

Balmer Care Limited

# Caremark (Worcester & Malvern Hills)

## Inspection report

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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 (Worcester & Malvern Hills) is a domiciliary care service that provides personal care to people in their own homes. 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 our inspection, 65 people were using the service.

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

Staff understood how to identify and alert others to potential abuse involving people who used the service. The risks to people had been assessed, and plans were in place to manage these and keep them safe. The provider employed enough staff to provide people with a reliable service, and carried out checks on staff suitability before they started work with people. Staff helped people to take and manage their medicines safely. Staff and management took steps to protect people from infections. Staff recorded and reported any incident or accidents involving people, so these could be reviewed and learned from.

People's individual needs were assessed with them before their care started. Staff received training and ongoing management support to help them work safely and effectively. People had support to prepare their meals and drinks where they needed this. Staff and management sought to work effectively with community health and social care professionals involved in people's care. They helped people seek professional medical advice and treatment, if they were unwell. People's rights under the Mental Capacity Act 2005 were understood and promoted by staff and management. 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.

Staff approached their work in a caring manner, and knew the people they supported regularly well. People were encouraged to have their say about the service provided. Staff treated people with dignity and respect.

People's care plans were individual to them and staff said they read and followed these. People and their relatives were clear how to complain about the service.

People and their relatives felt comfortable contacting office staff and management. Staff felt well-supported by an approachable management team who sought to engage effectively with people, their relatives and staff. The provider had quality assurance systems and processes in place designed to enable them to monitor and improve people's care.

### Rating at last inspection

The last rating for this service was Good (published 18 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Caremark (Worcester & Malvern Hills)

## **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.

#### Service and service type

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

At the time of inspection visit, the service's manager was in the process of applying to become registered with the Care Quality Commission.

#### Notice of inspection

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the director, manager and five care staff. We reviewed a range of records. These included seven people's care records, staff training records, three staff recruitment records, medicines records and selected policies. We also reviewed complaints records, incident and accidents records and records relating to the management of the service.

After the inspection

We also spoke with six people who used the service, four relatives and two community health and social care professionals about their experience of care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in, and understood, how to identify and report potential abuse involving people who used the service. They told us they would immediately report any concerns of this nature to the management team, and had confidence these would be acted on.
- The provider had procedures in place designed to ensure any abuse concerns were reported to the relevant external authorities, in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- People told us they felt safe receiving care and support from staff in their homes. One person said, "They [staff] make me feel comfortable. I am happy to see them and let them through my door, as they are tremendous people."
- The risks associated with people's individual care needs were assessed, recorded and kept under review. This included assessments of people's nutrition and hydration needs, their mobility, their risk of falls or pressure ulcers, and any potential hazards in their homes.
- Staff confirmed they read risk assessments and followed care plans to help people stay safe. They described how they accessed these documents on their phones, at any time, through the provider's recently-introduced electronic care management system.
- Staff told us the management team and their colleagues ensured they were kept up to date with any changes in the risks to the people through good day-to-day communication.

Staffing and recruitment

- Most people and their relatives we spoke with told us they normally received a reliable and punctual service from the provider. One person's relative referred to previous problems with staff not adhering to the agreed times for their care visits, but explained this had improved in recent weeks. The manager assured us they were working to further improve the punctuality of people's care visits. The provider's new electronic care management system immediately alerted the management team to any late calls, enabling them to investigate and respond to these without delay.
- Staff were satisfied the provider employed enough staff to meet people's care needs. One staff member told us, "At the moment, staffing is ticking along nicely. We are not being asked to pick up additional calls. I don't feel under pressure."
- Prospective staff underwent pre-employment checks to ensure they were suitable to care for people in their homes. This included employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people had the level of support they needed to manage and take their medicines safely. One person told us, "They [staff] check every morning and every night whether I have taken my medicines." They went on to describe how these checks by staff ensured they took their medicines consistently,
- Staff received training in the provider's medicines procedures and felt confident following these.
- Staff maintained accurate and up-to-date medication administration records to confirm people had received their medicines as prescribed.

#### Preventing and controlling infection

- Staff received training to help them understand their role in protecting people, themselves and others from the risk of infections.
- Staff were provided with personal protective equipment (PPE) (i.e. disposable gloves and aprons) to reduce the risk of cross-infection. People's care plans reminded staff about the expected use of PPE, and people and their relatives confirmed staff made appropriate use of this.

#### Learning lessons when things go wrong

- The provider had procedures in place to ensure staff reported and recorded any incidents or accidents involving people who used the service. Staff were aware of and told us they followed these procedures.
- The management team reviewed accident and incident reports in order to identify any lessons to be learned from these and reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The manager or supervisor met with people and, where appropriate, their relatives to assess their individual care needs and requirements before their care started. This enabled them to complete risk assessments and develop initial care plans designed to achieve positive outcomes for people.
- Staff underwent quarterly unannounced spot checks to confirm they were providing people's care and support in accordance with expected standards.

Staff support: induction, training, skills and experience

- Most of the people and relatives we spoke were satisfied with the competence of staff. However, two people's relatives raised concerns regarding varying levels of skills and awareness of people's needs amongst staff. We discussed these issues with the manager who assured us procedures were in place to ensure staff had the knowledge and skills needed to effectively meet people's individual care needs.
- New staff completed the provider's induction training to help them understand and settle into their roles. Staff spoke positively about their induction experience, which included initial training and the opportunity to work alongside experienced colleagues. One staff member told us, "The induction was good. If I had any questions they [management] answered these and they were quite upfront with me. The training was also good, considering I hadn't done care before."
- Following induction, staff were provided with a rolling programme of training reflecting their duties and responsibilities. Staff were satisfied the provider's training gave them the knowledge and skills they needed. One staff member explained, "We do face-to-face and e-learning training; it's been very good. I have walked out after training knowing I learned something. You can also go over e-learning again and again, which is helpful." Another staff member described how their practical moving and handling training had helped them understand how it felt for people to be hoisted by staff.
- Staff met with the supervisor or manager on a one-to-one basis every six months to receive constructive feedback on their work and discuss any additional support or training they may need. Staff told us they found these meetings useful, and that they could seek support from management, office staff or their colleagues at any time. One staff member explained, "We have good support from the team leaders and on call-staff when they are needed. There is good teamwork across the staff team if we encounter a problem with someone's care. There's always somebody there to help and assist as needed."

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

- People and their relatives told us staff gave them the level of support they needed to prepare meals and drinks of their choosing, where this was an agreed part of their care.
- At the time of our inspection, the provider was not supporting anyone with complex needs or risks

associated with their eating and drinking. However, they had procedures in place to identify and manage such issues.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management understood the need to work with community health and social care professionals involved in people's care to ensure their individual needs were met. A community professional discussed how they had worked with staff to ensure one person had access to the equipment they needed to move and transfer safely.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's general health and wellbeing. They helped people seek professional medical advice and treatment if they were unwell or, where appropriate, informed their relatives of any related concerns. One person told us, "They [staff] will ask whether I am alright every day and whether there is anything they can do for me. They have said to me that if I am ill they will get me a doctor." A relative said, "The carers [staff] that come regularly know [person] inside out and will say to me if there is anything wrong or different."
- People's care files included information about their medical history and any long-term health conditions to ensure staff were aware of this aspect of their care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff sought their permission before carrying out their care.
- Staff understood the need to respect and support people's right to make their own decisions. People's care plans reminded staff of the importance of offering each individual choices in relation to their care.
- People's consent to their care had been obtained and recorded in their care files.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them well and their regular staff knew them well. One person said, "They [staff] are just very nice people; it's a pleasure to have them ... I've been absolutely delighted with the treatment I've had from them." A relative said, "One staff member put [person's] favourite song on their phone and sang along to it with them. They [staff] are very understanding of person's] condition."
- Staff talked about the people they supported with respect and concern for their continued health and wellbeing.
- Staff and management understood the need to promote people's equality and diversity and to take into account people's protected characteristics. A staff member described to us how the provider had adapted their duties to take into account of their personal needs.

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

- People and their relatives told us they were freely able to express their views about the service to staff and management.
- The management team contacted people and their relatives on a regular basis to check the care provided was still meeting their needs and invite their feedback on the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. A relative explained, "Staff take steps to protect [person's] privacy and dignity by, for example, ensuring they are dressed before they come downstairs after bathing."
- Staff gave us examples of how they ensured people were respected when providing their day-to-day care and support. One staff member told us, "I listen to what people have to say and offer them advice if asked for it." Another staff member said, "It's about making a difference in their [people's] lives. We always check whether they are in pain, and always make sure they are happy for us to do things before we do them."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Most of the people and relatives we spoke with confirmed the care and support staff provided reflected their individual needs and requirements. One person told us, "They [staff] do what I want; it works out lovely me ... I would give them 100 out of 100 for doing everything they ought to do." A relative explained, "They [staff] always come later in the morning for [person] as they don't like to be woken early. They are very mindful of what makes [person] happy and do chat with them."
- Two people's relatives explained how variations in staff's skills, approach and awareness of people's needs affected their loved ones' care. The manager assured us all staff received training and ongoing management support to enable them to meet people's needs in a person-centred manner.
- People's care plans were individualised and provided staff with clear guidance on the care and support they needed. They included information about people's personal backgrounds, known preferences and what was most important to them, to promote a person-centred approach.
- Staff confirmed they were able to access people's care plans at any time on their mobile phones for an up-to-date picture of their care and support needs. One staff member explained, "If there is a new person we are supporting, they [management] ring and let us know their needs. Their care plan is put on [electronic care management system] and we can see everything straightway. If a care plan needs tweaking, we let the office staff know and they will make the change straightaway."

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

- Where this was an agreed part of their care package, staff helped people to access the local community with confidence or maintain their current employment.

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

- People's care files included information about their individual communication needs, in order that staff were able to promote effective communication with them.
- The manager explained the provider had the facility to produce information in alternative, accessible formats dependent upon people's communication needs and preferences. We saw they had produced an easy-read version of their complaints procedure, to aid people's understanding of how to raise any concerns or complaints about the service.

- People and their relatives told us they knew how to complain about the service, and felt comfortable doing so.
- The provider's complaints procedure was designed to ensure any complaints raised regarding the service were dealt with in a fair and consistent manner. We looked at the most recent complaints received by the provider and saw these had been investigated and responded to by the directors, in line with this procedure.

#### End of life care and support

- At the time of our inspection, no one using the service was receiving end-of-life or palliative care.
- The manager assured us they would work with community health and social care professionals to ensure people's end-of-life needs and wishes were identified and met at the appropriate time.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and their relatives told us they felt able to contact the management team and office staff at any time. One relative said, "I find the office staff very good when [person] goes into respite or if we are not happy with particular call time."
- Staff talked about their work with enthusiasm, and felt their opinions and work efforts were valued by the provider. One staff member told us, "I feel very appreciated [by management]. I've not long had an email saying [community healthcare professional] said I was doing well. They [management] do let you know when you are succeeding; they don't let it go unnoticed."
- The provider operated an 'employee of the month' scheme, as a further way of acknowledging staff members' positive contribution to the service. A staff member explained the provider had bought them chocolates following positive feedback from the people they supported.
- Staff felt well-supported by an approachable management team. One staff member explained, "The company have given me lots of support and training, and the people we looked after are lovely. They [management] have always looked after me, answered the phone at any time and have always given me back up and support. I have never felt on my own." Another staff member described how the management team had arranged additional support for them until they had gained confidence in dealing with people's intimate care needs.

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 management team understood the legal requirement for them to inform people, or those acting on their behalf, if they were harmed as a result of the care and support provided.

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

- Management and staff were clear what was expected of their respective roles.
- The management team met together on a regular basis and maintained good communication with staff to ensure there was a clear understanding of any quality performance issues or new risks to people using the service.
- The management team kept themselves up to date with current legislative requirements and best practice guidelines through, for example, accessing care resources online.
- The provider had quality assurance systems and processes in place designed to enable them to monitor

and, where necessary, make improvements in the quality and safety of people's care. These included quarterly unannounced spot checks on staff, the distribution and analysis of feedback surveys to people and their relatives, and ongoing monitoring of any incidents, accidents and complaints.

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

- The management team sought to engage effectively with people, their relatives and staff through, for example, organising regular staff meetings and telephone reviews with people and their relatives.
- Management and staff understood the need to make referrals to and collaborate effectively with community health and social care professionals in ensuring people's individual needs were met.