K.N. Care Limited

Caremark Southampton

Inspection report

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Date of inspection visit:
30 April 2019
01 May 2019

Date of publication:
08 July 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:
Caremark Southampton is a domiciliary care agency that provides support to people living in their own homes. At the time of the inspection the service provided personal care to 17 people living in the local community.

People's experience of using this service:
People received safe care from knowledgeable, skilled staff. The service had good systems in place to support and train their staff and had a strong set of values for promoting people's independence.

People were supported to achieve good outcomes, such as improving their mobility or maintaining their independence. Staff worked with people to find out their interests and their ambitions and helped them to achieve these wherever possible. People's communication needs were considered, as were their cultural backgrounds and care was provided to meet their needs.

The management of the service was effective and promoted an open and inclusive culture. The registered manager was responsive to feedback and was driven to deliver high-quality care.
Rating at last inspection:
This was the first inspection of the service.

Why we inspected:
This was the first scheduled inspection of the service after their registration with the Care Quality Commission on 17 April 2018.

Follow up:
We will continue to monitor information we receive about the service. We will re-inspect the service in line with our planned schedule for services rated 'good'. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Caremark Southampton

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:
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. It provides a service to adults who require support due to frailty, a physical disability, dementia or sensory loss.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 24 hours notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 30 April 2019 and ended on 1 May 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:
Before the inspection we reviewed information submitted to us by the provider in the Provider Information Return (PIR). We also reviewed notifications of events the provider is legally obliged to tell us about and we looked at the provider's website.

We reviewed three people's care records, medicines administration records, policies and procedures,

records of incidents and complaints and other records relating to the quality monitoring of the service, such as audits.

We visited one person in their home to gain their views about the care they received. We arranged two further visits to people, however one person preferred for us not to visit that day and another had gone to hospital.

We spoke with one person's relative, three members of staff, the registered manager and nominated individual. The nominated individual, similar to the registered manager, has specific legal responsibilities around the running of the service. We asked for feedback about the service from the local authority, however we had not received any feedback at the time of writing the report.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
- The service had policies and procedures in place which protected people from the risk of neglect or abuse.
- Staff had detailed training in safeguarding people, types of abuse and how to report any concerns. Training was on an annual basis to ensure staff had up to date knowledge.
- Staff were aware of different signs of abuse or neglect and felt supported to report any concerns.
- People's individual vulnerabilities were considered in their care plans to ensure staff were vigilant to people's risks.
- There was evidence of safeguarding concerns being reported and appropriately investigated by the service, with an open approach to any areas for learning and improvement.

Assessing risk, safety monitoring and management
- People had risk assessments and assessments of their needs.
- Various risks to people were considered and assessed, such as their risk of falling, the risk of self-neglect, risks of their environment or during activities in the community.
- Staff were trained on identifying people's risks when delivering care and supporting them in a safe way, such as through practical manual handling training which was delivered by the registered manager.
- Staff knew people well and understood their individual risks and how best to support them.
- Support plans reflected people's risks and gave information for staff on how to mitigate them. Some support plans had a good level of detail, however some had a lack of practical guidance for staff on reducing these risks during care tasks.
- Staff had good inductions when new which involved shadowing experienced staff when meeting people they would support, and no agency staff were used, so there was minimal risk of this lack of practical guidance impacting negatively on people's care.
- The registered manager updated these risk assessments during our inspection to give more detailed guidance for staff on reducing risks during care, such as at what point a person may be at high risk of falls during transfers.

Staffing and recruitment
- The service had appropriate numbers of staff to meet people's needs.
- Staff were recruited based on the values of the service and their approach.
- Potential staff had pre-employment checks to ensure they were suitable to people made vulnerable by their circumstances.
- These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

● Staffing levels were regularly reviewed and the service was actively recruiting staff as they took on further contracts of work to ensure there was staffing capacity to provide safe care.

Using medicines safely
● Medicines were managed safely by suitably trained staff.
● There was good oversight of medicines administration to ensure people had their medicines when they needed them.
● People had care plans which outlined what medicines they needed support with, what they were for and how staff supported them.
● Any delay in administering medicines was flagged immediately to the registered manager or duty person who followed up as appropriate.

Preventing and controlling infection
● People's support plans outlined good infection control practices.
● Staff were trained in good infection control procedures and the use of personal protective equipment to prevent the spread of infection.
● Staff had personal protective equipment available to them to use when undertaking support visits.

Learning lessons when things go wrong
● Adverse events and incidents were reported by staff, such as delays in administering medicines or falls.
● The registered manager told us about one incident, where there was a delay in reporting a skin issue. Further training was given to staff about skin and identifying concerns, such as moisture damage or pressure ulcers.
● Incidents were reviewed with staff to understand what went wrong and why to enable the service and staff to learn and reduce the likelihood of reoccurrence.
● Staff told us that they heard about incidents which had occurred and were told when people's support plans changed.

Good

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

Good: 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 preferences were assessed and care plans were written in line with these assessments.
- The template assessment forms on the electronic records systems were not always in line with best practice guidance, such as the falls assessment form. This was highlighted to the registered manager who worked with the systems engineers to update and add the relevant assessment forms. These were completed for the 17 people receiving care shortly after the inspection was completed.
- Support plans reflected guidance of other health professionals to ensure the service delivered effective care, such as district nurses, physiotherapists and speech and language therapists.
- The service achieved good outcomes for people by working towards their goals and promoting their independence.
- For example, one person had been unwell and in hospital before being referred to the service. Their goal was to use the toilet independently. Staff had been working with her on arm strength and she was then able to transfer with staff support, rather than needing a hoist to safely move from her bed to her mobility scooter.
- Another person had wanted to work on their mobility and staff had supported them to practice walking further each time they visited. A member of staff told us it was an "amazing achievement" when she was able to walk to the end of the corridor and back for the first time.

Staff support: induction, training, skills and experience
- Staff had a comprehensive course of training and induction on starting with the service.
- Staff received training and induction suitable for their role. New staff received training in line with The Care Certificate. The Care Certificate is a nationally recognised set of competencies relevant to working in social care settings.
- Staff fed back positively about the training they received and said they felt confident when they started going to care calls on their own. One member of staff told us, "There were no stupid questions, if there was anything you can go to [managers]."
- Inductions and training was largely delivered face-to-face. The registered manager told us they felt this ensured staff learnt at their own pace and their knowledge could be more effectively tested.
- New staff shadowed experienced staff until they felt confident to work independently.
- Staff had regular supervision and received feedback and support to develop their knowledge and skills.
- Staff were supported to undertake further training and qualifications relevant to their roles.

Supporting people to eat and drink enough to maintain a balanced diet
- People's risks and preferences around food and drink were assessed.

● People were supported in line with their care plans to prepare meals in line with their wishes.
● When we visited one person, they had a hot drink and cold drink made for them and left nearby to encourage them to drink.
● People's weight was monitored regularly for any changes based on their risks.
● Staff were taught about healthy eating and risks associated with eating and drinking, such as signs of choking.
● People had choices as to what to eat and staff helped prepare food they enjoyed.
● One person had been at risk of choking and had been on a modified diet. They had since been re-assessed by a speech and language therapist and found to be safe to eat a normal diet. This was reflected in their care and support plan and care records.

Staff working with other agencies to provide consistent, effective, timely care
● The service worked with the local authority to review people's needs and ensure they are met.
● The provider worked with other healthcare professionals, such as people's GPs, district nurses and mental health services to ensure people had effective care.

Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare services such as their GP, dentist and optician. Staff supported people to book or attend appointments as needed.
● People's mental wellbeing and physical health was considered by staff. People were supported to remain active and a part of their local community.

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 found that the service was working within the principles of the MCA. People's records included assessments of their capacity to make decisions if this was appropriate.
● Staff understood people's mental capacity meant they were able to make some decisions, but not always other more complex decisions.
● Staff sought consent to provide support to people. Staff assumed people had capacity and enabled people to make choices about their care.

Good

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

Good: 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 that the care workers were kind and polite.
- One person told us, "I'm happy, the [staff] are good."
- Another person's relative told us, "She likes the [staff]. They are really good. They are always polite."
- Staff spoke respectfully and compassionately about the people they supported.
- Staff were passionate about their jobs. One member of staff said, "I'm loving it, we have lovely clients."
- Another member of staff told us, "I am very happy [because] I am helping someone."
- One member of staff said, "I love meeting people, being able to help them. It's sad because people don't always have family who can visit often. I am glad I get to be there."
- The registered manager and nominated individual told us that having caring staff was one of their core values, "Going the extra mile every day in the little things, making a difference to people's lives." They told us an example which they felt reflected this, of a member of staff who had delivered Christmas dinners to people who didn't have one and were alone at Christmas.

Supporting people to express their views and be involved in making decisions about their care
- People were actively involved in creating their support plan.
- People's communication needs were identified in their support plans to enable them to better express their views and wishes with staff. People with complex needs had communication passports which they could take with them to other appointments with medical professionals.
- The registered manager or nominated individual would carry out assessments with people and find out about their personal histories.
- The nominated individual spoke a number of languages which reflected commonly spoken languages in the local community. They would carry out some assessments to enable people to communicate in their first language.
- The service had hired staff who were fluent in languages that people spoke. This enabled people to feel more comfortable and be more involved in their care decisions.

Respecting and promoting people's privacy, dignity and independence
- Staff understood how to respect people's privacy and dignity when delivering care.
- Information was stored securely and staff understood confidentiality and respected keeping sensitive information private.
- Support plans reflected people's independence and abilities when supporting them, such as what parts of care they could do or preferred to do for themselves.
- Staff enjoyed supporting people to regain their independence wherever possible. One member of staff

told us, "I like to see, when people have been really poorly, we help them to get back on their feet."

Good

Is the service responsive?

Our findings

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

Good: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 were supported to have choice and control of their lives.
- People had individualised care plans based on their personal histories, preferences, interests and needs. Any changes were reflected to ensure care was responsive.
- People were supported to engage in their hobbies and interests and to access their local community to reduce the risk of social isolation.
- Staff worked with people to identify their goals and ambitions and worked with them to achieve them.
- One person wanted to increase their activities in the community but needed staff support, so the provider changed the length of the calls and pattern of the calls to enable staff to support them to go shopping, go out for lunch or dinner or go to the cinema.
- Staff knew people well. Rotas were planned to enable, where possible, the same members of staff would support people on a regular basis.
- One person told us, "I get the same [staff] so I don't have to tell them what to do each time."
- Staff were trained to identify changes which would need input from other professionals, such as a change in their behaviour or a pattern of incidents.
- One member of staff told us that they had visited a new client when they had visiting relatives and they were "not themselves" and were struggling to stand and walk. They had called an ambulance and waited with them. The person was diagnosed with sepsis which was successfully treated in hospital. The staff member told us when they were discharged back home, "He was like a new person."
- One person's risk assessment and support plan had not been updated following a recent fall, this was highlighted to the manager who updated the risk assessment during the inspection, and took immediate action to discuss this with the member of staff who was responsible for recording the fall and updating the risk assessment.
- One person's family member told us they had postponed visits for a week to go on holiday with their loved one, but had to cut their visit short and the person had to return home. The relative told us, "I called them and they were in straight away, no delay."

Improving care quality in response to complaints or concerns
- The provider had an appropriate complaints policy and procedure in place.
- People were given information about and knew how to make a complaint.
- People's views were actively sought and the service responded appropriately to any comments or concerns from people.
- One person told us, "I know how to ring if I need to."
- Another person's family said, "We know how to contact them, we have all the information here [about how to make a complaint]."

End of life care and support

● The service was not providing support to any people at the end of their life at the time of the inspection.

● The registered manager had training and experience in end of life care. They told us staff received additional supervision if they were involved in end of life care, to ensure they understood what this entailed and were given emotional support.

● People's wishes around the end of their life, such as whether they would wish to be resuscitated and their spiritual beliefs were discussed with them and documented in their records.

● The registered manager told us about one person who had recently been supported at the end of their life. The person was not able to communicate verbally and so used a tablet device to communicate their wishes. The service worked with district nurses and arranged visits at the same time to be able to more easily co-ordinate care and support the family.

Good

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

Good: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
- The service had clear values around providing high-quality, personalised care and being part of the local community.
- The registered manager understood their responsibilities to promote an open and inclusive culture and to meet duty of candour responsibilities should anything go wrong.
- Staff reflected that the service had an open, learning culture and felt the registered manager was very approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager and nominated individual understood their legal responsibilities and were proactive in monitoring the performance of the service and taking action to address any issues.
- The nominated individual had undertaken the same training as the staff and completed care calls to people to better understand the business and the expectations of staff.
- Staff understood their responsibilities and were able to raise any issues or ask for support from the registered manager.
- Staff felt empowered to support people and to promote their independence.
- Staff had regular supervision and annual appraisals to review their performance. The registered manager also did 'spot checks' on staff to assess the quality of care being provided and to give them feedback.
- The systems in place allowed good oversight of day-to-day care to ensure this was meeting quality standards.
- The registered manager carried out care calls to speak with people receiving care on a regular basis and maintain better oversight of the quality of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The service involved people and families in their care and utilised their feedback to make improvements to aspects of care which were important to people, such as disposing of waste as they wished or altering the timings of their care calls.
- The service was based in the local high street and had a "walk-in" approach where people could come in at any time to ask questions or speak with the staff.
- The provider was working to create links into the local community to raise awareness and share

information about services and support available, particularly for vulnerable people of Minority Ethnic groups in the local area. For example, they were working with the local religious leaders to build links with the mosque and church in the neighbourhood.
● The service had held a "come in for a cuppa" open day to support people living with dementia in the local community with good uptake.

Continuous learning and improving care
● The service had an open approach to learning and improvement and responded quickly to any feedback from people or other agencies.
● The nominated individual sought out others in a similar role to share learning and experience when starting and growing the service to enable them to do this safely and effectively.
● The registered manager and nominated individual attended development events to get ideas and to find out about new developments in care, such as changes to legislation or best practice.

Working in partnership with others
● The service worked in partnership with other agencies and professionals to ensure people had access to care and to their local community.
● People had access to advocacy services and the service supported people to access other services to ensure their needs were met. For example, the service had supported someone to be reassessed by the local authority to review their funding to better meet their needs.