

Perpetual Home Care Limited Caremark (South Gloucestershire)

Inspection report

Unit 3, Bredon House
Almondsbury Business Centre, Woodlands, Bradley Stoke
Bristol
BS32 4QH

Tel: 01454210322
Website: www.caremark.co.uk/locations/south-gloucestershire

Date of inspection visit:
21 April 2021

Date of publication:
01 July 2021

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 is a domiciliary care agency providing personal care to older people living in their own homes within the South Gloucestershire area.

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. At the time of the inspection 12 people were receiving personal care.

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

People were supported by staff who had the skills and knowledge to meet their needs safely and effectively and followed best practice. Views of people were valued and used to make improvements to their care and support.

People's care and support needs were being met in line with their personal preferences. The service responded promptly when people's needs changed. The service worked well with other health professionals to make sure people's care needs were met.

People were actively involved in making decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff members felt they were valued and respected by the management team, who sought their involvement to improve and develop the service.

People were supported by staff who were caring, kind, respected their dignity and privacy, and promoted their independence.

The service was well managed, by a registered manager and management team who were described as 'supportive', 'approachable' and, 'brilliant'. Quality assurance systems, including audits, feedback from people who used the service and staff were all used to make continuous improvements to the quality of the service people received.

Rating at last inspection: This service was registered with us on 2nd July 2019 and this is the first inspection.

Why we inspected: This was a planned inspection. The service was rated Good overall.

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

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

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 (South Gloucestershire)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors and one Expert by Experience carried out the inspection. One inspector carried out the on-site visit, while the other reviewed inspection documents remotely. 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:

Caremark is a domiciliary care agency. It provides personal care service to people living in their own home. 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:

The inspection site visit was announced and started on 21 April 2021. We gave short notice of the inspection because we wanted to be sure a senior member of staff was available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as notification or serious incidents. The provider had been 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. This information helps to support our inspections.

During the inspection

We spoke with five relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager and three care workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included four people's care and medication records, four staff recruitment files and training and supervision records. We reviewed records relating to the management of the service. We reviewed how the provider and the registered manager completed their quality assurance checks

After the inspection we obtained feedback from two health professional to obtain their views about the service. We have included their views and feedback in the main body of the report.

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

- Systems had been designed and implemented to protect people from the risk of abuse.
- People felt safe using the service and their relatives agreed with this.
- Staff had received training in safeguarding and had a good knowledge about the subject. Any concerns had been reported and investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and managed well.
- Staff were knowledgeable about risk management and demonstrated they supported people's safety. A relative told us "[Person] is one hundred percent safe."
- People's care records demonstrated risks to their safety had been discussed with them and/or a relative.
- People's wishes regarding how they wished to manage risks were respected. For example, one person whose mobility was deteriorating but wanted to continue to walk, was supported to do so with the aid of a frame only when staff were present to guide him. This demonstrated a person-centred approach to risk management.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People and relatives were satisfied staff were available to assist them when they required it.
- Staff told us they had enough time to support people and if there were issues, these were addressed by management. For example, if people were experiencing poor health, or needed support due to deterioration in their health condition.
- Recruitment processes were thorough. The provider carried out the required pre-employment checks to make sure staff were suitable to work in a care setting. This included asking for a full employment history, checking the reasons why staff had left their previous roles, obtaining a criminal record check and references from previous employers.
- The registered manager had ensured staff were of good character before allowing them to work within the service.

Using medicines safely

- People's medicines were managed safely.
- People told us they received their medicines on time and that staff told them what medicines they were being given.
- Medicines were administered as prescribed. Medicine administration records (MAR) were signed

accurately to indicate medicine had been administered to people as directed. One relative told us, "They always make sure they take their medicine safely it is always on time and the staff are well trained".

- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and knew what action to take if they made an error.

Preventing and controlling infection

- Effective systems were in place for managing and controlling infection.

- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection and people told us that staff always used personal protective equipment (PPE) appropriately.

- Staff had completed infection control training and had access to PPE, such as aprons, masks and gloves to help reduce cross infection risks.

- People and their relatives told us they felt confident with the infection control practice of staff who wore PPE to minimise the risk of the spread of infection. One person's relative said, "They [staff] always wash their hands, wear protective mask, apron and gloves."

- Staff told us they felt supported whilst working through the COVID-19 pandemic. One member of staff said, "We got guidance and were kept up to date with all the changes."

Learning lessons when things go wrong

- The provider had effective systems in place to ensure there was learning when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents. Staff told us, "If something goes wrong, we fill in an incident report and report it on the emergency number".

- Accidents and incidents were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team. Staff confirmed "We learn when things go wrong to make sure it doesn't happen again".

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 feedback confirmed this.

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

- People's needs had been holistically assessed. These included their physical, mental health and social needs. People's diverse and cultural needs had also been considered. For example, during cultural observations, times for delivering care were altered to allow care to be fully delivered without affecting religious observation.
- The registered manager demonstrated a good understanding of best practice guidance. For example, staff were being tested regularly for COVID-19.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff were suitably trained and experienced to support them. Comments included, "They are definitely well trained."
- Staff had completed various training courses specific to the people they supported. The provider had an induction and training schedule that would be implemented for new staff. Staff told us, "Yes I am well trained and well prepared to do my work."
- Staff were competent, knowledgeable and carried out their roles effectively.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.

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

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks.
- People's food and drink, likes and dislikes were recorded in their care plans.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences such as vegetarian, and any support people needed.

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

- Staff documented the support provided to people which kept others involved in people's care up to date and informed.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances.
- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. A health professional told us, "We work well with them, they act quickly when

things change."

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.

- People's consent had been sought in line with the relevant legislation. People and relatives told us staff were polite and always asked for consent before performing a task.
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. For example, showing people different outfits they could wear or food they would like to eat.
- Records showed people's capacity to consent to a decision had been considered where it was in doubt. Where people could not consent, relevant individuals had been involved to ensure any action taken was in the person's best interests.

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 received good care and support. Everyone told us they were treated with compassion and kindness by staff and that positive relationships had been developed. Relatives told us, "They are very respectful" and "She is always treated well."
- Staff knew people well and had a genuine concern for people's wellbeing. Staff told us that the relationships they had developed with people helped them to recognise changes in care and support needs.
- The registered manager recognised the importance of supporting people with equality, diversity and human rights. For example, they told us how staff wear shoe covers when they go into people's homes where taking shoes off was an observed practice for religious grounds.
- People's social, cultural beliefs and religious preferences were actively encouraged by staff. One relative told us, "During our cultural holidays they make sure that he is wearing appropriate clothing and eating the right foods. This is important to him".

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

- People and family members were encouraged to share their views about the care and support staff provided. They told us they were always included in discussions about people's care and asked their views if care packages needed altering.
- People had access to a satisfaction survey; this gave them and family members the opportunity to share their views about all aspects of the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with respect and dignity and made sure they were clean and well-presented, and that personal hygiene was dealt with to a high standard.
- People were supported to be independent. A relative told us, "[Person] had been supported to do as much as possible for himself. This gives [Person] a sense of achievement."
- Staff ensured people's confidentiality was maintained; conversations about people were kept private and only discussed with relevant and authorised others.
- Staff told us they were 'guests' in people's homes, and it was important to remember this.
- The registered manager and staff were keen to promote people's independence wherever possible. People told us they were offered choice and control over their day to day lives and were supported to maintain independence wherever possible. For example, people could choose what they ate or wore. People had choice on how to follow their routines and these were respected.

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

- Care plans were person centred and included details of people's choices, abilities, associated risks and preferences for how they wished to be supported. People's life histories, interests and routines were documented.
- Care plans described how to support people with their emotional and social wellbeing. There was specific guidance around people's health conditions and communication needs. These directed staff on actions they should take and strategies to support people effectively.
- People were supported by a staff team who knew them and their individual needs well.
- People were encouraged to be fully involved in discussions about how they wanted care and support to be provided.
- Care and support was provided to people in ways that were flexible to their needs. There were also regular reviews when people's needs changed. This meant people always received the type of care and support they preferred. Care plans also included a detailed overview of support the person required. They included people's personal care needs and preferences. This helped staff to fully understand how to support people's needs.
- The service used an electronic care records system. All staff had an app on their phones for instant live access to care documentation.
- The system could also be used by people and relatives and other care professionals. These were updated in real time. This meant staff had instant access to the most up to date information. This also meant they could provide care in the way the person preferred. The technology also ensured people received care at the right times.
- The electronic system monitored the times staff cared for people and to check staff timekeeping met the expected standards. This also meant the provider could react if a care worker was unavoidably delayed so a person's visit was not missed.
- The care people needed was fully gone through with staff before they began providing care. Staff confirmed they always read people's care plans.
- Staff were matched with new people to the service before they began a package of care with the service. This meant people were able to tell staff how they would prefer to receive their care. People were carefully matched with staff who could best support them. For example, in relation to their cultural, religious, emotional and social needs.

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 understood and applied the Accessible Information Standard (AIS). This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication.
- The registered manager gave an example of how they had documented gestures that a person who was non-verbal would use to give his consent or displeasure.

Improving care quality in response to complaints or concerns

- Complaints were well managed. Where complaints had been received in the last 12 months. They had all been investigated, responses provided, and actions taken to resolve the issues raised in accordance to the providers policy. However, one relative informed us, although their complaint had been resolved, it had taken a considerable amount of time for the provider to resolve the issue .
- A complaints policy and procedure was readily available and given to people when they started to use the service.
- People and their relatives told us they would not hesitate to raise any issues of concern and found the management team approachable. One person told us, "I have raised a complaint and it was dealt with." "We raised this with the registered manager, and we were assured they were engaging with the person and their relative and the concern is being addressed."

End of life care and support

- There were systems in place to support people who required end of life care. The registered manager told us they took pride in their end of life care and support. They said, "We have taken a lot of time to train our staff in this area to help them give their very best to the very end".
- People's care records included their choices relating to the end of their lives, including if they wished to be resuscitated and how and when they wanted to be cared for at the end of their life and these were respected.
- Staff had received training in end of life care. They spoke passionately about the dignity they continued to offer people at the end of their life. One staff told us "I have done some end-of-life training and learnt about the DNR agreement; we have guidance on policies around end-of-life".
- The registered manager understood how working with other professionals could improve people's experiences at the end of their life, this included anticipatory medicines to reduce people being in pain. This was confirmed in a person's records and by a professional; the service had worked with the GP and the medicines were available when the time came for them to be needed.
- Letters and cards received by the service from people's relatives thanked the service for the care provided to their family members at the end of their life.

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.

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

- People, relatives and staff members were positive about the provider and the registered manager's leadership. Comments included, "[Registered manager] is very good and professional", "The boss he listens, we told him we didn't want male staff and none have been to us" and "[Registered manager] does all in her power to help, they liaise with us and the professional when action is required".
- The provider had clear values based on providing a person-centred service that supported people to maximise their independence. The registered manager told us, "We put our people first and work with those around them who know them well. This makes sure we give them a positive experience".
- The provider was passionate about continually striving to improve people's care and support. They had built strong relationships with relevant professionals and within the community to promote learning and meeting people's needs. For example, they were working with the brokerage team as part of the Provider Communication development programme. This ensured transparency and openness.
- Staff were incredibly proud of a training and career pathway programme. Training had evolved so staff were skilled and motivated to ensure people's experience of care was exceptional. The provider was in the final stages of launching an interactive training package. This simulated different care settings and scenarios. The registered manager informed us, "This allows carers to feed in how they would respond in a real-life situation. Instant feedback is given to the staff and they can learn from their mistakes during training or appraised for positive actions. This allows us to be proactive in reducing risk rather than being reactive."
- There was a strong organisational commitment to developing the leadership skills of all staff. Staff had been promoted to senior carer positions within the organisation.
- Registered persons are required by law to notify CQC of certain changes, events or incidents that happen in the service. Notifications had been submitted appropriately.

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

- The registered manager demonstrated appropriate knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary.
- People benefited from a service that was well-organised and there was a clear staffing structure. Staff felt supported and had confidence in the management team. Staff told us the management worked alongside them.
- The staff team were caring and dedicated to meeting the needs of the people using the service. Staff told us they enjoyed their jobs, understood their roles and what the provider expected of them. Their comments

included, "We are an excellent team" and "Caremark are a brilliant company and I love the clients too."

- The provider recognised the contribution staff made to the quality-of-care people received.
- Staff were rewarded and recognised for their work and performance. The managers bought gifts for staff on a regular basis. Staff received a bonus, gift vouchers and other tokens of appreciation for going "above and beyond" for people they supported.
- Effective quality assurance systems were used to assess and monitor the quality and safety of the service. These were undertaken by senior staff and management. Audits and checks provided a good overview of how the service was run. The provider used learning from these to make changes and improvements in the service.

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

- The registered manager promoted an open culture and encouraged people to provide their views about how the service was run. People and relative's views were currently gathered over the telephone and at regular reviews. People were kept updated via a newsletter.
- People received safe and coordinated care. There was good partnership working with relevant healthcare and social care professionals. This ensured people consistently received the support they needed and expected.
- Staff were invited to contribute to the way the service was run through their supervisions.
- The managers were very respectful of and committed to the views and recommendations of people and staff for improving the care people received.
- Since the COVID-19 Pandemic the managers sought the views of staff via regular staff phone calls.
- Records of staff and manager meetings confirmed the managers acted positively and supportively in response to staff feedback. For example, when staff voiced the opinion that they needed more improved training in certain areas this was addressed.
- The service also used an external body to help to survey staff and gather their views. People told us they could contact the office any time if they had concerns and were always listened to positively by the registered manager.
- A recent internally run survey had been to review with people how they felt they had been supported through the COVID-19 Pandemic. feedback had been so far positive.
- The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.

Working in partnership with others

- The service engaged with other agencies and professionals to support care provision and meet people's needs. This included local authorities, GPs, community nursing teams and other health professionals. One professional confirmed and told us "The service deals with very complex packages and they do involve the Continuing Health Care, Clinical Commissioning Group, GP's and other professionals when responding to peoples changing needs."
- The registered manager was continually looking for ways to develop and adopt best practice. As such, house training was being developed for all staff to acquire a greater understanding of pain management, symptom relief and the role of empathy toward people at the end of their life.