

DS Healthcare Ltd

Caremark (Havering)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Caremark (Havering) provides personal care to people living in their own homes. At the time of our inspection, the service provided personal care to 16 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There was strong leadership and governance of the service that conveyed a positive culture and an ethos of compassionate, personalised care that was tailored for each person. The values of the management team were embedded within the service. We found the management team inspired the staff to deliver a safe and caring service by leading by example, such as by getting to know each and every person, visiting them and providing care, training staff themselves and developing innovative ways to prevent social isolation.

People were highly respected and well treated. They received a service that was exceptionally responsive and well-led. People were treated as individuals and their personal histories, cultures and values were identified to help deliver a personalised service.

People and relatives told us the service they received was of a high standard and staff were safe, reliable, kind and compassionate. They could trust that staff and managers understood their needs and they felt engaged and involved in how the service was run.

The service had a key role in the local community and was passionately involved in supporting people to take part in activities and develop and maintain relationships. They worked in partnership with local charities to support people. During the COVID-19 pandemic, the provider initiated a befriending service for elderly people in the local area. The provider has been nominated for a national care award.

People and staff's equality characteristics were respected. Staff understood the importance of promoting equality, diversity and human rights.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to maintain their independence.

There were procedures to protect people from abuse. Risks associated with their needs were assessed and staff understood how to reduce these risks. People were supported with taking their medicines by staff. Audits and spot checks took place to check staff had followed correct medicine procedures. There was a procedure to review and analyse accidents and incidents in the service to prevent reoccurrence. Staff followed safe practices to prevent and control infections.

Staff were recruited safely and their backgrounds checked before they started working for the service. People were supported with maintaining their health and nutrition. The service worked with health care professionals, to ensure their health needs were met. People's communication needs were understood by staff. People knew how to make complaints about the service.

Staff were supported with training and development to ensure their skills and knowledge were up to date. Staff felt well supported by the management team. Quality assurance systems included obtaining feedback from people and relatives.

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 15/08/2019 and this is the first inspection.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated that there may be a higher level of risk at this service because the service did not have a registered manager and had not been inspected since registering. We also inspected to help support local systems and increase capacity by creating opportunities for people to be referred to a service that has had an inspection and received a rating.

Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received 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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Caremark (Havering)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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 houses and flats.

The service did not have a manager registered with the Care Quality Commission; however the provider's nominated individual had applied to register and their application was being assessed. 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

Our inspection was announced. We gave the provider 48 hours' notice because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 March 2021 and ended on 19 March 2021. We visited the office location on 19 March 2021.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law.

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 the nominated individual, who managed the service, a co-director and one member of care staff. We spoke with five people and four relatives by telephone for their feedback about the service.

We reviewed documents and records that related to people's care and the management of the service. We reviewed six care plans and four staff recruitment files. We also looked at staff training records, audits, rotas, complaint and incident records.

After the inspection

We spoke with a field care supervisor and two care staff by telephone. We continued to seek further evidence and clarification from the provider, which we have included in the report. We requested feedback from social care professionals.

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

- There were procedures to protect people from the risk of abuse. All people and relatives we spoke with told us the service was safe and the staff were reliable. One person said, "I am completely safe."
- Staff had received training in safeguarding adults and told us they understood different forms of abuse, such as physical and financial abuse.
- Staff knew how to report suspected abuse to the management team and other authorities, such as the police and safeguarding teams.

Assessing risk, safety monitoring and management

- Risks to people were assessed and actions were taken to mitigate these risks to keep people safe. These included risks around their skin integrity, home environment, health, their medicines and mobility. For example, if people were at risk of trips and falls there was guidance for staff about these risks and how they could be minimised to keep people safe.
- Staff told us risk assessments provided them with sufficient information and guidance to minimise risks. A staff member said, "The risk assessments are very good and easy to understand. They are very helpful and detailed and aid in supporting our clients."

Staffing and recruitment

- The service was suitably staffed to ensure people's care visits were covered at all times. Each person had a regular member of care staff visit them. One person said, "I have a regular carer who arrives on time and stays for the full length of time."
- Care staff told us there were no issues with staffing numbers and they were able to cover each other when staff were on leave. If there were any delays or changes to their care, people and relatives were notified. Senior staff, including the manager, also covered calls in case of emergency.
- People and relatives told us staff were very punctual and stayed for the correct length of time. One person said, "They're wonderful at time keeping. Another person told us, "[Staff] arrives on the dot at 12 o'clock for my daily lunch and wash call."
- Staff were monitored through an online system. They were required to log in to their visits to people using their smartphones. The management team checked staff had arrived for their calls. We looked at call records and saw that visits were completed within the times specified in people's care plans. Missed calls or late calls had been avoided.
- Staff we spoke with told us they had enough travel time and their rotas suited them. A staff member said, "I am very happy with the amount of time I get to visit my clients. It works really well for me."
- There were safe recruitment procedures in place. The manager told us they recruited staff who were

passionate and enthusiastic about caring for people.

- Records showed the provider's staff recruitment process was followed. This included criminal record checks, which were carried out for new staff. Two references and proof of identity were obtained, as well as details of their employment history and eligibility to work. This meant staff were suitable to provide safe care and support to people.

Preventing and controlling infection

- The service had procedures to ensure the spread of infections, such as COVID-19, were minimised. Staff followed these procedures and were provided with personal protective equipment (PPE), such as disposable gloves, anti-bacterial hand gels, face masks and aprons.
- Staff told us they washed their hands thoroughly before and after providing personal care to help contain possible spreads of infection. Records showed staff also wore their PPE when handling people's medicines.
- People told us staff followed infection control procedures thoroughly and always wore their PPE. One person said, "[Staff] changes from the clothes she's worn on the bus and puts on their apron and gloves downstairs. They are never without a mask." Another person noted, "They [staff] always wear masks and gloves and their uniform."

Using medicines safely

- There were procedures for supporting people to take their medicines by staff, if this was required. People told us they received them on time and safely.
- Staff administered people's medicines from their original packaging only and recorded them on Medicine Administration Records (MAR). These were used to record each time a person was given their medicines and we found these to be up to date and accurate.
- Risks around medicines were recorded in their care plans and these were assessed to reduce the likelihood of them happening. These included risks such as side effects, pain, discomfort or missed medicines.
- Staff with responsibility for administering medicines had received training and their competency was checked during observations of their practice, called spot checks. Staff told us they understood the risks involved with people's medicines. One staff member said, "I support one person and I get their tablets ready for them to take. I also help them with their eye drops. I record everything in the logbook."
- Senior staff such as the field care supervisor or the manager carried out checks and audits of MARs and logbooks to ensure they were completed appropriately.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents. Staff had an understanding of how to report incidents and respond to emergencies.
- There had not been any incidents in the service but the nominated individual told us they would learn lessons from them to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection of this newly rated service. At this inspection 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 needs were assessed before they started receiving care. These assessments followed legal requirements and recorded information about people's protected characteristics, as well as their health and care needs and preferences. This meant the service could determine if they were able to support people and meet their needs before providing care to them.
- Assessments of the person's home environment, nutrition and mobility needs were undertaken and included preferences for their care and any cultural or religious requirements.

Staff support: induction, training, skills and experience

- People and relatives felt staff provided a good level of care and knew their support needs. They told us staff were well trained. One person said, "The pair [of carers] we have are very efficient. They do everything they've been trained to do." Another person told us "They seem to know what they are doing."
- There was an induction process for new staff to receive training. This included completing the Care Certificate, which is a set of 15 standards that health and social care staff work towards in their careers. Staff also shadowed senior staff, including the manager, to help them understand people's support needs as part of their induction.
- Staff received training in topics such as safeguarding adults, moving and handling, medicine administration and infection control. They told us they were happy with their training and the support they received. The manager was a qualified trainer and delivered training in some essential topics. A staff member said, "[Manager] really knows their stuff and taught me things I never knew before. It was very informative and in depth."
- Staff received supervision from the manager or from the field care supervisor to discuss their work, training needs and concerns they had. Annual appraisals were undertaken to review their performance and discuss their development in their work.

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.

- Assessments of people's capacity to make decisions were carried out. People that lacked capacity were supported to make decisions in their best interests by family members or representatives.
- Staff had received training on the MCA and understood its principles. They told us they sought consent from people before providing personal care to them. A staff member said, "I had full training on the MCA. We have to assume people can make decisions unless they have been assessed."

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

- Where required, people were supported to eat and drink to maintain their health and nutrition. People's food and drink preferences were recorded in their care plans.
- People were supported to maintain a balanced diet by care staff and their family members. One person said, "[Staff] makes me exactly what I ask for breakfast. They give you what you want [to eat] and make sure I have food in for lunch." A relative said, "I make sure there's something quick and easy for carers to prepare for breakfast daily and other meals at weekends for [family member]." A staff member said, "We do all types of things such as prepare tea, cereal or toast for people. I warm meals for them. I also make sure they are having enough fluids and have enough food in the fridge. I support people with their shopping list and what they need to buy."

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

- People's specific health needs were monitored. Their care plans included contact details of health professionals such as GPs, social workers and occupational therapists (OT). Staff told us they could contact them if they had concerns about a person's health. One person told us the provider was aware of and supportive of their mental health needs in addition to their physical needs. They said, "They know which is my doctor's surgery, if it's needed. They also collect my meds from the pharmacy."
- The service worked with other agencies to provide effective and timely care to people to ensure they were in the best of health. A staff member said, "We have all the information we need and work well with other health professionals in supporting our clients."

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 staff were very caring and treated them with kindness and compassion. One person said, "[Staff's] empathy is really good." Relatives felt staff were respectful and supported their family members in a respectful and professional way. One relative said, "The main thing is my [family member's] happy with the service. I think the carer is terrific."
- The provider's equality, diversity and inclusion policy protected characteristics such as age, race, disability and sexual orientation, which legally protect people from discrimination. The provider was a member of organisations that promoted and championed equality. Staff were trained in these areas and told us they respected people's differences and human rights.
- The provider matched each person they assessed with a suitable member of care staff. They were introduced prior to the care starting. This process encouraged people to express their individuality and to follow their preferred lifestyle by engaging with a staff member whom they could relate to.
- Matching also took into account the staff member's own thoughts and beliefs to ensure both parties were comfortable with each other. For example, one staff member had English as a second language. The manager said, "We matched this care and support worker up carefully with clients who were happy to be supported by someone who speaks English as a second language and who are able to understand [staff member's] English to ensure there is no language barrier." One relative said, "The manager has matched [staff] with [family member] well." Another relative told us, "We had a conversation with [manager] about [family member's] life and interests. Then we talked about what care was needed. They matched the carer very well."
- The service understood the needs of different people and groups of people and delivered care and support in a way that met these needs and promoted equality. The manager said, "We embrace diversity and respect everyone's human rights."
- Staff understood that all people had a right to receive care and support without prejudice or discrimination. One staff member said, "There are people with different religions or culture, they may be rich or poor, have their own sexual preferences and different dietary needs. But I respect all of these things and make sure I treat people with dignity and respect their choices."

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

- People were supported to make decisions about their care and express their wishes. This helped them to retain choice and control over how their care and support was delivered. One relative told us their family member could get vertigo and anxiety and said the staff were aware of this and supported them well. They said, "The staff are just there to give [family member] a bit of confidence when showering really. [Family member] can't be rushed and the carer is calming, slow and methodical, careful and gentle. They don't rush

[family member] as they get stressed very easily."

- People and their relatives were consulted and agreed the contents of care plans. Another relative said, "All the family and [family member] were there for the care plan writing. They do everything [family member] asks and is very happy with the care staff."
- Staff were familiar with people's likes and dislikes, and how they preferred their needs met. A relative told us, "Staff are good at making sure everything's ready for [family member] like turning their bedroom light on. [Family member] is very 'switched on' and will ask people to do things in a way they like. The carers know what [family member] likes and doesn't like."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence was promoted and respected by staff. One person said, "I have very amicable arrangements with the carers. They're very co-operative."
- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "I give choice and ask people for their permission and consent. I respect their privacy by making sure they are covered up and doors and curtains are shut."
- Staff encouraged people to maintain their independence as much as possible. Their level of independence was detailed in their care plans, such as their ability to walk or move themselves without the use of walking aids. One person said, "I always wash myself and my face." A relative told us, "[Family member] washes their own face and head and [staff] dress them in a dignified manner."
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons.

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service took a key role in the local community and was actively involved in building further links to support people to avoid social isolation and maintain relationships. We found the provider to be exceptionally proactive and innovative, going the extra mile to support people and their relatives to regain their confidence and experience activities.
- The provider developed community links to reflect the changing needs and preferences of people. To help tackle social isolation they set up a partnership with a local charity to raise money for lonely elderly people to help them engage in community activities. The provider raised funds for a musical afternoon tea event and a community Christmas dinner for older people in the community who lived alone. People and their relatives who used the service were invited to attend.
- People's social needs were explored so the provider could plan how they could be met and ensure people felt consulted, empowered, listened to, and valued. For example, the provider was actively involved in dementia music clubs to support people with dementia to reconnect with their memories through music and dance. This enabled a person living with dementia to remember old songs, increasing their sense of wellbeing and confidence.
- The management team often volunteered to run community bingo and games evenings, including calling out bingo numbers. They also provided respite to families who cared for people living with dementia. For example, staff and managers looked after their loved ones during these community events while relatives were able to take some time out and meet other families in a separate room of the venue.
- The national COVID-19 lockdown meant community activities were put on hold. However, the provider ensured contact with other community resources and support networks was sustained throughout the pandemic. The manager said, "Since lockdown, the clubs have all stopped but we have stayed in touch with the organisers and offered ongoing support. We have joined local community groups and remained connected with groups and charities that way."
- The provider maintained bringing a personal touch to the service despite these restrictions, by marking people's birthdays and religious holidays, where it was culturally appropriate to do so. One person said, "I had my birthday recently and they came in with a bunch of flowers for me and they promised I would get an egg at Easter." Another person told us, "When the weather's good enough they [staff] even take me for a walk down the road."
- Despite being a care at home service, the provider had recently initiated a range of activities that could be shared with people who used the service in their own homes, such as an arts and crafts competition to paint plant pots, with all materials supplied by the office. This demonstrated how people could be supported with an enjoyable activity that enhanced their skills, promoted concentration and improved their emotional

wellbeing through a relaxed and therapeutic activity.

End of life care and support

- The service had demonstrated how they could provide end of life care and support with specific skills to understand and meet the needs of people and their families in relation to emotional support. This included the practical assistance they need at the end of the person's life.
- The service was very supportive of a bereaved family who were unable to visit their family member, who had passed away unexpectedly. The provider offered to assist them with the funeral arrangements. The service had supported the person and the manager had got to know them well. They selected an outfit the person could wear for their burial. They knew the outfit was culturally specific and had meant something significant to them in the past as they had discussed it in their conversations they had with each other.
- The person's relatives were not aware of the outfit. This also showed how the provider had an exceptional level of understanding of the person's social and cultural diversity and beliefs that could influence their decisions on how they want to receive care and support.
- We looked at feedback from the relatives about this gesture. They said, "The Caremark management team and carers were an enormous pillar of strength on all levels of support for [family member]. They showed professionalism and kindness. We cannot express our gratitude enough to them for being like a family for [family member]."
- The service was supporting one person receiving end of life care at the time of the inspection.
- Systems were in place for their end of life wishes to be recorded and acted upon. The management team told us they consulted with specialist end of life care professionals to ensure people's end of life needs were met.

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

- People were supported by staff and managers who ensured their care was person-centred and gave them choice and control. People received personalised care and support specific to their needs and preferences. Each person was seen as an individual. Their cultural needs, values and beliefs were seen as unique to them.
- The assessment process was used to find out what people had done in the past and what was important to them. Prior to the pandemic, this was to see if they could find suitable activities for the person.
- We noted how the manager took time to personally visit people and listen to their stories which helped in their assessment of the person's wishes and development of their care plans. For example, they learned about the life of a World War Two survivor they supported and integrated it into the person's care plan. The care plan covered their life history with personal anecdotes and stories. The person's care plan stated, "I am chairperson of the Royal Navy Association for [home town]. Pre-Covid I would meet with them every other week and proudly dressed in my uniform." Another person's care plan provided a detailed insight into their family history and relationships and talked about how much they missed their previous occupation. It said, "Meeting lots of new people and traveling to different places all the time was just great." This person was supported to attend community events so they could meet other people.
- Staff told us they also took time to sit with people they supported and learn about their past lives. A Life Story book was filled in as they spoke with each other which helped staff to get to know people in a way that was engaging and enjoyable. A member of staff said, "I really enjoy looking after people and seeing them. I make sure I spend time talking to them and don't rush so they don't feel lonely. People tell me they miss me when I am gone and that is really nice." The manager said, "We have developed a special bond with our clients. We offer companionship as well as care. It is lovely to see our care and support workers actively look forward to visiting our clients to help reduce anxiety and stress."
- Records showed that listening to people helped the service monitor any changes in their memory by seeing if they were able to recall events in their lives. Staff could identify if there were any concerns with a

person's memory and whether referrals needed to be made to their doctor or the memory clinic. This showed how the service could stimulate people's minds, monitor their health and provide personalised care.

- People's care plans also included detailed information of their needs, abilities and preferences for their care and all from the person's point of view, to enable them to have full control of their choices. One person said, "I was very impressed. [Registered manager] asked all about me and my family and everything I told them, they wrote it down."
- Professionals told us the service was focused on providing person-centred care and support and achieved exceptional results. One professional said, "The professionalism of Caremark as a whole contributed hugely to achieve consistent care provision that resulted in enhancing the service user and her family's quality of life. They are totally engaged in working together to provide a positive outcome for the service user, family members and carers."
- Care plans were reviewed regularly or as and when people's needs changed. Staff completed daily notes about each person to share important information that required attention or following up.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider followed the principles of the AIS and was able to provide information to people in a format that suited them, including in plain language or in large print, such as leaflets about the service and welcome packs.
- People told us staff and managers communicated with them effectively. One person said, "The communication is excellent and they respond straight away to things I ask."
- People's communication needs were identified and documented in their care plan. They provided information to staff on how to communicate with them effectively, should the person have difficulty speaking or hearing. A staff member said, "We follow the care plan and speak to people according to this. For example, speaking slowly and clearly."

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy with the service. Complaints were addressed and investigated by the manager. At the time of the inspection, there were no formal complaints received.
- People and relatives told us they knew how to make a complaint and that if they had concerns, they were confident the management team would listen to them and help resolve their complaint. One person said, "I've no complaints. I would sort it out with [manager] usually and it's dealt with. It was nothing big. Small things that I like to have done in a particular way."
- Records showed that all concerns raised by people and relatives were taken seriously and were looked into to ensure improvements could be made to the service.

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 promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The management and leadership of the service was innovative and distinctive. It was clear from our inspection that people were being put at the centre of the service.
- We spoke with people and relatives before visiting the office location. They told us there was strong management, good communication and person-centred attitudes and practices in place. A relative told us, "Compared to the agency we used before the difference is amazing. Caremark go above and beyond." One person said, "The manager contacts me every month to see how I am and just talk to me. It's a very professional service." Another relative commented, "Such caring professionals who listened to our family's needs and the needs of my [family member]. Excellent care."
- Other comments from people and their relatives indicated the service was very distinctive and they were very engaged and involved in their care. One person told us, "The staff seem genuinely interested in me and my life." Another person said, "The service is absolutely excellent." This was reinforced when we visited the office location to speak with managers and look at records.
- People, staff and relatives were encouraged to have a voice and become involved in the service and give their feedback, which the management team acted upon. A relative said, "We are very involved in [family member's] care. Anything the agency think of for [family member's] wellbeing is notified to us."
- The manager had instilled and sustained a positive and open culture for people and staff. We found they led by example and recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. Staff told us they could contact the manager at any time and they were confident any concerns would be addressed by them.
- The provider's values and ethos gave staff the motivation and encouragement to provide the best possible care and outcomes. Staff told us they were proud to work for the service and were supported at all times. A staff member said, "I am so impressed with [manager]. She is so compassionate, and her work is amazing and so thorough. We're really looking forward to continuing our community events when we can, they were very good." Another staff member said, "[Manager] is amazing and passionate about people and care. It really comes through."

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

- The culture of the service was based on the provider's values of compassionate personalised care that was tailored to people's specific needs. There was not only a focus on people's personal care needs but their equality characteristics, communication needs and social needs. One person said, "They consider

everything and ask me how I like to be called and if I follow a religion."

- The provider actively promoted equalities and human rights with all staff either being Dementia Champions or Dementia Friends. This meant they encouraged others to make a positive difference to people living with dementia in their community. We saw this through their work with dementia music clubs. The provider was also a Disability Confident employer, meaning they provided opportunities to staff with disabilities. A relative told us their family member had a specific disability and said care staff had educated themselves about it, "[Staff] understands this [disability]. They had read up about it and they're learning so they can support [family member]." This demonstrated how staff used their initiative and respected people's protected characteristics.
- The manager had a view of how care should be provided and they stood by this principle which they integrated into the service. For example, they encouraged staff to talk to people and not rush their tasks. They told us they intended to grow the service, as long as it did not affect the quality of the care. The manager said, "Of course, we would like more care packages but we will assess what we can manage to ensure everyone receives the same standard and quality of person-centred care. We are here to care for people first. It's not just about being a successful business."
- The service was highly praised by people and relatives for how it was managed and for the manager's and staff's empathy towards others. People commented how the manager and the staff went the extra mile to support them. One person told us, "My carer does more than is necessary. I said to my carer, 'You don't need to bother with that, it's just me here', but they do it." A relative said, "The kindness and punctuality of staff made my [family member] feel safe and they really look forward to their visits. It was such a help when [family member] needed to run errands, as the staff would take them."
- People and relatives were very complimentary of the management team and in particular the manager. They all knew who the manager was and told us they had spoken with and met them a number of times. They told us the management team were very responsive when they needed assistance or had queries about their care and support. One person said, "I e-mailed [manager] this morning to change an appointment in a month's time. She replied straight away. It's been done." A relative said, "I think the manager is very 'with it'. She has all the paperwork down to a fine art."
- Newsletters with information and updates about the service were distributed to people to help them feel engaged and involved in the service. The newsletters contained articles about people they supported who retold their stories, with their permission. The idea was to enable them to pass on their experience to future generations and inform them about important pieces of history. This showed how the service was truly respectful and thankful to people they supported, sharing their stories so that they lived on and were not forgotten. Comments from staff included, "Every time I leave [person's] house, I learn something new. They are full of passion and pride."
- Staff felt engaged with the service. They attended meetings to discuss issues and share important information. A staff member said, "The agency have been very good to me. They gave me the opportunity to learn and I feel real passion for my work thanks to them. It is lovely to see so many positive things like giving people sweets and flowers on their birthdays."

Working in partnership with others

- The provider had a strong sense of community spirit and worked in partnership with local charities and community clubs. For example, the pandemic had impacted on some of the provider's initiatives for social events for people. The management team identified that the impact of the lockdown left many older people in the community feeling isolated and without help. They therefore set up a befriending service called 'Chit Chat Chums' for all elderly people living in Havering and not just those who were receiving a service. This helped to reduce people's loneliness and anxiety during the national lockdown and offered them an opportunity to talk to someone about anything they wished. One person told us, "They really helped me with my bereavement. They helped to put it all in the right order and context. I have everything as I want it."

This showed how people valued the service as an important part of the community.

- This initiative grew into a home delivery service where the management team would buy and deliver essentials to older people in the community that needed them, at no extra cost.
- The management team and staff worked effectively with health and social care professionals to help maintain people's care and support needs. Feedback about the service from health and social care professionals was very positive. One professional said, "I have always received good feedback from clients regarding [manager] and her team of carers."
- We noted how some of the management team's ideas positively influenced other Caremark services to do similar things and to seek excellence, which further showed how distinctive and innovative the service was. These ideas included news articles, the befriending service, people's life stories and home delivery service. These were shared by the Caremark head office as examples of excellent and innovative practice with other branches around the country, who in response offered similar services.
- Caremark (Havering) was nominated for their innovation in care at the Great British Care Awards for 2020/21, as a result of their community work and care service. The awards are an event that recognises excellence and outstanding work in the care sector by region. At the time of our inspection, the service had been shortlisted as a finalist for the awards, which will take place in July 2021.

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

- The manager was supported by a co-director and a field care supervisor to help manage the service. The field care supervisor supported and supervised staff regularly. They carried out spot checks of staff performance and work practices to ensure they provided safe care. They told us they worked well with the manager and met with them weekly to discuss and report any issues or concerns. The field care supervisor said, "Both [manager] and [co-director] are really nice and helpful. They are professional but also cheerful and approachable."
- Telephone monitoring calls and visits to people by senior staff also took place monthly, to check they were satisfied with the service and with their support. One person told us, "The supervisor comes in and sees me to ask if everything's alright and the manager is on the phone to me." Another person told us, "[Manager] comes here quite often, or she telephones me. There's always some contact."
- The management team carried out audits of medicine records, staff punctuality and daily care records as part of quality assurance systems. These were checked to ensure staff were completing them as expected.
- Staff told us they were clear about their roles and responsibilities to ensure people received high quality care and support. They told us they enjoyed working for the provider. One staff member said, "I really love working for them. The clients are lovely. The manager is really nice and bubbly."

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; Continuous learning and improving care

- At the time of our inspection, a new registered manager was not in place because a suitable replacement had not been found by the provider. The manager had submitted their own application at the time of our inspection and it was in progress.
- The provider knew to notify the CQC of serious incidents that occurred in the service as is their legal responsibility to do so.
- They understood their responsibility to be open and honest with people who used the service. If concerns were raised the manager investigated and identified what they could do better. They used feedback to help make continuous improvements to the service, for example reminding staff of their responsibilities.
- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that feedback was very positive. A comment from one relative was, "A professional company I would recommend to all in need. Very flexible to all requests."

