People's needs had been assessed before care was delivered and their choices and preferences considered. The provider had clear guidance on generic mandatory staff training and how this should be delivered and updated. We have made a recommendation about considering training that is more focussed on the service needs. There had been additional support and guidance offered in relation to infection control and the use of PPE. People were supported to live as healthy lives as possible.

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. Care records implied people had consented to care delivery and changes to care plans, although this was not always fully recorded. We have made a recommendation about this.

Relatives told us people received good quality care and staff were extremely helpful. They said staff were very kind and often did more than was detailed in the care plan. They said staff were very aware of the need to support people in a dignified manner and encourage them to be independent.

Care plans contained good detail and included people's preferences and particular likes and dislikes. There was evidence care was reviewed to ensure it continued to meet people's needs. Records showed thought had been given to any specific communication needs. Staff told us they always checked with people they were happy with the care they delivered. Relatives told us the communication with carers was good. They told us staff had worked particularly hard at befriending people during the current pandemic, when other company was limited. There had been no recent formal complaints.

A new manager had recently taken up post and was commencing the registration process. They had a clear

vision about how they wanted Caremark Newcastle to be a quality service. Staff told us they were well supported by the manager and the care co-ordinator and could call at any time for advice. Quality systems were in place to ensure staff delivered appropriate care.

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 28 April 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing issues and missed calls. A decision was made for us to inspect and examine those risks. As this was the first inspection of this service following registration, we looked at all five of the domains.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caremark Newcastle

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 looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. A new manager had recently taken up post at the service and told us they were intending to make a formal application to be the registered manager. The registered manager 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. This was because the service is small and office staff sometimes also provide support to people in the community. We wanted to be sure staff would be available when we visited the service's offices. Additionally, arranged to speak with the manager over the telephone about the service prior to our visit.

Inspection activity started on 1 February 2021 and ended on 16 February 2021. We visited the office location on 8 February 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service.

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 used all of this information to plan our inspection.

During the inspection

We spoke with four relatives of people who used the service about their experience of the care provided. We spoke with four members of staff including the manager, the care co-ordinator and two care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted a member of the local authority commissioning team to gain their views of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination.
- There had been two recent safeguarding issues relating to missed calls. The manager had investigated the circumstances around these matters. They had spoken to the people involved, and their relatives, and taken the necessary action to minimise the risk of similar occurrences happening again. Responses from people during the investigation, and comments from the local authority at the time, suggested the missed calls were an unusual occurrence. Relatives told us there had been no recent missed calls.
- Relatives said they felt their relations were safe when being cared for. One relative told us, "I'm very happy with the care. I feel that they are safe when I go away and they are supporting respite."

Assessing risk, safety monitoring and management

- Systems were in place to assess and monitor risks associated with delivering care in people's own homes.
- As part of an overall assessment of people's needs, risks were also considered and assessed. We found that whilst the risk assessments were detailed, they often followed a pre-set format. We spoke with the manager about how risk assessments could be made more individual and personal to people's circumstances.

Staffing and recruitment

- Staffing recruitment was carried out in a safe and effective manner.
- Staff records showed a proper recruitment process had been undertaken, including the taking up of two references and DBS checks, to ensure staff had not been subject to any actions that would bar them from working with vulnerable people.
- People and relatives told us they were supported by a small group of familiar carers. They said they staff usually attended on time and together, when two care staff were required. One relative told us, "It's two care workers usually; there are four care workers; two different sets of two. They turn up on time and always together."
- Staff told us there was enough time allocated to provide people's care at each visit. Staff confirmed they were also allocated travelling time between appointments, although this could be tight during busy periods.

Using medicines safely

- Systems were in place to safely support people with their medicines.
- Medicine record charts (MARs) were fully completed and showed no gaps.
- People told us staff supported them to take their medicines safely. Records showed staff had been observed to check they were competent in dealing with medicines.
- The manager and care co-ordinator told us updating MARs for new medicines relied on care staff informing the office of any changes or additions, and a new MAR being updated and delivered to the home. There were

limited formal processes to check that MARs remained up to date and accurate.

We recommend the provider establish a process to regularly check medicine records maintained in people's home reflect current medication and check for any changes.

Preventing and controlling infection

- The service had in place policies and processes to support infection control and minimise the risks posed by the Covid-19 pandemic.
- The manager told us staff received full training in relation to the use of personal protective equipment (PPE) and this was refreshed at least annually. They told us all staff received regular updates on the most recent guidance on the use of PPE and infection control procedures.
- The correct use of PPE was covered in the regular spot checks carried out when staff were observed in people's homes, although this was not specifically identified as relating to the current Covid-19 pandemic.
- Staff told us they had received training on the use of PPE and handwashing and were able to describe correct procedures. The manager told us staff were reminded to wash their hands after and before each task, and relatives confirmed this was the case.
- Relatives told us staff always used PPE when they were delivering care; including the use of facemasks, gloves and aprons. One relative told us, "They use all the PPE; they've been absolutely great. They have aprons and gloves and everything."

Learning lessons when things go wrong

- The manager told us they had only recently taken up post but had already noted a number of areas that needed to be improved. They had produced an action plan of more immediate actions they needed to take to address previous concerns, including reviewing all care packages. Relatives confirmed care plans had been reviewed and changed to better meet people's needs.

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

- People's choices were considered and respected.
- Records showed people's needs and preferences had been assessed and recorded before care was delivered. These included how they wished to be addressed and the ways in which they liked care to be delivered. Relatives told us, "Before this started there was an assessment and they asked us what we needed" and "They (care staff) are very flexible and will shuffle things around. They (person) will usually put themselves to bed, but care staff always given the option, if they need help."

Staff support: induction, training, skills and experience

- The provider had in place a system for ensuring staff received adequate training. A training schedule, provided by the franchise company, was in place to ensure all staff completed mandatory training.
- The manager confirmed he was in the process of completing his mandatory training. He also confirmed that as part of the franchise process the directors of the company had to complete the same mandatory training as care staff.
- Staff told us they had undertaken a range of generalised training through Zoom or other online platforms. They felt this was very good, although often very generic in nature.

We recommend the provider reviews training to consider how it can be best adapted to meet the specific requirements of the service.

- The manager told us he could not access all previous training, supervision and appraisal records as access had not been provided by the previous manager. He was aware this was something which needed to be addressed in the near future. Staff told us they had been provided with supervision prior to the new manager coming into post.

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

- Care plans included information about how to support people to maintain a balanced diet and support them with fluid intake.
- People and relatives confirmed staff assisted people well with their meals and ensured they had enough to eat and drink.

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

- There was evidence in people's care plans the service worked with other agencies to support people's

needs.

- Relatives we spoke with confirmed staff worked in combination with other professionals and said they would contact GPs or other health staff, if necessary. One relative told us, "They (person) had an accident a couple weeks ago and on the last call the girls (staff) found them. They'd forgotten to press their pendent. So, the girls pressed the pendent and stayed with them until someone came and they were up and running."

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 manager told us most people they supported had the capacity to make their own decisions.
- There was evidence in people's care records care decisions and risk issues had been discussed with people, and they had agreed to care being delivered or certain actions being taken.
- Not everyone had signed to formally say they had consented to the actions described. We spoke with the manager about better recording when people gave verbal consent or did not wish to formally sign documentation.

We recommend the provider review the process for recording people's consent to care delivery and reviews of care.

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 and relatives told us they were happy with the care they received.
- Relatives said staff frequently asked people if they required additional help and support, above what they were contracted to provide. They told us religious views and needs were fully respected.
- Staff told us they enjoyed helping people and always tried to offer additional support. One staff member told us, "I offer to do extra things that are not written down – like change their bed. I love helping people. I can see how a little visit is very special. Some don't want you to leave."
- Relatives said staff were genuinely interested in their relations and their wellbeing. Comments included, "They are only young girls, but they are really interested in them and very keen to chat about things. It's a really good service; excellent" and "I'm very happy with things. It's just such a relief knowing that they're getting a proper wash. It was so hard for me before that. The girls always ask if there's anything extra that they can do."

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

- Care plans contained evidence that people and their relatives were involved in decisions about their care.
- Records showed they had been asked how they wanted tasks performed, preferred meals and any changes they wanted to make. One relative told us, "I'm involved in any discussions about changes, but mostly they involve my (relative) in the discussions about what they want; such as meals and what they particularly like to eat."

Respecting and promoting people's privacy, dignity and independence

- Care plans contained information to support and maintain people's privacy and independence.
- Relatives told us care staff went out of their way to ensure people were treated with dignity. One relative told us, "It's very relaxed, they don't realise they're getting changed. They're all very friendly and they like them all. There are really caring and don't make them feel embarrassed."

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 was planned in detail and based around conversations with individuals about how they wished to be supported.
- There was evidence an assessment had been undertaken prior to care being delivered.
- Care plans contained specific detail for staff to follow.
- There was evidence that some reviews of care had taken place and changes made. One relative spoke about how the whole package had been reviewed by the new manager. They told us, "They suggested that they have an extra visit in the evening, as it was a long time for them to be on their own."

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.

- There was evidence people's communication needs had been considered when carrying out an assessment.
- Relatives told us staff took time to communicate with people and make sure they understood. They said staff involved them in discussion so they could be sure information was fully communicated. One relative told us, "They are quite hard of hearing, but they help to make them understand or I will help to make them understand. In the early days of the pandemic they used visors which was really good and allowed them to understand."

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

- Relatives spoke about how supportive care staff had been in the pandemic and helped people maintain social contacts and avoid isolation. One relative spoke about a relation who lived on their own. They told us, "Carers spend a lot of time sitting and chatting which is what they want and has been really good for them. The company is ideal, especially as they haven't been able to get out recently."

Improving care quality in response to complaints or concerns

- The provider had a complaints process and information on how to raise a concern was contained within the care file.
- The manager told us there has been no recent formal complaints.

- Relatives told us they knew they could contact the office if they wished to raise any issues but had no complaints about the service. One relative told us, "They don't turn up late and I have had no complaints about them."

End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care. The manager told us they were registered with Macmillan to offer dedicated support but were not currently accepting any new packages.

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.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was clear about the aims and ambitions he had for the service in delivering person centred care and support.
- Relatives told us care was very personal and people were supported in a way that was best for them.

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 manager was aware of their responsibilities under the duty of candour.
- Where there had been concerns about the standard of care, the manager had completed a full investigation and spoke directly to people to explain the circumstances of the issues. They had offered people a full apology for any deficiencies in the care delivered.
- The manager was open and honest there was still work to do to develop the service, but reiterated they had only been in post a short period. Access to some older records was not possible as they had not been made available by the previous registered manager.

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

- The previous registered manager had recently left the service and cancelled their registration with the CQC. The new manager had only been in post a few weeks. They told us they would be making a formal application to become the registered manager but were currently awaiting their initial DBS clearance.
- The manager was clear about their role in leading and managing the service and had a vision of where they wanted the service to be. They had already established an action plan of issues that needed to be addressed.
- A range of quality assurance systems were in place including regular spot checks on staff when they were in people's homes and delivering care.
- People we spoke with confirmed the service kept in regular contact and checked they were happy with the quality of the care.

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

- The manager explained how he had spoken to all the people using the service when he took up post and

had reviewed all their care plans. There was evidence in people's care records they had been involved in decisions about their care. Relatives told us they were kept fully involved in care issues or any changes to care delivery.

- Because of the Covid-19 pandemic, holding regular team meetings had not been possible. The manager told us he was in frequent contact with each individual staff member and he made regular email contact with update information.
- Staff told us they could always contact the manager or care co-ordinator if they needed help or support. One staff member told us, "I love the amount of support that you get. They are more responsive than my old job."

Continuous learning and improving care

- The manager explained how he ensured the service was up to date with the latest information on the Covid -19 pandemic and the correct approaches to infection control.

Working in partnership with others

- There was evidence in people's care records, and relatives told us the service worked well with other professionals or service providers.