

Sillywater Ltd

Caremark (Arun)

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 Arun is a service providing care and support to people in their own home. At the time of the inspection the service was providing support to approximately 100 people. It provides a service to older adults, people who lived with dementia and adults with physical needs. Not everyone who used the service received personal care. 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 protected from avoidable harm and abuse. Safeguarding policies and procedures were embedded within practice and consistently followed. Staff had recognised signs of abuse and had recorded their concerns, and appropriate referrals had been made.

People told us they were happy with the care they received, and that staff helped them to feel safe. Risk assessments and care plans were comprehensive and guided staff in how to provide care safely. There were enough suitable staff employed to cover all the care visits. People said they received their calls on time and for the duration that they expected. People received the medicines appropriately and this was monitored through quality assurance checks.

People were supported by staff who had received appropriate training to meet their needs. Assessments of people's needs were thorough and supported people's diverse needs. Staff supported people to have enough to eat and drink and to access the health care services they needed. People were supported to have maximum choice and control of their lives and staff supported them in their best interests.

People were supported by staff who showed compassion and respect. People spoke highly of the care staff that supported them and said that they had developed good relationships with them. Staff knew people well and had the information they needed to provide good responsive care to them.

People and their family members spoke highly of the management of the service. Staff told us that the registered manager was approachable and supportive. Staff were clear about their roles and responsibilities and described being well supported. People and staff told us their views on the service were sought.

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

Rating at last inspection

This is the first inspection for this registered service in their new location. The service had previously been operating as part of a larger location but re-registered in 2019. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol.

Why we inspected

This was a planned inspection based on the timescales set out on our registration programme.

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 safe.

Details are in our safe findings below.

Good ●

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 responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caremark (Arun)

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. One inspector carried out the office site visit.

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 a short period of notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic. Inspection activity started on 8 January 2021 and ended on 15 January 2021. We visited the office location on 15 January 2021.

What we did before the inspection

We reviewed information we had about the service. 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 spoke to nine people and two relatives by telephone. We spoke to five members of staff including the registered manager and four care workers. We contacted four health and social care professionals about their experiences working with the service. We asked the provider to send us information that included risk assessments and care plans for five people, documents relating to staffing, Covid 19 contingency plans as well as documentation relating to quality assurance systems and management oversight. We used all of this

information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed records that included quality assurance, medicine administration records, and incidents accidents. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further training records, assessments of care need and records around health and safety.

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

- The registered manager had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.
- Staff were able to explain and recognise signs of potential abuse and knew what to do when safeguarding concerns were raised. One staff member said, "I'd look to see if they are withdrawn or quieter than usual. I would look for things when doing personal care that are concerning like unexplained bruising or scratches."
- People and their relatives told us they felt safe with the carers in their home. One person said, "I feel very safe, they're very good." One relative said, "I have no hesitation or worries with his safety."

Assessing risk, safety monitoring and management

- Risks to people were identified and comprehensive assessments were in place. Some people had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people in the way they preferred. One person said, "They are very good because I can't really move by myself and staff help me to transfer from bed to shower chair and make sure the support straps are in place. They're quite careful, all of them."
- Staff were aware of risks and knew the people they supported well enough to mitigate these and provide assurances to them. For example, one carer said, "One lady who has had many falls, I showered her last week. She was just so nervous so I reassured her and talked her through how she would safely shower, such as holding onto the handrails. It's about looking ahead, planning and communicating with your client." One healthcare professional said, "They agreed to keep in touch with daily events, falls, deteriorating mobility and to reinforce the safety advice we had offered."
- Risks due to the Covid pandemic has been assessed and mitigated. For example, the provider had a contingency plan in place to ensure that adequate staffing levels were maintained in the event of an outbreak within the service.
- Risks to people within their homes had been assessed and guidance was in place for staff to monitor and reduce potential hazards. For example, staff undertook mandatory fire safety courses, ensured that appliances were monitored, and trip hazards were removed.

Staffing and recruitment

- People told us there were enough suitable staff to provide the care visits. Staff were provided with time to travel between calls and told us that they had sufficient time to complete tasks. One carer said, "My rota has been great, they've really looked after me. They are more than happy to help out."
- People told us that they had regular carers who had time to finish their tasks. One person said, "They stay the full time and I do as much as I can before they come." Another person said, "They are never rushed or in a hurry."

- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Using medicines safely

- Some people needed support with medicines. There were safe systems in place to ensure that medicines were administered safely. We do not inspect how medicines are stored in people's homes. Staff had received training in administration of medicines and had regular checks to ensure they remained competent. One person said, "Yes, they're very good. They always check my medicines and that I take it."
- Records were completed consistently and there were systems in place to monitor recording and check that people received their medicines safely. Carers used an electronic recording device to record medicines that they administered. The system ensured that staff administered all medicines on a specific call by not allowing the carer to move on to their next call without completing the record.
- Staff worked with healthcare professionals to ensure that medicines were appropriate and reviewed. One healthcare professional said, "They assist in monitoring the side effects of medication which is very useful. They'll be straight on the phone to inform me of any effects so that I can adjust the medication."

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. People told us staff were using PPE during their visits. One person said, "They wear PPE every time and use alcohol gel which they carry with them." One relative said, "Yes they always come in with their masks, gloves and aprons. We are extremely safe in their hands."
- We were assured that the provider was accessing Covid 19 testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date. Risk assessments were completed for staff members to identify anyone who might be at increased risk if they were exposed to Covid 19. Staff told us they had received additional training in infection control procedures and described having access to all the equipment they needed.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Systems were in place for staff to report and record any accidents and incidents, while appropriate actions had been taken to help prevent a reoccurrence.
- Staff understood their responsibility to raise concerns and were able to notify senior staff quickly and effectively using hand held devices they used to record care provided. The registered manager acted quickly to address incidents and records were updated quickly to alert staff and reflect any changes in need.

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

- Peoples' needs, and choices, were assessed in a holistic way to take account of people's diverse needs and preferences. The registered manager or senior staff met with people before setting up the care package to ensure they could effectively meet their needs.
- Technology and equipment were used by staff to enhance the delivery of effective care. Staff used equipment to safely move people with reduced mobility. Staff also used electronic devices to record the care they carried out which allowed them to focus more time on delivering care. Tasks were generated automatically allowing staff to quickly confirm when they had completed them. The electronic devices allowed care staff to alert the office of changes in people's care.

Staff support: induction, training, skills and experience

- People and their relatives told us they had confidence in the skills and knowledge of the staff. One person said, "They definitely have the skills. I've had Caremark for four years now and can't fault them. I don't have UTIs so much anymore. Staff make sure I'm ultra-clean."
- Staff told us that their induction and training gave them the skills to undertake their roles effectively. One care said about their induction, "The induction and the trainer were really good as she works out in the community. She was very knowledgeable. We worked through handbooks and completed plenty of practical sessions."
- Staff had access to specialist training so that they could safely support people with specific health needs such as epilepsy and Parkinson's Disease. There were systems in place to ensure that staff were competent and continued to deliver care effectively through spot checks, observations and practical competency assessments.

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

- People who required support with eating and drinking reported they were given choice and control over what they wanted to eat and drink. One person said, "They get my breakfast and I do my own dinner (ready meals), and they do a sandwich for my teatime, which I choose."
- People food and fluid intakes were monitored and recorded when required.
- People were involved in decisions about what they wanted to eat and drink. Staff supported them to make meal plans so that people were supported to have what they wished. One relative said, "They do a menu that we've agreed. Any bits he doesn't like or wants more, they leave me messages so we can adjust what he needs."

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

healthier lives, access healthcare services and support

- People told us that staff supported them to access health care services if they needed to, including in emergencies. One person said, "I used to get a lot of sickness, but it's under control now. Staff have contacted my GP if they needed to."
- Records confirmed that staff spoke to relatives or the GP on behalf of people when they were not able to make contact themselves. Healthcare professionals described positive working relationships with staff. One professional said, ""Staff have been accommodating in the past in coordinating visits with me if I'm going to a patient that I'm unfamiliar with. They are one of the better ones". Another professional told us, "I rely on carers to be my eyes and ears for the patients I support. The carers are quite proactive - if they have concerns, they will contact me to advise."

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 demonstrated a clear understanding of the MCA and could describe their responsibilities with consent and capacity. One staff member told us, "Every client has a choice with everything and make their own decisions. When people lack capacity, we always ensure that choices are made in the person best interests."
- Staff consistently checked with people they supported before providing care. One staff member said, "We always ask for permission and always assume people have capacity unless told otherwise."
- Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005. Records reflected that mental capacity assessments had been completed and decisions had been made in the person's best interest.

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 were consistently positive about the caring attitude of staff. One person said, "I don't think you can fault any of them. They're always bright and breezy; we have a laugh and a chat". One relative told us, "I can only recommend them highly for how they've cared for my father."
- Staff described the importance of recognising when people needed emotional support. People and their relatives told us that carers supported them emotionally and lifted their spirits. One person said, "You can have a laugh with them, and it makes the world a better place". One relative told us, "They did a song, dance and birthday balloons for him. That was worth more than normal care." Another relative said about her mother, "Yes they're perfect for that kind of thing. They sit and talk to her a lot and keep her calm. She hears the carers voice and it springs her up."
- People's diverse needs were captured and reflected in their care planning. Although there was no one currently being supported with any cultural or diverse needs, the registered manager stated that any needs would be fully reflected and adapted into their support. For example, staff would follow any house rules that were based on any cultural wishes. One person attended church regularly and call times had been adjusted to ensure they were ready to attend.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were respectful and supported people's dignity. One person said of her personal care support, "They help me with the shower and have the towels all ready when I get out. It's good to know they are there." One relative said, "Some of them will go a little bit further if my wife's not sure of something. The carer will explain things to her."
- People were consistently supported to remain as independent as possible. Staff consistently told us about the need to encourage people to complete as much of their personal care as they could. One carer said, "We try to keep people as independent as possible. With one lady I support, I help her wash her back and ask if she's happy to do the rest and I'll leave so she has privacy. I encourage people to wash themselves, so they have that independence."

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

- People and their family members told us that they could express their views and be involved in their care. One person said, "Yes, I'm involved in decisions and with my care plan." Another person said, "Yes I'm involved, and staff will listen."
- Staff understood the importance of involving people in decisions about their care. One staff member said, "I'd always give them options and encourage them to make their own decisions if they can."

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; 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

- People were receiving a personalised service that was responsive to their needs. People told us that they were involved in planning their care and support. One person said, "My care plan was read to me initially and I felt involved."
- Care plans were detailed and provided personalised information for staff. Regular reviews had ensured that information was kept up to date, identified changes in people's needs and reflected the care that was provided.
- Carers used electronic devices to record the care they had provided. When people's needs changed, or when incidents had occurred, carers alerted office staff through the device. This information was updated quickly so that all staff were aware. This technology was used to ensure people received timely care and support by alerting office staff when calls were being completed.
- People were supported to go out to reduce risks of social isolation and maintain relationships that mattered to them. We saw documentation and photos of staff engaging with people with games, puzzles and celebrating holidays and birthdays. One person said, "Absolutely darling, everyone is wonderful. We'd be stuck without them. I've not been out because of lockdown but they feed me and give me drinks and they play Ludo with me."

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's communication and sensory needs had been assessed and care plans guided staff in how to support them. For example, one person suffered from hearing loss and this was reflected throughout their care planning so that carers could tailor the care they provided.

Although no one receiving support required adaption of information in different formats, the registered manager was aware of AIS. They described that, through feedback, some schedules had been adapted to larger print to support some people with visual needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints system and people and relatives told us they were aware of how to make a complaint and would feel comfortable making one if needed. One person said, "I would ring the office if I had any concerns, but never had to." Another person said, "Everything they do is right, I have no

complaints."

- Complaints had been addressed and managed in a timely way. The registered manager had maintained contact with the complainant and informed them of any actions put in place to ensure that problems did not reoccur.

End of life care and support

- No one was currently receiving end of life support.
- People were supported to plan for care at the end of life. Peoples wishes were sought during reviews of care and reflected through their care planning.
- One compliment from a relative praised staff about their approach to their loved one in their final days. The relative wrote, "Every carer that came and supported him was amazing and compassionate and nothing but kind to him."

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

- People, their relatives and staff spoke highly of the management of the service. One person said, "I always tell the office what a good team they are. They're always very obliging." Another person told us, "I'm happy with the service I get and if I have a problem and speak with office staff, they are very helpful."
- Staff told us that they were happy at work and described an open and inclusive culture. One staff member said about being supported by the Registered Manager, "Yes definitely. If we have any issues with a client, she actually listens, and you feel confident telling her things. She makes you feel good about doing your job well. She is easy to approach as well."
- Staff spoke positively about impact of the electronic system on the outcomes for people they supported. Staff described how incidents and changes could be communicated and updated quicker so that staff could be aware of changes to people's needs. One staff member said, "It's definitely better. We can detail anything that is needed from that call and it goes straight to the office."

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

- People told us that they felt their views were welcomed and considered. One person said, "My views are listened to." Another person said, "They come out and a senior carer goes through my care plan with me. They ask if I have any issues with my care or any carer, you are asked."
- People told us that they had been asked for feedback about the service on a regular basis. One person said, "Occasionally I receive a form, say every couple of months. I complete it and return it to the office."
- People, their relatives and staff spoke highly of the communication from the management and office staff. The registered manager ensured that information about people's needs and updates on the Covid-19 pandemic were shared effectively. One relative said, "The amount of communication I have with them is excellent." One carer said, "Yes I feel supported. She's always putting messages out, especially with Covid, if anyone needs support personally or professionally. She's really, really supportive, gives you help when you needed and support you with difficult tasks."

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

- The registered manager ensured that systems were in place to make sure that care and support was of good quality and to drive improvements. Regular audits and monitoring were completed on areas such as

people's medicines, staff training, and staff performance

- Quality Assurance checks had been completed to ensure information in people's homes was up to date, that carers daily notes were accurate and respectful. Spot checks and observations were completed to ensure staff maintained good timekeeping, complied with infection control practices and interacted positively with the people they supported.
- The provider had used technology to help drive quality and improve standards. Staff used electronic devices to record the care they completed. This allowed them to focus more time on delivering care and less time completing manual care notes. For example, tasks were generated automatically allowing staff to quickly confirm when they had completed them.
- The registered manager was aware of their responsibilities for reporting to the CQC and their regulatory requirements. Risks were clearly identified and escalated where necessary.

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. One healthcare professional said, "Overall, I have found the agency to work collaboratively alongside an NHS team for the benefit of the patient. (The staff member) understood the interaction of the problems and why a consistent approach across all involved parties was essential."