

Noolyn Care Limited

Caremark - Barnet

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 Barnet is a domiciliary care service that provides personal care to adults with a range of support needs including people living with dementia. At the time of the inspection the service was providing personal care to seven people living in their own homes in the local community.

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

People and their relatives spoke positively of the service and told us they felt safe with the staff that supported them.

The provider had systems in place to assess risks to people before undertaking their care and support. However, we found examples where risks to people's health had not been fully documented within care records.

Minor issues were found with the management of people's medicines. We have made a recommendation about the management of medicines.

People were supported by staff who had been appropriately assessed as safe to work with vulnerable adults and understood their responsibility to report any concerns.

People and their relatives told us staff wore Personal Protective Equipment (PPE) and safe infection prevention and control practices were followed.

People were supported by staff who were skilled and trained to carry out their role. Staff told us they were well supported through supervision and team meetings.

People were supported to access a balanced and healthy diet, where this formed part of their support.

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.

People and their relatives told us they were supported by kind and caring staff that respected their privacy and dignity.

People and their relatives were involved in planning and reviewing their care and support. People were supported by staff who knew them well and provided support in line with their preferences and choices.

The service had systems in place to monitor the quality and safety of the service, however these did not identify the minor issues we found during the inspection. The management team sought the views of people

that used the service and people and their relatives spoke positively of the management team and the service they received.

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

Why we inspected

This was a planned inspection. This service was registered with us on 31/03/2020 and this is the first inspection.

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 not always safe.

Details are in our safe findings below

Requires Improvement 

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 caring findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Caremark - Barnet

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

This inspection was carried out by one inspector and one Expert by Experience who made telephone calls to people and relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

At the time of the inspection the manager had submitted an application and was in the process of registering with the Care Quality Commission. Registered managers 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 2 December 2022 and ended on 16 December 2022. We visited the office location on 10 December 2022.

What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager. We reviewed a range of records including four people's care records and three people's medicines records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We spoke to one person who used the service and seven relatives about their experience of the care provided. We further spoke with five members of staff including the manager and reviewed a variety of records relating to the management of the service, including training data, quality assurance records and policies and procedures. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines safely as prescribed. However, during the inspection we found a minor issue which meant medicines were not always managed in line with national guidance.
- The service had a medication policy in place, staff had been trained and their competency to administer medication had been assessed.
- However, detailed guidance was not in place for medicines prescribed 'as needed' (PRN) for staff to know how and when to administer each medicine. We raised this with the manager and following the inspection the manager provided evidence PRN protocols were now in place.
- Audits, spot checks and an electronic care planning system enabled the service to monitor and ensure people received their medicines on time. However, these did not identify the issue we found with medicines prescribed PRN. We report further on this in 'Is the service well led' section of the report.
- People and relatives did not raise any concerns about the management of medicines.

We recommend the provider reviews its procedures for managing medicines in line with national guidance.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before undertaking their care and support.
- However, during the inspection, we found two examples where risks to people's health had not been fully documented within care plans. We brought these to the attention of the manager and during the inspection these records were updated.
- People and relatives told us staff knew how to support people safely. One person said "Yes, I'm quite happy about that, they certainly do."
- Staff knew people well and told us they had all the information they needed to support people safely. One staff member said, "We read all of the information before we start working with the client. The folder contains all the information we need."

Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of a DBS check, evidence of conduct in previous employment and proof of identity. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.
- However, in some cases we found that staff recruitment records did not include a full employment history,

in particular where a staff member also worked for another Caremark service. We raised this with the manager, they told us they were assured of each staff members conduct in their other job role as they were also the Registered Manager for the other Caremark service. During the inspection the manager updated the recruitment records and told us they would document a full employment history in all future recruitment.

- People and relatives told us they received support from regular staff who arrived on time and stayed for the allotted time. One person told us, "I'm not rushed, sometimes we play draughts together." One relative told us, "Regular carer knows [person] well which is a help in all areas."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the care and support they or their relative received. One relative said, "We trust them and feel [person] is getting the care [person] needs."
- Staff had received training in safeguarding adults and understood their responsibility to report any concerns.
- The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse and report any concerns.

Preventing and controlling infection

- Policies and procedures were in place to prevent and control infection, including COVID-19.
- Staff had completed training and had access to regular testing and PPE. One staff member told us "Yes, gloves, masks, covers for our shoes, every week we test."
- People and relatives told us staff wore appropriate PPE. One relative said, "Oh yes they are very professional and wear mask and gloves at all times."

Learning lessons when things go wrong

- The manager told us there had not been any accidents or incidents reported since the service registered with CQC.
- The service had a policy and procedure in place which staff understood. The manager explained how following an accident or incident they would share lessons learned with their team and how this would help prevent any 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us they received support from staff who were appropriately skilled and trained to carry out their role. One relative said, "They know what they are doing, and it's all done in a very professional calm way."
- Staff told us, and records confirmed they had completed an induction which included shadowing another member of staff, the provider's mandatory training and training to meet people's individual needs.
- Staff told us they were well supported by management and received regular supervision. Care staff were yet to receive an appraisal as they had not completed a full year of employment. One staff member said, "Yes, every time I have a problem, they help me to make a good decision."

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

- People were supported to access a balanced and healthy diet, where this formed part of their individual care package.
- Staff received training in food safety and were aware of people's dietary needs and preferences.
- People and relatives told us they were satisfied with the support staff provided with preparing meals. One person said, "Always prepares lunch, I'm quite happy with that. They always ask alright and give a choice."

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

- The service worked closely with other health and social care professionals when required, including occupational therapists, speech and language therapists and GP's.
- Overall people's care plans included details of people's health conditions and provided information and guidance for staff on how people were to be supported.
- Relatives told us there was good communication with staff when any health issues arose.

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.

- Staff followed the principles of the MCA. Records about people's capacity to consent included whether the person had a legal power of attorney to support them with decisions about their care. Relatives who acted as an attorney for people told us they were involved in decisions and were kept up to date.
- Staff had completed training and demonstrated an understanding of the MCA. One person told us, "Yes, if they want to do something, they always ask beforehand."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessment.
- People's relatives told us they were involved in discussions about their relative's care package and agreements about how their care was provided.
- Policies and procedures provided guidance for staff and referred to legislation and good practice guidelines.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were kind, caring and supportive. One relative said, "They are polite and kind and there is good engagement." Another relative said, "They employ the right sort of person as they are all patient and caring."
- People were supported by staff who knew them well and had developed good relationships. One relative said, "[Person] really likes regular carer and we have had to explain to [person] [staff member] can't be expected to work seven days a week although [person] would like them to." One staff member told us, "I know them very well, working with the same clients for the last year."
- People's assessments and care records considered people's diverse needs, as defined under the Equalities Act 2010.

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

- People and their relatives were involved in the planning and reviewing of their care. One relative said, "[Person], myself and the agency were all involved in drawing up the care plan, they wrote it up, we then met to tweak it and its been reviewed as well."
- Most people's care packages had only recently begun and the management team was in regular contact with people and their relatives to obtain their feedback on the care provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected people's privacy and dignity when delivering their care. One relative said, "They always ask him if it's convenient to help with [persons] shower, they don't just presume." Another relative said, "They never talk over [person] but listen politely to what [person] has to say."
- People's relatives and staff told us people's independence was supported. One relative said, "[Person] does what he wants to do and can do, they don't take over but help when needed. It's a good mix." A staff member told us, "When someone wants to do something by themselves in their house. I'm right behind them to make sure they are safe, and I can help them in a few seconds if needed."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans contained information about their life history, preferences and the people involved in their care. This meant staff had up to date information about what was important to people.
- A person told us, "Yes, they seem to understand what I like, things I don't like are remembered." A relative told us, "They [staff] don't assume they know what [person] wants, I hear them asking [person] what they would like to wear and showing different options."
- Staff told us they knew people well and took a person-centred approach to supporting people. One staff member said, "According to their individual requirements, asking them what they need, how would they like to be washed, what type of clothing, what kind of food and drinks they want to have."
- People and their relatives were involved in planning and reviewing their care. One relative said, "I do all that, so I drew it up [care plan] with Caremark and it's also been reviewed."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- The service had not received any complaints since their registration with CQC. People and relatives told us they had not made any complaints about the service but felt able to raise any concerns with management. One relative said, "I haven't had to complain but we were given paperwork telling us how to complain if we needed to."

Meeting people's communication needs

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.

- The manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

End of life care and support

- At the time of inspection, the service was not caring for anyone who was at the end of their life.
- Where people had made an advanced decision to be resuscitated or not to be resuscitated, this was recorded in their care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had systems in place to monitor the quality and safety of the service, including care plan and medicines audits, and spot checks to assess the competency of staff.
- An electronic care management system enabled the manager to oversee the quality of care people received in real time. The service was able to check care staff arrived at their care calls on time and people had received their medicines as prescribed.
- However, these systems had not identified the minor issues we found with medicines prescribed PRN and the documentation of people's health risks. We raised this with the manager who told us a number of care packages had only recently started and that they would make improvements to their auditing procedures to ensure they were effective in identifying any issues.
- Staff described how they had good communication with the management team and regular team meetings to support learning and discuss the expectations of their role. Commenting on staff meetings, one staff member said, "Once or twice per month, it's a good meeting."
- The registered manager demonstrated appropriate knowledge of their regulatory obligations.

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

- The management team promoted a positive culture, which delivered personalised care and support.
- People and their relatives spoke positively of the manager and the service they received. One relative said, "The manager is very approachable, and it is easy to get to speak with her." One person said, "I've been very happy with the way they have looked after me. Very happy."
- Staff told us the management team was approachable, fair and supportive. One staff member said, "Yes, they give a lot of support to me and my colleagues."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Policies in place identified the actions staff should take in situations where the duty of candour would apply.
- The service had a development plan in place and demonstrated a willingness to reflect and learn to improve the service people received.
- Where minor issues were identified during the inspection the manager acted promptly to make improvements.

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

- Feedback was sought from people, their relatives and staff on a regular basis. This gave the opportunity to suggest any changes or improvements.
- People and their relatives knew the management team and felt confident any concerns would be responded to. One relative said, "The agency have phoned in the past if there has been a concern and have also followed it up by phoning a day or two later."
- People and their relatives were involved in planning and reviewing their care and support.
- Where required the service worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.