

SVK Care Ltd

Caremark Hinckley Bosworth & Blaby

Inspection report

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30 April 2019

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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 Hinckley Bosworth & Blaby is a domiciliary care agency that was providing personal and nursing care to 85 people at the time of the inspection.

People's experience of using this service:

People were supported by staff who put them at the heart of what they do. Staff told us, "The minute I walk in a client's house, they come first," and "We are a good bunch of carers - we care."

People and relatives were happy with the service they received and spoke positively to us about staff with whom they had good relationships. We were told, "When [carer] came, we laughed from beginning to end," and, "I think they're very good."

We saw examples of staff going the extra mile for people, for instance, when one person's house flooded, all Caremark carers in the local area attended and spent many hours clearing up and ensuring further support was in place from the local authority.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. We have made a recommendation about one aspect of recruitment processes.

Staff received comprehensive training to enable them to carry out their roles effectively, although new carers would benefit from additional opportunities to learn from more experienced staff.

Staff enjoyed working at the service and felt supported by each other and their supervisors. We were told, "It's a really good team." And, "This is a good company. They do care about the clients - and the staff."

Care records contained clear information covering all aspects of people's individualised care and support. Information about people was written in a respectful and personalised way

People and their relatives were involved in the planning and delivery of their care.

When there were problems, the provider dealt with them appropriately and put measures in place to reduce the likelihood of recurrence.

The director and registered manager recognise the importance of retaining staff and are keen to improve and extend the service by using new technology and promoting good practice.

Rating at last inspection: Rated good, report published 17 August 2016.

Why we inspected: This was a scheduled inspection based on the rating at the last inspection.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Details are in our Safe findings below

Good ●

Is the service effective?

The service improved to good

Details are in our Effective findings below

Good ●

Is the service caring?

The service remained caring.

Findings are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Findings are in our Responsive section below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below

Good ●

Caremark Hinckley Bosworth & Blaby

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:

Caremark Hinckley Bosworth & Blaby is a domiciliary care agency. It provides a service to older adults, younger disabled adults and children living in their own houses and flats.

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 2 days' notice of the inspection visit because we needed to be sure that somebody would be available to assist us in the inspection.

Inspection site visit activity took place on 30 April 2019. We visited the office location on 30 April to see the registered manager and director; and to review care records, staff records, policies and procedures. We visited one person who used the service on 30 April and made telephone calls to other people who used the service, relatives and staff on the 2, 7 and 8 May.

What we did:

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

We also checked for feedback from the local authority, members of the public and records held by Companies House.

We spoke with four people who used the service and three relatives.

We spoke with the managing director, registered manager and three care support workers.

We reviewed three people's care records, five staff personnel files, audits and other records about the management of the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

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.

Staffing and recruitment:

- Safe recruitment and selection processes were followed, although some new staff had provided an incomplete employment history on their application form. These gaps had not been explored by the provider. When we raised this with the director, they told us they would take immediate action to re-design the application form.
- The service had checked employees' Disclosure and Barring Service (DBS) status. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People who used the service felt safe with the staff who cared for and supported them.
- There were enough staff to meet people's needs.

Systems and processes to safeguard people from the risk of abuse:

- Staff completed safeguarding training during their induction.
- The service had safeguarding and whistleblowing policies in place and these were regularly reviewed to ensure the information remained up to date and relevant.
- Staff told us they knew who to contact if they had any safeguarding concerns and they had been provided with an information handbook they could refer to if they had any concerns when conducting visits. We saw that the registered manager had responded appropriately to concerns that had been raised.

Assessing risk, safety monitoring and management:

- People's care records contained detailed risk assessments and clearly set out how staff should care and support people safely.
- Risk assessments were regularly reviewed and necessary changes made. There were systems in place to ensure that staff were kept up to date with changes to care plans so they continued to meet people's needs.

Using medicines safely:

- Care plans contained clear records about people's medicines so that staff were able to make sure people received their medicine safely.
- Staff completed training in medicine administration and told us they were confident in this area.
- Staff records showed that the manager completed regular spot-checks with staff to test their competency in relation to medicines administration and identify any additional training needs.

Preventing and controlling infection:

- People told us staff observed good hygiene practices to reduce the risk of infection. One person told us, "They wear gloves and aprons and are clean and well-presented."

- Staff completed training in infection control during their induction.
- Care plans clearly recorded if people needed staff support to keep their homes clean.

Learning lessons when things go wrong:

- We saw that the service had an incident book and there were systems in place to ensure that issues were consistently reported, investigated and followed up to ensure there were no ongoing concerns.
- We saw from records that the service had dealt appropriately with a concern and put measures in place to reduce the risk of recurrence.

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 were fully assessed before they started to receive support. One relative told us, "The initial assessment was very thorough and [staff member] showed a lot of interest."
- Regular care reviews were conducted involving people and family members, if appropriate. We saw when care plans had been amended as a result of these reviews.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, staff could meet those needs.

Staff support: induction, training, skills and experience:

- Staff told us they have varied training and regular refresher courses to ensure they are kept up to date with current practice. One member of staff said, "I was really impressed with the training, they have a room [at the provider's office] with a hoist."
- Records showed that staff had completed all training the provider deemed as mandatory including basic first aid, fire safety supporting children and dementia awareness.
- Records showed, and we were told, that staff had the supervision and support they needed to carry out their roles.

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

- When required, staff supported people with shopping and cooking food they wanted to eat. One person told us, "They make me what I ask for, even if it's strange concoctions."
- People told us they were happy with the way staff dealt with specialist equipment, such as percutaneous endoscopic gastrostomy (PEG) items which are used when people receive nutrition through a tube in their stomach.
- Staff had completed training in food hygiene to help them understand food safety and how to minimise contamination when preparing food for people.

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

- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.
- People's care plans contained records about other professionals involved in their support, including their contact details. This showed that the service communicated effectively with others for the benefit of the people using the service.

- Staff liaised with other professionals as and when needed, for example by contacting the local authority to assist with additional social services support.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff obtained consent for people's care and support. Each care plan had a consent form signed by the person to show they understood and consented to receiving care. This was regularly reviewed and clear records made.
- Care plans contained instructions for staff to follow if they were concerned about people's capacity to make decisions. These set out what steps to take in order to assess people's capacity and who should be involved in any decision making process about this.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.

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 were supported by staff who put them at the heart of what they do. Staff told us, "The minute I walk in a client's house, they come first," and "We are a good bunch of carers - we care."
- Staff were passionate about their work. One staff member said, "I love it – I wish I'd moved to care work before. It's rewarding, we help people." Another told us, "I love it, I absolutely love it – I prefer the one-to-one aspect [compared to working in a residential setting], I can build a better relationship with people and respond better to individual needs."
- People were well looked after by staff. One person described the staff as 'superb'. Other people said, "When [carer] came, we laughed from beginning to end," and, "I think they're very good."
- We saw examples of staff going the extra mile for people, for instance, when one person's house flooded, all Caremark carers in the local area attended and spent many hours clearing up and ensuring further support was in place from the local authority.
- People, relatives and staff told us that visits are often late because staff have limited time to travel between appointments. Although people are kept informed of the delay it can make them feel frustrated and puts staff under pressure. The director told us there are plans in place to prevent this from happening in the future.

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

- People and relatives told us they were involved in planning care. One relative said, "They care for [family member] the way we want."
- People were enabled to make choices about the care they received. People had variable support needs and staff supported them as they wanted, for example, supporting people with food shopping and preparing meals, or helping people to take their medicine.
- People who expressed a wish to be cared for by staff of a specific gender were listened to and the manager acted on this appropriately.

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people respectfully and valued their dignity. One relative said, "They [carers] touch [person's] hand, they get eye contact, they don't just go in and do a task."
- Supporting people to live as independently as possible was a key aim of care plans, and staff were encouraged to care for people in ways which empowered them to do this. For example, care reviews contained information on people's hopes and aspirations, and what had been agreed by the person and the service to achieve this.
- Managers and office staff communicated with care staff via a secure phone app which kept people's

information safe. We saw that staff were regularly reminded of the need to keep information about people confidential.

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:

- The support each person received was individualised to meet their needs and preferences. One person told us, "They always ask me 'you tell me what you want doing and how you want it done'." We saw that staff had empowered one person to start arts and crafts activities which encouraged a sense of achievement and improved their quality of life.
- Care was person-centred. We saw letters and cards from people and relatives which included comments describing staff as 'much more than carers, you were friends to us' and 'as a team you have absolutely exceeded expectations and have all gone the extra mile.'
- Plans were being considered to further support people by arranging an advocacy service, a 'dementia-café' and drop-in sessions. A day-trip to a local park with a picnic had been arranged for people, with a large number signing up. This will encourage people to build friendships and reduce social isolation
- The provider complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was provided in an accessible format for people that required this, using pictures and symbols and sign language to support people's understanding.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint and were confident that they would be listened to. One person told us, "I know who the supervisor is, [they] would sort anything out." Another person told us, "I did have one concern, I raised it with the office, it was dealt with promptly by [staff member] and to my satisfaction."
- When complaints were received they had been reviewed in line with the provider's procedure. We saw that complaints and incidents had been appropriately reported, investigated and reviewed.

End of life care and support:

- At the time of the inspection there was no one receiving end of life care.
- The registered manager confirmed that policies and procedures were in place to guide staff on supporting people with end of life care and training was available to staff.
- The director and registered manager supported both staff and relatives when people died. We saw letters of thanks from relatives who expressed their gratitude for the care and compassion they had been shown by Caremark staff after the loss of a loved one.

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

- The leadership team valued person centred, high quality care and was proactive in identifying new ways to promote this. A new system was being implemented to more control to people in choosing their visit times and lengths to better suit their needs.
- People told us they knew who the manager and director were, and how to contact them, although some said they had experienced difficulties in communicating with the office.
- Staff understood their roles and responsibilities and there was a clear supervision structure. They told us who they would report any concerns to on a day to day basis and spoke positively about their immediate supervisors. Staff told us, "My senior is approachable and trustworthy."
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the office and on the provider's website in line with our requirements.

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

- People were contacted regularly by the registered manager to obtain their views on the service and questionnaires were sent out annually. We saw that people reported being happy with the care and support they received.
- Staff meetings were held regularly and surveys completed to obtain staff views and make improvements to the service. Staff were asked to complete a book detailing examples of positive work they had done to enable sharing of good practice.
- The director told us they value their staff and recognise good performance. We saw evidence that thank you emails had been sent to staff and rewards such as gift vouchers had been given.

Continuous learning and improving care:

- The director had invested in a new electronic call monitoring and records system that was being implemented when we inspected. It had a number of innovative features including a function for staff to speak aloud people's daily notes which were then automatically converted to text. This freed staff up to spend more time with people and also allowed people to be fully aware of what was recorded in their notes. The system was still evolving but staff felt positive about it. One said, "I get on ok with [system] even though I'm old school!"
- A member of staff has recently been employed to focus on training and compliance. This will ensure the

service is up to date with current requirements and best practice.

Working in partnership with others:

- The service worked with other professionals including district nurses, physiotherapists and the community mental health team. Staff accompanied people to health and other appointments if required, for example one person was supported to access a wheelchair assessment.