

Stimula Limited

# Caremark (Maidstone)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 28 September 2017. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Caremark (Maidstone) is a care agency that provides personal care, companionship, domestic calls and support to people living in their own homes. The range of needs the service can meet includes the needs of older people, people with physical disabilities, people with mental health needs and people living with dementia. The agency had recently started supporting people who had been discharged from hospital with a Miami J Collar (neck collar).

This was the first comprehensive inspection since the agency was registered at the new address. There were four people using the service who were receiving personal care at the time of the inspection.

At the time of our inspection, there was a manager in place who had applied to become the registered manager. The manager was supported by the director who was also the owner of this branch and a care coordinator. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received a service that was safe and told us they felt safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Systems were in place to monitor and review any safeguarding concerns by a member of the management team. The safety of staff who were working out in the community had been assessed with systems put into place to reduce the risk to staff. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified. A system was in place for the event of an emergency to ensure people continued to receive their care and support.

There were sufficient numbers of skilled and competent staff to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support. Staff were supported by the manager and the management team who they saw on a regular basis. A comprehensive induction programme was in place which all new staff completed. Staff had a clear understanding of their roles and people's needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Staff had the information and guidance regarding people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same group of staff who knew them well. People were offered the opportunity to meet their potential staff and were involved in their recruitment. People's needs had been assessed to identify the care and support they required. People

received a responsive, flexible and person centred service. Care and support was planned with people and/or their relatives and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within a care plan, kept in the person's home about how to provide all areas of the care and support people needed.

Where staff were involved in assisting people to manage their medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People were treated with dignity and respect whilst receiving care and support from the agency. Staff understood the principles of the Mental Capacity Act 2005 and people and/or their relatives said they were always asked their consent before any care or support tasks were carried out. Information about people's likes, dislikes and personal histories were recorded within their care plan. People's views about the quality and safety of the service they received were sought through a range of means. Feedback provided by people was consistently used to improve the service.

People were supported to remain as healthy as possible. Guidance was available within peoples support plans to inform the staff of any specific health condition. People were encouraged to maintain as much independence as possible. People's nutrition and hydration had been considered and recorded, with guidance in place for staff to follow.

## 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 agency was safe.

People felt safe and were protected from the risk of potential harm or abuse.

Risks to people, staff and others had been assessed and recorded. Procedures were in place for the event of an emergency.

There was a sufficient number of staff to ensure that people's needs were consistently met. Safe recruitment procedures were followed in practice.

People who received support with their medicines, did so safely.

### Is the service effective?

Good ●

The agency was effective.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice. Staff understood the importance of gaining consent from people before they delivered any care.

Staff received training to meet people's needs. An induction and training programme was in place for all staff.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

### Is the service caring?

Good ●

The agency was caring.

People were supported by staff who were caring and respected their privacy and dignity.

People were involved in the development of their care plans. People's personal preferences were recorded.

Staff had access to people's likes and personal histories.

Information was available to people using the service.

### **Is the service responsive?**

**Good** ●

The agency was responsive.

People's needs were assessed, recorded and reviewed.

People received personalised care and were included in decisions about their care and support.

A complaints policy and procedure was in place and available to people.

### **Is the service well-led?**

**Good** ●

The agency was well-led.

There was an open culture where staff were kept informed and able to suggest ideas to improve the service.

Staff understood their responsibilities and knew who the management team were, and felt able to approach them.

The views of people and others were actively sought and acted on.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people.

# Caremark (Maidstone)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2017 and was announced. The inspection team consisted of an inspector and an expert by experience, who made calls to people using the service and/or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we would usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We did not request the PIR from the provider, this information and evidence was gathered during the inspection. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with three people, who were receiving support from the agency, to gain their views. We spoke with the director, the manager, the care coordinator and a care worker.

We spent time looking at records, policies and procedures, complaints and incident and accident monitoring systems, internal audits and the annual survey. We looked at three peoples care files, three staff files, the staff training programme and induction programme.

# Is the service safe?

## Our findings

People told us they felt safe with the staff supporting them. One person said, "There has never been any reason not too, they seem like they know what they are doing." Another person said, "They know what they are doing in terms of looking after me." A third person said when asked if they felt safe with the staff, "They are really kind, caring and gentle, I appreciate that."

People were protected from the potential risk of harm and abuse. Staff followed the provider's policy and procedure which included the local authorities' procedure and had been trained in safeguarding adults. Staff were able to identify different forms of abuse and knew the action to take if they suspected abuse. Staff were confident that any concerns they raised would be taken seriously by the manager and anyone within the registered office. Staff were aware of the whistleblowing (telling someone) procedure and understood when and how to use any information. Staff had access to the provider's whistleblowing policy.

People were kept safe because the management team carried out risk assessments of potential risks associated with people in their everyday lives. Such as, risks relating to the persons' mobility, nutritional and hydration needs, personal care needs and community access. Each risk had been assessed to identify any potential hazards which were then followed by actions to take to manage and reduce the risk. The safety of staff working within people's homes out in the community had been assessed. A safety management checklist was in place which included potential risks posed by the external environment such as, outside lighting, paths and driveways. Staff had access to equipment to reduce the risk of infection spreading. This included alcohol gels, gloves and aprons. Staff had received training in infection control and they were able to describe how they implemented this in practice. Staff were also provided with additional equipment to ensure their own personal safety and that of others including 1st aid kit, bath thermometer, high visibility jacket and torch. A system was in place to monitor and record any accidents or incidents involving people or staff. Staff had access to and followed the provider's accident reporting policy. The manager told us there had not been any accidents or incidents involving people or staff.

The provider had a business continuity plan to make sure they could respond to emergency situations such as traffic delays, severe weather warnings, pandemics and fuel shortages. People's safety in the event of an emergency had been carefully considered and recorded. The potential risk of a fire had been assessed and recorded on an individual basis, relating to the persons' needs and environment. These processes enabled the provider to make sure that people and staff were safe in situations and people were still able to receive the care and support they needed.

There were sufficient numbers of skilled and competent staff employed to meet people's assessed needs. Each person had been assessed on an individual basis and had a set amount of care and support hours. The management team completed an 'individual care and support agreement' with people which recorded the exact requirements for the care and support that people needed. The managing director told us they placed an advert out on a weekly basis to ensure they had a continuous stream of recruitment. The manager told us that people were allocated a specific number of staff on their team to enable the agency to provide consistency and continuity to people.

Recruitment practices were safe and checks were carried out to make sure staff were able to work with people who needed care and support. A member of the management team managed all new staff's recruitment processes, such as the documentation required, references, Disclose and Baring Service (DBS) background check, identity check and health. Each staff file contained a 'staff file checklist' this enabled the management team to track the progress of new starters, and ensure the correct documentation was in place. These processes gave people assurance that the staff supporting them were safe to work with them.

People were supported to manage their medicines in a safe way if this was part of their care package. All staff who administered medicines received appropriate training and followed the provider's policy and procedure. Staff followed detailed guidance within people's care plans of the exact support they required. Individual assessments were completed with people which detailed the person's ability to manage their own medicines and the support they required from staff, such as prompting or full administration. Staff completed people's medicines administration records (MAR) appropriately. The management team monitored safe medicines practice through regular audits and spot checks. Records showed action had been taken following a recent audit; there had been gaps in the staff signatures recorded on the MAR. The manager had completed an investigation and taken action to address the error, this included re-training staff and following the provider's disciplinary policy.

# Is the service effective?

## Our findings

People told us staff asked their consent prior to carrying out and care or support tasks. One person said staff asked their consent, "For anything new, but it is applied for anything they normally do. I would tell them if I didn't want them to do something." Another person said, "They ask every time which makes me feel safe and I trust them as well." A third person said, "Yes, they are great like that, really professional, I always feel comfortable and relaxed."

People were asked for their consent before care was given and they were supported and enabled to make their own decisions. 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. In domiciliary care, these safeguards are only available through the Court of Protection. No one was subject to an order of the Court of Protection.

Staff were trained in the principles of the MCA and were able to describe how they implemented these in practice, such as, offering people choices about what they want to wear or eat. People's capacity to consent to care and support had been assessed and recorded within their care plan. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For care agencies such as Caremark the process for this is managed by the Court of Protection. The manager understood the application process to the Court of Protection, should a person's liberty be restricted.

People received effective care from skilled and knowledgeable staff with the qualifications necessary to give people the right support. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. All new staff completed the companies' induction programme at the start of their employment that followed nationally recognised standards, including the Care Certificate. One member of staff told us they felt the training they received was "good" and working alongside other staff, "really helped." The manager had a training matrix in place which recorded when staffs' training was due to be updated. A system was in place to ensure staff received the training they required on a regular basis.

Staff said they felt valued and supported in their role by the registered manager and management team. Staff received support and supervision in different formats which included face to face supervisions, spot checks and observations with a line manager in line with the provider's policy. Face to face supervisions provided opportunities for staff to discuss their performance, development and training needs. Spot check supervisions included checking staff appearance, record keeping, time keeping, how tasks were completed on the call and notes or concerns. The management team completed themed spot checks which focused on

particular subjects such as manual handling. These checks also included an observation of the member of staffs working practice.

People's nutrition and hydration needs had been considered and met by staff that had the knowledge and skills. People were supported to maintain their nutrition and hydration if this was part of their package of care. Nutrition and hydration needs were considered and recorded as part of the assessment process. Detailed guidance was available to staff within people's care plans to ensure peoples' needs were being met and the specific support the person required. When there were concerns about their health or appetite, their food and fluid intake had been recorded and monitored by staff.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person needed during their call and any equipment staff were required to use. For example, overhead tracking for a ceiling track hoist or a mobility aid.

# Is the service caring?

## Our findings

People spoke highly of the staff supporting them. One person said, "Staff are really helpful, professional and friendly which makes a big difference." Another said the staff were, "Really helpful with me, and really patient too which is great." A third said the staff were, "Always jolly and cheerful which is nice early in the morning, they are never grumpy."

People told us staff maintained confidentiality whilst protecting their privacy and dignity. One person said, "I haven't heard them (staff) talking about other people whilst at work, and they always close the door when they are doing something for me, for privacy." Another person said, "I have never had to ask for anything to be done differently because I wasn't comfortable, so they are doing it just right for me." A third told us they thought the staff were professional. Staff were able to give examples of how they maintained and protected people's privacy and dignity. For example, closing curtains, doors and covering people with a towel. People could be assured staff would maintain their privacy and dignity at all times.

People were supported to develop a professional, caring relationship with their staff team and potential staff. People were offered the opportunity to meet potential new members of their staff team, through visits and meet and greet sessions. This enabled people and/or their relatives to talk to new staff, ensure people were happy with the potential staff and for the management team to observe interactions. Following the visit people were able to give their feedback to the manager, and make the decision regarding the staff.

People told us, and records showed, they had been involved in the development and review of their care plan. Care plans were person centred and gave staff the information and guidance they required to meet people's needs. Each person's care plan recorded specific outcomes that person wanted to achieve from the care and support they were receiving. For example, one person had the desired outcome to maintain as much independence as possible. Care plans were individualised and they contained information that was important to the person. For example, how they wanted to be communicated with and specific ways to support the person. People's care plans contained information for staff to follow to promote their independence. For example, details regarding what people were able to do for themselves. Systems were in place to ensure people's confidential personal information was stored securely.

People were encouraged to share information about their life history which was recorded in their individual care plan. Examples, included information about past and present family history and social activity preferences. This information enabled staff to get to know the people they were supporting and they were used to engage people in conversations.

The provider had produced a comprehensive service user guide and statement of purpose which had been customised by the director. These documents were given to people prior to them receiving a service. These documents were regularly reviewed to make sure they had up to date information. The document included information about the history of the organisation and the management structure. It included the aims and objectives of the agency, the services that were provided to people, the service user bands, quality assurance and information about what people should expect from the agency. The contractual terms and

conditions of the service were recorded as well as the fees and charges to people which were set out in a separate document. People using the agency were given the information they needed about what to expect from the provider and the service they were receiving.

## Is the service responsive?

### Our findings

People told us they received the care and support they needed, when they needed it. One person told us using the agency, "Certainly made things easier." Feedback from the 2017 annual survey showed people agreed or strongly agreed that their needs were being met by the agency. People either agreed or strongly agreed that they knew who to speak to regarding any changes to their care and support.

People's care and support was planned in partnership with them to ensure they received personalised care. An initial assessment was completed with people, their relative and a member of the management team before the service could commence. The manager told us that at present referrals were made directly from the Clinical Commissioning Group (CCG) but people could also make direct contact with the agency themselves. The assessment took account of all areas of their life including their mobility, nutrition, physical needs, social needs, cultural and emotional needs. The assessment and referral process supported staff to find out people's expectations of the service and to provide what had been requested.

People's care plans ensured they received care that reflected their likes, dislikes and preferences. They detailed their preferred routines and things that were important to them. For example, one person liked to wear specific night clothes. Their care plan detailed the exact support they required from staff and the clothes they wanted to wear. Another person enjoyed chatting with staff over a cup of tea; this had been recorded within their care plan and was part of their care call. Other plans we saw contained information about the persons' interests and hobbies: this enabled staff to get to know the person and were available within the person's home. People were involved in the development of their care plan by advising staff how and when they would like the service provided. Staff were knowledgeable about people's preferences, needs and how people wanted to be supported.

Care plans and risk assessments were reviewed regularly with people, their relatives and a member of the management team. The manager told us they called people using the service on a weekly basis to ensure they were providing the right support for them. People could be confident the care plans and risk assessments were specific and personalised to meet their individual needs.

People told us they knew how to make a complaint. Information was also detailed within the service user guide, which was given to people at the start of their service. A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. A log was kept of all complaints that had been made with details of any action that had been taken. Records showed that the complaints process had been followed for the complaints that had been made. The manager kept a log of concerns that had been raised but not treated as a formal complaint; however the same investigation process had been completed. People could feel they were able to raise comments and these would be listened and acted upon.

## Is the service well-led?

### Our findings

People told us they knew who the manager was and felt the management team were approachable. One person said, "They seem helpful when I ask for something." Another person when asked what the management team were like said, "For the contact I have had with them they have been great, no issues." A third said, "I feel confident that if I called my issues would be dealt with quickly."

At the time of our inspection there was a manager in post who had applied to become the registered manager. The manager was supported by the director who was the branch franchisee owner, and a care coordinator. The management team were supported when needed by the providers' business franchisee manager.

There was an open culture where staff were kept informed about what was going on within the registered office and the branch. The director and branch manager used different methods of communication to update staff working out in the community; this included regular email communication to all staff and regular team meetings. Regular team meetings were held with staff working in the community which gave staff the opportunity to discuss practice and gain some feedback about the agency and organisation. The director rewarded staff on a monthly basis with a carer of the month; this was voted for by the care workers. The chosen person would receive a voucher and a box of chocolates.

People, their relatives and staff were involved in the development of the service being provided to people. People, their relative's and staff's views about the service were sought through annual questionnaires. These were written in a way people could understand. The results were collated into a summary of what was said and the action that the agency had taken, and this was sent out to people and their relatives. Feedback from the 2017 questionnaire showed the majority of people were happy with the service they received from the agency. Some comments from the questionnaires included, 'I have been impressed with the professionalism of all staff, your service has made a positive difference to my life as well as [loved one].' Another read, 'The girls are my angels.' The results were collated into a summary of what was said and the action that the agency had taken, this was sent out to people and their relatives. Records showed action had been taken following the analysis of the staff questionnaires. For example, the payment of travel time in addition to petrol allowances.

An audit schedule was in place to monitor the quality of the service being provided to people. This included observational audits of the staff and quality assurance telephone calls by a member of the management team to discuss people's experience of using the agency. A review of the service took place with people on a regular basis which included both telephone and face to face reviews. The management team completed a monthly audit document which included a systems audit, which looked at people's files including their care plan, log books and medicine administration records. These audits generated action plans which were monitored and completed by the manager and the management team.

The service worked proactively in partnership with other organisations to develop links within the local community, such as the Stroke Society. The director ran free events to raise the agencies profile within the

local community such as, a BBQ and an afternoon tea.