

Perpetual Care Ltd

Caremark (Bristol)

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Caremark provides personal care and support to people in their own homes. At the time of inspection around 50 people were using the service who had a variety of needs.

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

People received highly responsive care and support. Each person's needs and wishes were placed at the centre of how their care was planned. The service was exceptionally well run, forward thinking and highly responsive.

The service worked closely with other professionals and organisations involved in people's care. This was to ensure people with sometimes very complex needs could continue to use the service and as a result stay living at home.

There were many different innovative ways people were supported. These were to prevent the risk of social isolation and enhance the quality of people's lives. The service worked closely with healthcare professionals to provide skilled and very sensitive end of life care.

The providers, who were also the managers of the service, were dynamic and positive leaders. They took a key role conveying values and standards to the team. They did this by seeking ways to continuously improve and in turn lead to positive outcomes for people.

The service took a forward-thinking role in the community. They had built up strong links with the local hospital.

Social activities, events and networks were held. People who lived in isolation were encouraged to attend.

The service had built up strong links with the community. They regularly supported charity events. The manager always aimed to improve the quality of service.

There were effective ways used to seek people's views on the service. The quality of the service was checked and monitored.

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.

Rating at last inspection

The last rating for this service was Good (published November 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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 (Bristol)

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

Our inspection was completed by one inspector and two Experts-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert-by-Experience had knowledge about personal care of adults within the community.

Service and service type:

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

The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us. The manager was also the registered provider of the service.

Notice of inspection:

We gave the service 5 days' notice of the inspection site visit because we needed to be sure that people and staff would be available to speak with us.

The Inspection site visit activity started on 6 March 2020 and ended on 13 March 2020. We visited the office location on 13 March 2020 to see the managers and office staff; and to review care records and policies and procedures.

Our inspection was informed by evidence we already held about the service. We also checked for feedback from the public, local authorities and clinical commissioning groups (CCGs).

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with twelve people who used the service and 6 relatives. We spoke with the both managers(who also are the providers of the service) a care coordinator and four care workers.

We reviewed four care records, four staff recruitment files, and audits. We also checked many records related to how the service was run. These included quality systems, training information, staff records, and satisfaction surveys and feedback.

We received email feedback from three professionals who work with people who use the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were safely managed.
- People's needs and the type of care and support they wanted had been assessed prior to them beginning to use the service.
- Each person had a risk assessment to guide staff on how to protect them. Potential risks to the health, safety and welfare of each person were clearly identified. For example, risks affecting people's daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly set out. □
- Risk assessments relating to people's homes were detailed and up to date. They included use of electrical equipment, furniture, and stairs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with all the staff. One person said about the staff "I feel safe with the girls I have." Further comments from people and relatives were "Yes, I feel she's safe", "I feel safe", and "I most definitely feel safe. They are a wonderful care team. They manage my personal circumstances very well. The main issue is showering. They handle this with the utmost dignity."
- Safeguarding and whistleblowing policies and guidance were in place and staff continued to receive training on these subjects.
- Staff had a very good understanding and awareness of safeguarding procedures. The staff also knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The managers were aware of their responsibilities to liaise with the local authority if safeguarding concerns were raised.

Using medicines safely

- People were well supported to manage their medicines safely. There were effective systems for ordering, administering and monitoring medicines for people who needed support in these areas.
- Staff were trained and checked before they administered medicines. Medicines were secure in people's homes and records were kept.
- People told us staff took time with them and were respectful in how they supported them with medicines.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.

Staffing and recruitment

- Recruitment practices continued to be safe and suitable new staff were employed.

- Visits were planned in ways that meant a consistent service for people. One person told us "They are the same people, mostly the same three, if there's someone new they usually come with someone more experienced. " Another comment was "There's no problem with the cover. I have virtually the same carers each week. I like continuity. If there's someone new, they are usually shadowing someone else." A further comment was "We have two carers at a time and it's usually from the same small group of about six." One relative said "They are sometimes late between 15-20 minutes late. They will phone." Another relative told us, "They rarely turn up too late, very rare occasions when only one carer has turned up instead of two for hoisting, I help."

- Visits were well planned and staffing rotas were appropriate to safely meet the needs of the people they visited.

- All staff spoken with said there was enough time for all their visits.

- People all said they felt staff always had plenty of time to fully met their needs in a relaxed and person-centred way.

Preventing and controlling infection

- The providers had taken a very forward thinking and well-planned approach to managing risks around the current Covid 19 outbreak. Staff were well equipped with suitable hand gel, extra gloves, masks and other protective items. Notices and guidance had been put up and handed to all staff very early on into the outbreak.

- Staff had been properly trained to understand what to do to minimise infection control risks

- Staff had plenty of gloves, plastic aprons, and hand gel to take with them on all their visits.

- To help staff follow safe practices there was infection control guidance in place. All staff had read this guidance.

Learning lessons when things go wrong

- There was an up to date record of all accidents and 'near misses' involving people and staff.

- The manager completed regular audits of all these occurrences.

- The records seen had been fully reviewed by the manager. Actions were put in place when needed.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were very happy with how they were cared for and how their needs were assessed. Everyone was confident in the abilities of the staff they saw. One person told us they were very nervous getting in and out of the shower. They also said "The carers help me get in and out. I call them when I'm ready. They are only next door making the bed."
- One relative told us, "They seem pretty good and hot on everything. All very good."
- People told us how the managers and other staff fully involved them in planning and reviewing care.
- Staff demonstrated in our conversation with them a very good understanding of people's needs and how to meet them.
- Staff also told us how they offered people choices in how they were cared for. For example, what did people want to wear, what did they want to eat, what type of personal care would they prefer.

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

- Staff supported and encouraged people to have a meal of their choice.
- When people needed help to eat or drink they were very satisfied with their support. Meals were prepared, cooked and served as they preferred.
- One person had very complex dietary needs. This person told us "A lady does my shopping for me from a list I give her then the carers prepare and cook as required. I have many food intolerances." Another person told us "I order online and staff prepare and cook what I choose. I am a diabetic."
- Some people were left snacks and drinks between care calls. Everyone told us when asked that they did have enough food and drink.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access healthcare services. Staff made referrals to healthcare professionals including GPs, district nurses, occupational therapists and physiotherapists.
- Staff ensured care records reflected involvement of healthcare professionals and guidance given after appointments.
- Health visits were recorded, recent appointments included; dentists, chiropodists, physiotherapists, community nurses and GP's. People had hospital and health passports which were shared with professionals' are these are documents that provide detailed information about individual needs and preferences.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their optimum health and get to healthcare services.
- The managers told us they had a good relationship with the local district nurses and other professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People made decisions about the care and support they received.
- Care records clearly described how to support people around making decisions. This meant staff had guidance to offer the person choices about what they wanted.

Staff support: induction, training, skills and experience

- People spoke positively about staff training and skills. One person said "Yes, they are well trained, I'm quite impressed, they always deal well with my catheter first." Another person told us "To be honest, I don't know what training they have had but I feel reasonably confident". A further comment was "I refuse them if I think they are not well trained. I have cancer in multiple organs and they meet these needs well."
- Relatives also spoke highly of staff training. One told us "They are as well trained as they can be, their job is so varied. They keep an eye on his skin and alert me if needed. I will go a lot by what they say." Another comment was "They are all well trained. The training is probably rudimentary but adequate. It's mostly common sense and experience."
- New staff worked alongside experienced colleagues before delivering care on their own.
- Staff told us when they started work on their own the managers and other senior staff were always there to call and give advice.
- New staff were supported to complete an in-depth induction which included training in key subject areas and the completion of the Care Certificate. The Care Certificate is a nationally recognised qualification which provides new staff with skills and knowledge.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- One person said, "They are kind and caring. We have good relationship with them. They come in with a smile and have a nice conversation with us. We usually get the same staff and I feel comfortable with everyone that comes. They will do more if I ask them to." A relative told us, "The staff wear shoe covers which is very considerate. They will leave me a note to tell me that we need more cream or low on personal things. They are kind and caring." Another person commented, "They will bring something in with them that I have asked for and if it's possible, they will get it on their way."

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

- Everyone said that the carers respected their privacy, dignity and that of their home. One person said, "The carers are very kind, some are angels. I've never met such generous people." Another person said, "I get on well with them, they all chat and they can lift my mood. I don't know what I'd do without them. They are respectful and I'm pretty much involved in my care. They make me feel I'm important to them most of the time. They are good at helping me do things, they will only step in and give me a hand if I need it and to make sure I'm safe from falling". A further comment was, "I find them like friends really, I've built up a rapport with them"
- Relatives also told us a range of positive comments. One said, "The carers are very approachable and easy to get on with, willing to have a chat. They are very respectful, they cope well with him not wanting to be touched. They explain everything very carefully and are always polite. They are very responsive to his moods. I can always ask the staff to do extra things and they will do them. We are lucky with the staff we have." Another said, "There are no problems at all really. The only problem has been with the slight language barrier. The care has never changed from day one, we specified what we wanted. They have phoned up to check if we are happy with it all and someone visited once."

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

- People's care plans were written from their perspective, focusing on how people preferred to be supported with all aspects of their day to day lives.
- Staff were skilled and understood people's complex communication needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good . At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The managers told us, and we also read about examples of highly responsive care. For example, staff were recently given additional specific training so they could work with the local Continuing Health Care Team. This was to ensure staff were fully able to provide in depth care for more physically dependant person. The person really wanted to go home from hospital and stay with the service. This extra training meant the person went home from hospital, rather than having to go to a care setting.

- The service was exceptional in responsiveness and personalised care. A healthcare professional told us "I worked with Caremark approximately a year ago. I was working with a person who had a spinal cord injury I found Caremark to be very approachable, and they replied in a timely manner in response to setting up a meeting to review this person. I met with the moving and handling coordinator and the carer who was providing care to them. The staff were very courteous and respectful of X. X was clearly content with the quality of care he was receiving from this carer. The carer demonstrated good moving and handling skills, they worked in a safe manner and communicated effectively with X in response to their daily needs. I was very impressed with the standard of care. The care agency had very clear records."

- People were fully involved in planning their care. Care and support was delivered in ways that were exceptionally personalised and met needs as well as giving choice and control. For example, one person who was blind and wanted support to read the bible every day was supported to do this at no extra cost. Another person was supported to pick up their medicines when needed. Again, this was extra support that was not part of their agreed package of care. A third person asked for support with meals with two hour's notice as their friend who normally assisted them could not. Staff were able to go and help this person cook a meal. Feedback was seen and this showed each person referred to was exceptionally pleased with this extra support .One person said in their feedback to the service, it meant the difference between staying in their own home or going to a care home.

People spoke very highly of the care and support they received. One person told us, "My care plan was written by me and it's been overhauled since then and I was involved in that. I'm a bit concerned about the new electronic process of accessing it but I will get access to the app in due course". Another person said, "I have a plan and I tell them what I want. A further comment from a person was, "They came out and helped me set it all up. It's done so that they help me out and let me get on and do as much as possible." Relatives were also involved in planning care for their family member. One relative told us, "Yes it's what we want, I was involved in the assessment." Another relative said, "Yes, I have it in the folder and there's a booklet too. Someone came and checked it last week and I spent three hours chatting to them."

- The service had an electronic care records system. All staff had an app on their phones for instant live access to records. The system was also used by people and relatives and other care professionals. These were updated in real time. All staff told us this was highly beneficial as it meant they always had instant

access to the most up to date information. This in turn meant they always provided care in the way the person preferred. The technology also ensured people received care at the right times. People and relatives all told us staff were on time, and stayed the agreed length of time. The electronic system monitored the times staff cared for people to check staff timekeeping met the expected standards. This also meant the provider could react if a care worker was unexpectedly delayed, to ensure a visit was not missed.

- Care records were person centred and people were fully involved in discussions about how they wanted care and support to meet their individual needs. Care and support were provided to people in ways that were flexible to their needs. There were also regular reviews when people's needs changed. This meant people always received the correct care and support they required. Care plans also included a detailed overview of support the person required. They included people's personal care needs and preferences. Staff were supported to understand people's needs. All care people needed was fully gone through with staff before they began providing care. Staff confirmed they always read people's care plans.
- A recent social care professional visit included a review of care plans. Their report stated 'Care plans were of an excellent standard and contained many examples of best practice. For example, photos of equipment used for the individual kept in the care plan. The medication support section of the care plan includes the name of the medication, a description of the appearance, and a description of what it is used to treat. The excellent of quality of care plans ensures even if a new care worker visits the service user, he/she is brought up to speed for providing care by just reading the care plan.'
- One person told a continuing health manager who had helped them access the service they were, "Very pleased with the service that Caremark are providing and it is a brilliant service."
- Staff were introduced to people beforehand and this was a time for people to let staff know how they would prefer to receive their care. People were carefully matched with staff who could best support them. For example, around cultural, religious, and social needs.
- Relatives told us about creative ways the service planned visits with people. This had a positive impact on the person and their relatives who were confident their needs were being met.
- Staff had outstanding skills and knowledge about people. Feedback showed this insight was used to help people live full and meaningful lives.

End of life care and support (EoLC)

- People who were approaching the end of their lives were supported compassionately. Feedback given during an external audit of the service about EoLC was exceptionally complimentary. One relative said "I am so grateful for that sympathetic care and support Caremark staff gave to my husband in his final illness. They were capable, empathetic, and generous with their time, and never rushed us and always asked what more they could do. I noticed how they always asked my husband how he was feeling when they arrived". Further feedback from another relative was "The carers attending my husband were kind and supportive. On the day of his passing the district nurses were attending to him at the same time as the carers were and asked me which company they were from as they were impressed with their treatment of him."
- The registered manager told us and we saw this confirmed in records how EoLC was planned with the person and their families and cost was not a priority. Care and support that was over and above a person's care had been provided on many occasions. For example, where possible and requested staff stayed with a person as they neared the end of their life. This gave great comfort to them and many families. This was a clear example of a service that put people and their families above costs. It also showed how the managers went the extra mile for people and their families on their EoLC journey.
- There were very detailed and person centred end of life care plans written with people and their relatives to ensure their wishes and preferences were recorded.
- Staff liaised with healthcare professionals so that people were not in pain and followed end of life care plans to maintain people's dignity.

- The registered manager supported people to consider how they wished to spend the end of their lives and this information was recorded in care plans for staff to refer to in providing care to them.
- The service worked closely with GP's in the area as well as hospice nurses.

Improving care quality in response to complaints or concerns

- People knew how to contact the office and how to complain formally if needed. One person said "Any concerns I've had have been quickly and appropriately dealt with. I know there is a formal complaints process and how to use it". Another person told us, "I haven't had any complaints, but I'd ring the office and tell them if there was a problem. I hope they would listen". Further comments included, "I have rung them about the timekeeping. Waiting 10 or 15 minutes is ok but an hour is too much. My concern has been noted. If I had a formal complaint, I'd get hold of the manager and I'd put it into writing," One relative told us, "I've only contacted them to sort out timings, I needed to make sure they come at 8am as X is an early riser. They've sorted this and have been excellent."
- There were easy to use systems to investigate and respond to concerns or complaints.
- People and relatives had confidence the registered manager would respond correctly and swiftly to concerns or complaints they raised.
- The service had received and successfully resolved a small number of complaints in the past year. The service recorded compliments received. There were many compliments from families thanking the registered manager for a very high level of care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The managers were very respectful of and committed to the views and recommendations of people and staff for improving the care people received. One relative told us "I think they would listen to me, yes" "I would hope they would listen but if they didn't, I would gee things up". Another relative said " When they asked me recently what I thought, they followed it up with a link to a homecare review website and asked me to leave a comment"
- The provider gathered the views of staff at regular staff forum meetings. A cooked hot buffet meal was always prepared, free of charge, for the team at every meeting. This was a simple way to show staff they were appreciated.
- Records of staff forum meetings showed the managers acted positively and supportively in response to staff suggestions. For example, when staff voiced the opinion that they needed more improved training in certain areas this was addressed.
- Staff told us the managers were willing to listen and act on what staff said. They were very committed to gathering and reviewing the team's views. The registered manager used an external body to help to gather the views of people who used the service. People told us they could contact the office any time if they had concerns and were always listened to positively by the registered manager.
- A 24 /7 Stress Line (counselling) free for all staff had been commissioned in the last year. All staff could access it 24/7 and complete confidentiality was maintained. The staff fed back they used it and found it very helpful. This is a clear example of going above and beyond to support the staff team.
- The agency paid staff for the App they used on their phones to access care plans to make sure no one is 'out of pocket'.
- Staff were rewarded and recognised for their work and performance. The managers bought gifts for staff on a regular basis. Staff received gift vouchers and other tokens of appreciation for going "above and beyond" for people who use the service. One staff member told us recently they had a car accident. A staff member from the office came to the crash site to be with them and support them through the experience. They told us this had meant a great deal to them.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had taken a swift and proactive response to the Covid 19 pandemic. All staff were fully equipped with protective clothing and suitable hand gel at a very early stage of this world health crisis. Staff

were also given extra training, guidance and support.

- The values for the organisation were fully embedded in the team and this was also reflected in the way people were supported. Staff worked in partnership with people to support them to retain independence. People told us the care and support were exceptional.
- Staff rotas showed staffing was always planned in a way that put people's wishes and needs before anything else. The needs of the business never came before the needs of people. Feedback from people was they could choose when they would like their visits, and which best suited them. Visit times were always being reviewed with people and feedback taken on board, for any increase or decrease in times. This was to ensure the service was always planned in a way that was person centred and promoted wellbeing for the person.
- Caremark (Bristol) had won a regional award recognising an exceptionally well-run organisation in social care.
- The managers demonstrated they were open and transparent in their approach towards people who used the service, staff and other professionals.

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

- The managers were clear about their role and the responsibilities this involved.
- There were a range of policies and procedures to assist and guide staff in their roles.
- Each staff member had a job description to help ensure accountability and they knew their responsibilities.
- Staff received ongoing and regular feedback on their performance in a positive way. Staff said this encouraged improvement and promotion of best practice.
- Staff were very well trained and supported to be clear about their roles, and understood quality performance, risks and regulatory requirements. All staff underwent a minimum of a six-month probation period. During this time staff had to shadow other senior colleagues. This was to learn, and fully embrace how to support people in ways that reflected the values of the organisation. Evidence from people and senior staff as well as observations were used to assess new staff. This in turn was to see how they were performing, interacting, behaving and conducting themselves.
- The managers sent regular emails to update staff about the needs of new people using the service.
- The managers also sent regular emails to staff with positive feedback to the team and to individual members of it.
- The managers were fully aware of the events and incidents to be notified to CQC. There had not been any reportable incidents since the last inspection.

Working in partnership with others

- Feedback from two health and social care professionals told us they had very positive relationships with the service. Both told us the service promoted a positive person-centred experience for people.
- The managers worked with other professionals involved in people's care, to achieve good outcomes for them. For example, the service had built up close links with a local hospital and with GP's and district nurses.
- The provider often met other service providers to share learning and best practice, to help develop and improve their services. There was a range of learning materials on display in the office. These related to current good practice in social care.
- One of the managers was a care ambassador. This meant they are someone who has the passion and enthusiasm to share their experiences with others and communicate what the care sector has to offer.

