

Aadi Trading Ltd

Caremark Elmbridge

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

About the service

Caremark Elmbridge is a domiciliary care service providing personal care to 24 people in their homes at the time of the inspection. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported well by caring, well trained staff that had been subject to a thorough recruitment and induction process. Care plans were person-centred for staff to know each person on an individual level.

People were supported by staff in a safe way and risks were well assessed, managed and monitored. Staff kept people safe from the risk of abuse and supported people with medicines when required.

Staff supported people to access healthcare professionals when they needed them and worked alongside social care professionals to ensure a joined up approach to people's care.

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, their relatives and staff felt confident to raise any concerns or suggestions to the management team. Evidence was seen of action being taken in response to improve the care of people being supported by the service.

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

Rating at last inspection

This service was registered with us on 31/01/2020 and this is the first inspection.

Why we inspected

This was a planned inspection so CQC could officially rate the service.

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?

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 Elmbridge

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

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed information we had received about the service since the registration. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care

provided. We spoke with five members of staff including the provider, registered manager, senior care workers and care workers. We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records as well as the company's business continuity plan.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One relative said, "I feel they are safe with [staff]. I live here also and it's nice to know that [person] is safe and well looked after when I can't be here."
- Staff had received safeguarding training and were confident when talking to us about identifying different types of abuse and the whistleblowing procedure to follow if necessary.
- The company had a safeguarding policy in place which offered guidance for all staff and explained the expectation of staff and their responsibilities.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. Risk assessments were clear with additional guidance for staff to follow to reduce the risks. These included falls prevention and skin integrity risk assessments.
- Environmental risks had also been assessed to each person's individual home. This included specific risks such as fire safety risk.
- Staff told us that they always monitored risks and evidence of this was seen in care plans. One staff member said, "We are always looking out for changes, if any new risks emerge we immediately do an initial risk assessment, add it to the online system, call the office so the manager can confirm the new additional risk assessment."
- Good examples were seen of ongoing risk monitoring. This included, for example separate monitoring forms for risks relating to catheter care.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "They always use the time they are here for. If there are no jobs then they talk to me and treat me like a human being."
- Rotas showed that there were enough staff with time allocated between visits to ensure other calls were not affected. The registered manager explained that if a member of staff was delayed the person expecting the next call would be updated. If the delay was going to be over half an hour a member of staff from the office would attend the next care call.
- The registered manager followed thorough recruitment processes. This included an interview, full reference checks and a check with the disclosure and barring service (DBS). This check confirms if potential employees are known to police and can support the registered manager to make safe recruitment decisions.

Using medicines safely

- People told us staff safely supported them with their medicines and helped them remain independent at the same time. One person said, "They are pretty good and support me to take my medication. They support

me to keep as independent as possible as I can judge my medication on my own."

- The service used an online system that generated alerts if staff did not record medicines as administered or prompted. These alerts would be sent to the registered manager who would immediately investigate why this had happened and take remedial action to ensure peoples' safety. This digital system also generated audits so the registered manager could identify any themes with alerts that were coming through the system.
- Medicine records did not have any gaps and were of good quality. As and when medicines (PRN) protocols were in place for staff to know when it was appropriate to support people in this area.
- Staff received medicine training and then senior staff completed their competency checks. This ensured staff were knowledgeable in how to support people with their medicines and could recognise any concerning signs to look out for.

Preventing and controlling infection

- People told us during the pandemic staff had been vigilant in wearing the appropriate personal protection equipment (PPE). One person said, "They are very careful. They are marvellous and they wear the masks, visors, full aprons and gloves. They change the gloves all the time."
- Staff spoke confidently about their knowledge of the current COVID-19 government guidance. One staff member said, "The office are great, they always keep us updated of any changes, there have been so many changes and they're always on top of it."
- There was an infection and prevention control policy and training in place with guidance for staff to follow. This had been updated with additional information regarding COVID-19.

Learning lessons when things go wrong

- Any accidents and incidents were recorded on the digital system. This then highlighted trends for the manager to analyse. Examples were seen where this had prompted the manager and senior staff to support people to be referred to health professionals.
- The registered manager explained how the analysis helped them learn from incidents so they could put in place additional precautions to prevent further re-occurrence. This included referrals to health professionals for additional support and guidance for staff to follow.

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.

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

- There were thorough assessments prior to the service supporting people with a care package. This was detailed and identified all care requirements to ensure staff could meet people's needs.
- Needs assessments were detailed and contained information such as the person's life history, preferred gender of staff, foods, and religion. The provider had thoughtfully ensured they covered all aspects of the Equalities Act. Wherever possible staff were matched to people's preferences, choices and interests.

Staff support: induction, training, skills and experience

- Staff told us they felt supported with their training. One staff said, "We get time to do this (training) and I feel I can ask for training in an area if I feel I need it e.g.: nutrition."
- There was a thorough induction process which included staff reviewing care plans in depth to understand the care needs of the people they would be supporting. The induction process also included the new member of staff 'shadowing' (observing) a senior member of staff, this ensured experience of different service user's needs were shared.
- The registered manager had introduced a training matrix. This ensured she had oversight of what training was about to expire and what staff needed further training in various areas. Evidence was seen that as a result training was booked where required.
- Staff told us they received regular supervision that they felt was beneficial. One staff member said, "I have regular supervision. The (registered manager) arranges a time for an hour when we are out in the community. We talk over things and she asks me about my concerns; if I have any complaints or what training I need."

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

- People told us that staff supported them with meal preparation if required and included all of their preferences. One person said, "If I need help with some meals then they will help me when I ask. It depends on what I want for that day. They always make sure they ask me if I would like anything to eat or drink."
- People had detailed information on their nutritional needs and preferences included in their care plans. Some people did not need any support with their meals, however, there was still "meals on wheels" observations sheets to ensure people were receiving the correct meals that met their preferences.
- Some people had very high care needs and required a lot of support with eating and drinking. On these occasions food and fluid charts had been implemented to ensure people were receiving a balanced diet and remained well-hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Where people had been referred by social services care plans included the local authority initial assessment. Evidence was seen of communication with senior staff and how the information shared had been used to begin building the care plan.
- Staff supported people to access healthcare services. One staff member said, "Some people don't have support from friends and family, so it is very important we make sure they get to (health) appointments. We will drive them to make sure they get to them on time and get home safe."
- Staff encouraged people to keep as active as possible. One person told staff how they would like to access the garden for fresh air but were unable due to their mobility. Staff worked with contractors to get a ramp installed in the person's garden so they could mobilise more.
- The registered manager had introduced a new initiative at the service called 'profile in a bottle'. This was a multi-organisation initiative where there was a sign on a person's door that would be recognised by all emergency services to make them aware there was a short document available and stored in a bottle in a specific location within the home. This document detailed all necessary information about a person and their medical conditions in the event they are found unconscious or in a state of confusion.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff always asked for their consent. One person said, "Yes indeed they always consult me."
- The majority of people using the service were able to make their own choices and decisions. However, the registered manager was knowledgeable in what their responsibilities would be in the incident somebody's level of mental capacity changed.
- Staff received training in MCA and showed good knowledge when this was discussed. One staff member said, "The principles are very important. We must assume they have capacity until assessment has been completed. Even if they choose to make an unwise decision, sometimes this doesn't mean lack of capacity."

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 told us staff were caring and respectful. One person said, "Staff are really caring and kind with me. They clearly care about me and they make me feel cared about. There was a time when I came out of surgery and I was really unwell and my carer had not seen me like this before. They responded so well and I could just tell they genuinely cared about me."
- Staff spoke about individual people's care in a thoughtful way. One staff member said, "[Person] is like family to me, I have spent so much time getting to know her through the calls (care visits) that we really enjoy each other's company."
- Staff had received regular training and had a good understanding of equality and diversity. This was clear through discussions with staff. One staff member said, "Everyone is different, and it's about us adapting to them and making sure they are happy and comfortable."

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

- People told us how they were confident to raise a concern if necessary. One person said, "They always listen to me. Take on board what I am saying and make me feel respected and important."
- People were included in their care plan reviews and feedback was documented. This ensured people received the level of care that they wanted.
- The service also included relatives, where appropriate. One relative said, "They always seem to have time to listen and discuss with me my thoughts and feelings around what mum needs or is best for her."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and independence. One person said, "We talk like we are friends. We just speak like we have been lifelong friends and you wouldn't know they were a carer at times which is really important to me. I really enjoy the fun element I have with [staff member] and how good he is with me."
- Staff told us they strive to improve people's independence. One staff member said, "I like to think that my work contributes in some way to a person's safety and happiness."
- People told us staff were respectful of their homes. One person said, "They respect my flat and there is everything here for them that they need and they know where everything is. They are very respectful of knowing what I want."

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 told us staff knew them well. One person said, "They know me very well, they know all about my needs such as my seizures. [Staff member] is so chill and he makes me feel so relaxed as I know when I have a seizure he knows exactly how to respond. The other carers I have also know how to manage this risk and I just feel so comfortable with them."
- Staff were knowledgeable in people's needs and preferences and could give several detailed examples when discussing people's needs. This was then corroborated in care plans, an example of this was a detailed plan around one person's mobility.
- Care plans included personalised detail and guidance for staff in relation to people's preferences. This included at what exact time people enjoyed activities and day planners to advise staff in how people preferred to spend their time. For example, one person's care plan referred to their past employment and how that remained an important part of this person's life.

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.

- People told us staff communicated well with them. One person said, "Communication is very good. They tell me what is happening and I know what to expect from the carers. They all talk to me when visiting."
- Staff used alternative communication techniques when necessary to ensure they understood people. One relative said, "Staff are very patient and use sign language with mum if there is a language barrier. They do everything possible to understand mum and make her feel relaxed."
- Senior staff who sought feedback as part of quality assurance explained they would not always complete this on the phone if this would make it difficult for people to communicate freely. One staff member said, "If I know that a person would not be confident to speak on the phone or may not be able to hear me correctly, I complete a home visit to ensure they can communicate in a way they are comfortable."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Improving care quality in response to complaints or concerns

- Staff told us how they had supported people through the pandemic in times when a lot of people felt socially isolated. One staff member said, "It's about making the most of each and every call (care visit), don't

be task orientated and actually spend quality time with people. If a call is cancelled for whatever reason, there's no problem with going to the next call a bit earlier and spending some extra time with people if we can, wherever and whenever we can."

- Another staff member said, "It's been difficult with activities, but we have just been really encouraging as many different activities as possible within their homes. I think this helps distract people from the fact they can't follow quite as many interests at the moment."
- We saw evidence of staff encouraging people to maintain relationships. One carer had arranged for a person to speak to a relative on a video call that they had not seen or spoken to for 25 years.
- People told us they felt comfortable with staff and had no concerns about raising a complaint if they needed to. One person said, "I can call the manager anytime I need and if she isn't available then I know I can raise with other office staff and I will get the same good standard of response from them."
- There was a complaints policy and procedure in place. This showed lines of enquiry for the registered manager to follow and appropriate steps to take in different situations. Examples were seen where the registered manager resolved concerns raised in an efficient, professional manner.

End of life care and support

- The service was not supporting anyone with end of life care at the time of inspection. However, there had been people supported in the past. Clear details for staff to follow were included in care plans if someone started to near the end of their life.
- The registered manager was aware of what appropriate steps to take if they began to support a person with end of life care. She confirmed she would work with other health professionals, for example a hospice and/or the district nursing team.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt involved in their care and this made them comfortable. One person said, "They do ask me for my feedback. They call me or speak to me during a visit. They come out and see me and we talk about how the care is and if I am happy or not."
- The staff felt included in the running of the service. One staff member said, "We are all involved and we are all listened to. The manager and the office staff always take on board everything we say or suggest."
- Staff regularly sought feedback from people using the service. Various different approaches were seen, for example, there were telephone feedback forms in addition to survey and notes made in care plans.
- The manager also sought feedback from staff. This was then documented and changes made as a result. Examples were seen in how staff had suggested changes to people's care and these had been made as quickly as possible.
- People's protected equality characteristics were considered in all areas of the service. This included equality within the workplace. One staff member said, "I feel like they have moved heaven and earth to make adjustments for my particular disability."

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

- Staff understood their roles and responsibilities and strived for improvement. One staff said, "I was asked what I wanted to do for my development, so I said I was really interested in learning more about dementia. I am now being supported to do a diploma in adult care."
- The registered manager completed regular audits. Results from the audits were then compiled together to produce a manager's report. This meant the manager had good oversight of the service and could action any shortfalls. An example of this would be highlighting any outstanding training.
- The registered manager was clear about when she would need to inform the local authority of any incidents. Notifications to CQC had also been submitted when appropriate.
- The registered manager and the office team were open and honest with people and relatives if something went wrong. A staff member said, "If a member of staff cannot make a call for whatever reason, we call the person immediately, apologise and ensure an alternative member of staff is there to support them as soon as possible."

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were keen to continue to build on the new service. The registered manager said, "I would like to increase our care to include reablement, getting people back to an independent level is a really important thing. It stops people giving up and gives them something to live for."
- The provider also explained that they want to continue learning and improving the care that they are currently providing. The nominated individual said, "It's important that we continue this standard and even improve on what we are already doing. We are constantly learning." Examples were seen where the provider had tried to build and improve, this included a new digital system that had been implemented since their registration.
- There was good evidence of the service working with other professionals in partnership. For example, correspondence between social care professionals and GP was detailed in care plans.