

Remark! LTD

Remark! Living

Inspection report

18 Leather Lane
London
EC1N 7SU

Date of inspection visit:
30 April 2019

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24 May 2019

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: Remark! Living is a home care service that provides care and support to people in their own homes. They work with hearing impaired British Sign Language (BSL) people who are elderly, disabled or have additional needs to help them remain independent at home. At the time of the inspection there were 3 people using the service.

People's experience of using this service:

Remark! Living provided safe care to people who use the service. There were systems in place to ensure people were protected from avoidable harm. These included appropriate safeguarding procedures, regular risk assessment and risk management processes and safe staff recruitment.

People's medicines were managed safely, and people received their medicines when needed.

There were enough suitable staff deployed to support people as agreed.

People's needs, and preferences had been assessed before the service commenced. People and when appropriate their relatives were involved in planning and reviewing the care and the support provided by the service.

Each person had an up to date, person centred care plan that described people's care needs and preferences. It also included basic information about who people were and what they liked to do. Staff held regular conversations with their managers on how to best support people in meeting their needs and achieving their goals. This included advocating for people when needed and accompanying them to various leisure activities in the community.

Staff asked for people's consent before they provided care to people. Staff said involving people and helping them to progress and be independent as much as possible was an important part of the service provided.

People were supported to live a healthy life. When required staff helped people to have a nutritious diet that met people's dietary needs and preferences. Staff supported people to have access to health services when needed.

Staff had appropriate skills and received suitable training to support people safely and effectively. Regular supervision and spot checks by the managers ensured care provided by staff was monitored and improved if needed.

People and relatives were happy with the support provided by the service. They described staff as caring and kind. Staff knew how to communicate with people in the way people could understand and respond to. Staff respected people's privacy and dignity when providing personal care.

The service promoted equality and inclusion ensuring everything possible was done to help people to receive the support they needed.

There was a positive team ethos that promoted an open communication and supportive working environment.

The managers knew their roles and responsibilities. They managed the service effectively to ensure it met all the Requirements of the Social Health and Care Act (Regulated Activities) Regulations 2014. Appropriate checks were carried out by the managers to ensure that the service and staff performance was monitored.

People using the service and their relatives were involved in planning, reviewing and monitoring of the care provided. The outcomes of the latest satisfaction survey showed that people were satisfied with staff and the care they received.

Rating at last inspection: Good (last report published on 02 January 2017)

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor the service and we will revisit it in the future to check if they continue to provide good quality of care to people who use it.

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.

Remark! Living

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: This inspection was carried out by one ASC inspector who was supported by two British Sign Language (BLS) interpreters.

Service and service type: Remark! Living is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service had a manager registered with the Care Quality Commission (CQC). 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: We gave the service 5 days' notice of the inspection site visit[s] because people using the service and staff employed could communicate only in BSL. This meant that we had to arrange for people and staff to meet us at the service during the inspection to give their feedback about the service.

What we did:

Before the inspection: We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

During the inspection: An inspection site visit took place on the 30 April 2019. It included speaking to the registered manager, the care coordinator, the senior communications support officer, one person using the service and three staff members. During the inspection we reviewed three people's care records, which included care plans, risk assessments and daily care notes. We also looked at medicines administration

records (MARs) for one person, four staff files, complaints and quality monitoring and audit information.

What we did after the inspection: Following our visit, we contacted a number of health and social care professionals who worked regularly with the agency. We received feedback from one of them.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff protected people from abuse. One person told us, "I am never on my own and staff protects me from harm in the community". Relative said, "My [relative] is safe in staff presence, they seem to cover every possible issue that may pop up."
- There was a safeguarding adults policy in place and staff received safeguarding training. Staff we spoke with were able to name different types of abuse and they knew what action to take if they thought somebody was at risk of harm.

Assessing risk, safety monitoring and management

- People and relatives said staff understood risks related to supporting people and protected people from avoidable harm. One person said, "Staff protects me from falling and with staff support I can access various facilities in the community safely."
- Staff were able to describe risks related to supporting people and they understood what action to take to minimise these risks. Staff said this information was available in people's care documentation and discussed in supervision meetings and during spot checks of staff carrying out their caring responsibilities.
- Records confirmed that risks to people's health and wellbeing had been assessed and reviewed regularly. Risk assessments we saw related to people's physical and mental condition, the care provided, and the environment where the care was delivered. We saw that some risk assessments would benefit from more information on how to reduce identified risks. We spoke about this with a care coordinator who said this would be addressed.
- Staff had been trained before using any equipment, such as wheelchairs.

Staffing and recruitment

- There was a safe recruitment and selection processes in place to ensure only suitable staff supported people. Appropriate checks, such as previous employment history and criminal checks, had been carried out, to ensure people were protected from unsuitable staff.
- There were enough staff deployed to support people. People were usually visited by the same staff therefore positive professional relationships could be developed. A relative told us, "Staff are always on time and I have a schedule sent to me each month" and "There are probably four different staff that visit on a regular basis and we have never had reason to worry about them."

Using medicines safely

- Medicines were managed safely and people received their medicines when they needed them.
- Staff completed training in the management of medicines and were able to describe procedures around safe medicines administration.
- At the time of our visit only one person was receiving support with medicine's administration. Appropriate care planning and risk assessment were in place to provide staff with information on how to support this person with their medicines.
- Medicines administration had been recorded on medicines administration records (MAR) to show that medicines prescribed had been given to people. We found some issues with how medicines changes had been recorded on MARs and with the codes used to show when medicines had not been administered. For example, when a person refused or a care visit did not take place as a person was in hospital. The managers provided us with evidence that this issue had been highlighted during the managerial spot checks and that action was taken to address it.

Preventing and controlling infection

- The service had an infection control policy in place and staff were provided with appropriate training to guide them on how to avoid spread of infection or cross-contamination. This included infection control and food safety and hygiene training.
- Staff were provided with Personal Protective Equipment (PPE) wherever needed to ensure that tasks such as personal care or cleaning was carried out safely.
- Care plans and risk assessments provided guidelines for staff on how to ensure procedures around infection control were followed. Staff were reminded to use PPE when providing personal care and preparing food. When agreed with people staff were reminded to check if food in people's fridges was up to date.

Learning lessons when things go wrong

- There was a procedure in place for reporting and recording of accidents and incidents. We saw staff followed it.
- The managers investigated and analysed any accidents and incidents to ensure lessons were learned. Actions had been taken following accidents and incidents to ensure the possibility of them reoccurring was minimised. This included updating respective risk assessment documents and discussing improvements with staff. If needed additional training for all staff was provided to ensure that they had the skills and knowledge to support people safely.

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

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 and care preferences had been discussed with them before the service commenced. Care records showed each person had a comprehensive and holistic pre-assessment completed. The assessment included discussion about people's care needs and preferences. People's expectations as well as goals they wanted to achieve with the support of the service were also considered.
- People and relatives told us they were involved the pre-assessment process and in the planning of care. We saw that pre-assessment information was then used to formulate plans of people's care.

Staff support: induction, training, skills and experience

- People and relatives said staff had appropriate skills to support people effectively. A person using the service said, "Yes I would say they know what they are doing." A family member confirmed, "They are all professional in their attitude. "
- New staff had undertaken induction training which included inhouse mandatory training and completion of the Care Certificate. The Care Certificate is an agreed a set of standards which aims to give workers the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. New staff were also required to shadow their more experienced colleagues before they were allowed to support people unsupervised.
- All staff received two-yearly refresher training. This included safeguarding of adults and children, health and safety awareness, fire safety, equality, diversity & human rights, infection prevention and control, management of medicines, food safety and hygiene, manual handling, and the Mental Capacity Act 2005 and DOLS awareness. Additional training was also provided for staff who supported people with specific needs. This included, practical wheelchair training, mental health awareness, challenging behaviour awareness, autistic spectrum disorder awareness, effective communication, learning disability awareness, diabetes and others.
- Staff had been supported and monitored through regular supervisions and spot checks of staff direct work with people. In the PIR submitted to CQC, the registered manager stated, "All [support] is in place to check the standard of the service is high and that our clients are satisfied and progressing well to achieve their goals." Staff said, and records confirmed that supervisions and spot checks were carried out regularly. Topics discussed during these activities covered people's changing needs, staff professional conduct, training and development and additional support staff needed to support people well.

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

- Staff supported people to have a nutritious diet that met people's needs and preferences. People and relatives spoke positively about the support they received. One person told us, "I choose what I want to eat, and staff cooks it for me". Quality assurance questionnaires completed with people showed that people's satisfaction around food and drink and the support they needed with their nutrition had been discussed with them. Action was taken if changes to the way this support was provided were needed.
- People's dietary needs and requirements had been recorded in their care plans and updated when needed. Staff we spoke with were aware of these needs and requirements.
- There were risk assessments in place guiding staff on how to support people with food and drink safely. These included risks related to choking, short term memory affecting people's ability to remember to eat and drink and information on known allergies. We saw that risk assessment for one person would benefit from more information on management of diabetes. We discussed this with the care coordinator who said this would be addressed immediately.

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

- Staff supported people to have access to health services when needed. One person said, "Staff assist me with medical appointments." Records, including care plans and care notes, confirmed that staff supported people to attend their medical appointments. One staff member told us, "At times a person may not wish us to be in the room during an appointment. We are waiting outside in case they needed our support."
- People and most staff could only communicate in sign language. Appropriate arrangements were in place to ensure emergency services could be contacted when needed. This included having a hearing staff member on standby, so they could facilitate the communication between people, staff and emergency services when needed. A staff member said, "Once a person's health suddenly deteriorated. I alerted Remark and a hearing staff member helped me to call an emergency service."

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

- Staff told us, and people confirmed, they always asked for their permission before supporting people. One person said, "Staff always asks me what I want." A staff member told us, "We always ask people how they want to receive their care. We never assume that routines stay the same."
- Staff received training in the MCA. They told us how they supported people in making decisions, so people could stay as independent as possible and be safe at the same time. A staff member told us, "It is important to give people as much information as possible, so they can make an informed decision. If they cannot make a decision the information needs to be passed on to appropriate professionals, so a best interest decision can be made." Another member of staff said, "People may be able to decide what to wear, but they may not be able to choose weather appropriate clothes. In such situations we need to guide them to make the best decision."

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

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 said staff were caring and kind. One person told us, "Yes staff are lovely, All of them." A relative told us, "They are really caring and arrange birthday parties for my relative every year".
- When possible people and staff were matched based on the specific criteria. This included the type of sign language spoken, common interests, geographical area and the staff availability. If people and staff did not naturally match, the service was open to changes to ensure people and staff could build positive and friendly relationships with each other.
- Managers carried out regular checks of staff performance and yearly quality assurance check of people's satisfaction with care received. This was to ensure that the service provided was caring, and that people were happy with the staff who visited them. Comments from reviewed spot checks and quality assurance questionnaires confirmed that people were happy with the staff who supported them.
- In the PIR the registered manager said, "We train out staff in dignity and compassion and person-centred care so that they are aware of how to be caring, compassionate and friendly, as well as treating clients with respect and dignity, without overstepping professional boundaries."
- The service provided support to people regardless of their age, gender and religious and cultural background. Appropriate adjustments were made to ensure all people could receive the support they needed. For example, we were told about a person who could communicate in a sign language that was not familiar to the staff team. The service had taken action to enable effective communication between staff and the person so that the person's needs were met.

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

- People were involved in planning of their care from the pre-assessment stage through care planning and care reviewing. People and relatives confirmed they were involved in planning of people's care. One person told us, "I wrote my own care plan and gave it to staff to follow."
- People's needs around required advocacy support had been described in people's care plans. Staff had sufficient guidelines on how to ensure people received help with day to day tasks. This included accompanying people to various appointments and translating formal correspondence to the sign language people used. Staff also supported people with the management of people's diaries to ensure all appointments and other engagements had been correctly recorded and did not clash.
- Staff told us, when necessary their visit times and rota schedules were flexible to ensure they could support people with their engagements. A staff member told us, "If needed rotas can be rearranged and visits extended so I don't need to rush people and I can accompany them to the end of their visits."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do things for themselves to promote their independence. All staff we spoke with told us about steps they would take to encourage people to learn new things and to become more independent. Their comments included, "I always respect when people want to do things on their own. I also encourage them to do new things, so they can learn" and "We set clear goals for clients. We plan with them on how to do new things. We first show them how to do something, then we do it together and eventually encourage people to do things themselves."
- Staff respected people's privacy when providing personal care. One person told us, "I train staff on how to help me with personal care. I take the lead and they are always very respectful".
- Staff understood the importance of protecting people's privacy and dignity during personal care. A staff member said, "I always check with people what level of support they are comfortable with. I would look away when they are using the toilet or wait outside when possible."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person centred care that met their needs and preferences. Each person had an individualised care plan that described their care needs and how they wanted the care to be provided. It also included basic information about people's background and what they liked to do.
- People's care plans had been reviewed yearly and when people's needs changed. We saw that people's care was regularly discussed with people during frequent spot checks. Staff also discussed how to best support people in achieving their goals during their regular supervision meetings.
- People and staff told us, and records confirmed, that staff supported people to do things people liked, such as hobbies and spending time in the community. Examples included visits to a library to improve reading skills, cooking meals together and other leisure activities. Staff also supported people in taking part in various events, that included accessing deaf club activities and meeting with other members from the Deaf community.
- Staff supported people to develop and maintain positive relationships with their family, friends and significant others. This was especially important as due to deafness, people were not always able to easily communicate with people who were important to them.
- The service met the information and communication needs of people who used the service. Information on how people communicated was clearly described in people's care plans. This included information about the various types of sign language used, people's ability to fingerspell and the types of technology (for example, face time calling, or video recorded messages) being used to communicate with people. All staff we spoke with expressed how important effective communication was when working with people and supporting them to interact with others. In the PIR, the registered manager told us, "Within the Deaf community communication needs can vary, ranging from clients who mostly use their voice, lipreading, hearing aids or cochlear implants, to fully deaf clients whose first language is BSL and may have little English skills. We also have clients with additional communication needs due to a learning difficulty or [other health conditions]. We do our best to match up the clients with a support worker we feel will match their communication level."

Improving care quality in response to complaints or concerns

- The service had a complaints policy, which people and relatives were aware of. People and relatives said they could raise any concerns with the service and the managers would deal with them promptly.
- The service received one formal complaint since the last inspection in November 2016. We saw the complaint had been dealt with promptly and according to the service's policy. We saw action had been taken to resolve the issue and to improve the quality of the service provided.
- People and relatives were also encouraged to raise concerns and highlight areas for improvement during

regular spot checks, care review meetings and the yearly quality assurance questionnaires. We saw that when concerns were raised, action was taken to address them.

End of life care and support

- At the time of our visit, the service was not providing end of life care to any of the people who used it.

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives were satisfied with the service received. One person told us, "I think the agency is managed well. If I need to contact them it is easy, and the response is immediate."
- People's care plans were person centred and included information about what was important to people and what care they would like to receive.
- The service promoted equality and inclusion ensuring that everything possible had been done to provide an effective service to people who used it.
- Staff spoke positively about the team ethos. They described their working environment and the team as supportive and nice to work with. One staff member said, "We work together as a team on supporting clients."
- The service was efficiently organised to ensure open and clear communication with various stakeholders. This included people using the service, their families and external health and social care professionals. For example, different methods of communication were used depending on the person's needs and their ability to communicate in English. The types of communication included written emails, face to face meetings, video calls and recorded sign language video updates and messages.

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

- The registered manager knew and understood their roles and responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was run effectively and all the Requirements of the Care Act we looked at had been met.
- There was a clear managerial structure in place and the managers knew what their responsibilities and accountabilities were. Staff told us they knew who to approach for support when needed. One staff member said, "The managers are easily approachable. They are strict and remind us about the rules. They are very professional."
- Care staff we spoke with had knowledge and understanding about their roles and responsibilities when working with people.
- There were effective quality assurance systems in place to ensure the quality of the service and the staff skills and knowledge were monitored. Where issues were identified, for example during spot checks or managerial audits, action was taken to address these issues and to improve the quality of the service provided.

- Documentation requested during the inspection was readily available for the inspection team to view. We saw that documentation relating to people's care and the running of the service was well maintained, comprehensive and up to date.

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

- People using the service were continuously involved in planning, reviewing and monitoring of their care. This had been achieved via regular spot checks of staff direct work with clients, quality assurance questionnaires, the complaints procedure and a yearly satisfaction survey. The latest satisfaction survey took place in November 2018. The outcomes showed that people were satisfied with staff and the care they received. They also felt involved in planning of their care.
- Staff received regular support from their team and the managers. This had been provided in the form of regular supervisions, appraisals and staff meetings. All staff we spoke with were happy with the support they received. They also confirmed they participated in the meetings and said they were useful.
- The latest staff survey was conducted in January 2019. It showed that all staff were satisfied with their employment at the Remark! Living. It also showed that staff thought they had contributed positively to people's lives, which had been improved due to staff support.

Working in partnership with others

- The service worked in close partnership with external health professionals. feedback received was positive. One professional told us, "[The person using the service] has come alive whilst being with them [Remark staff]. I can't fault them in any way. They are not only [person's] carers but also [person's] advocate. They seem to go above and beyond their duty of care."