

Beaumont Care Limited

# Caremark Calderdale

## Inspection report

The Clock Tower, Shaw Lodge Mills  
Shaw Lane  
Halifax  
HX3 9ET

Tel: 01422339944

Website: [www.caremark.co.uk/locations/calderdale](http://www.caremark.co.uk/locations/calderdale)

Date of inspection visit:  
30 June 2021

Date of publication:  
24 August 2021

## 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 Calderdale is domiciliary care agency which means staff go into people's own homes to provide care and support. 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. At the time of the inspection there were 14 people using the service.

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

The provider had clear safeguarding policies and procedures in place to protect people from harm. Staff knew what to do if they thought someone was at risk. Risks were appropriately assessed and reviewed. Medicines were managed safely. Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people. Staff used Personal protective equipment (PPE) appropriately when supporting people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and promoted independence; the policies and systems in the service supported this practice.

Staff received induction training and followed a programme of continuous learning. Staff said they felt well supported. People's needs were assessed, and care and support were reviewed as their needs changed. Appropriate referrals were made to external services to ensure people's needs were met.

Feedback we received from people who used the service and their relatives was complimentary about the care staff. Staff involved people in decisions about their day to day care and consulted people regarding what they wanted.

Systems were in place to make sure the service complied with the Accessible Information Standards.

People's care records documented the level of care and support required. They were up to date and were regularly reviewed. Documentation was being developed to make sure people's end of life wishes were recorded. Complaints were investigated and responded to appropriately.

People, relatives and staff spoke highly of the management at the service. Systems were in place to monitor the quality and safety of the service. People were provided with the opportunity to feedback on the service they received, and any issues were addressed. The service worked well in partnership with others to ensure the best outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 28/05/2019 and this is the first inspection

Why we inspected:

This was the first inspection of a newly registered service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 Calderdale

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert 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.

#### Service and service type

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

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 short notice of the inspection. This was because we needed to give them time to prepare for our visit due to the COVID-19 pandemic.

Inspection activity started on 24 June 2021 and ended on 18 July 2021. We visited the office location on 30 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection- We spoke with five people who used the service and nine relatives of people who used the service, about their experience of the care provided. During our visit to the office we spoke with the registered manager and the provider. We spoke with two members of staff over the telephone. We reviewed a range of records. These included two people's care records and medication records. We looked at two 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 any clarification we needed in relation to records we had reviewed.

# 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

- All the people we spoke with told us they felt safe. One person told us, "I feel perfectly safe knowing that they (carers) are coming in every day to sort me out". Another said, "They (Carers) know I am nervous about being left alone at night after my evening call, so they go through my checklist with me to make sure everything is locked up and I am safe."
- Staff told us they had received training in safeguarding felt confident raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. Staff knew what to do to make a safeguarding referral if this was needed.
- Safeguarding issues were recorded in detail and evaluation of incidents took place to enable learning from the event. The registered manager included the whole staff group in this learning.

Assessing risk, safety monitoring and management

- Risk management plans were in place. Potential risks in areas including delivery of care, nutrition, environment and medicines had been considered.
- Risk management plans varied in content. For example, one person's fire risk management plan was very detailed in relation to the equipment they used and included risks associated with flammable creams. However, other risk management plans appeared to be more generic.
- One family member told us, "(Relative) had a full risk assessment and care Plan done at before the service started, and I feel all bases were covered."
- Accidents and incidents were recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff available to meet people's needs safely. The registered manager said they would not accept any more clients until they were confident they had the right staff in place.
- People told us about an occasion when a member of staff was taken ill very suddenly which resulted in the service contacting them to say they were unable to make the call or to offer a different time of call. One person said, "There was one day when the office told me they couldn't cover my calls. They know my (carer) and contacted her to ask if she could help, so she covered it for me."
- People gave examples of the registered manager and provider stepping in to provide care, and offering extra care, when needed.

### Using medicines safely

- Medicines systems were organised, and people received their medicines when they should. The provider followed safe protocols for the administration of medicines.
- Where people were prescribed medicines then need to be taken at specific times, calls were organised to make sure the medicines were given as prescribed.
- Risk assessments were completed for people who administered their own medicines.
- People were complimentary of the support they or relatives received with medicines. One family member said, "One of the carers knew that medication (administering) is shared between us and asked if we had a MAR sheet (Medication administration record). When I said we didn't, she told me where we could get one and I arranged it. It works well and I think it was a very good suggestion." Another family member said, "One carer spotted the instructions on the new cream that said that it had to be applied twice a day and told me about it. I had totally missed it."

### Preventing and controlling infection

- All of the people we spoke with confirmed staff used PPE appropriately. One said "They (carers) follow all the safety protocols with their PPE, "They wear all the kit they are supposed to and they must take it with them as I have never seen it in my aunt's bin when I have gone."

### Learning lessons when things go wrong

- The registered manager used feedback such as complaints, care reviews and safeguarding concerns as learning opportunities for the staff team.



# 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

- The registered manager completed assessments of people's needs prior to agreeing to provide care and care plans developed when people started to use the service.
- People told us they had been involved in the initial assessment of their needs and in developing their care plan.
- The registered manager maintained an overview of people's changing needs to make sure assessments and care plans were up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff told us they received plenty of useful training.
- Staff received regular appraisals and one to one supervision meetings.. Checks of staff practice were also completed.
- Staff said they received good support from the registered manager and provider.
- People were complimentary of the staff. One said, "Any new staff will Shadow another one and don't just turn up unannounced". A family member told us, "The Carers are very kind and completely trustworthy. I go out often when I can, if just to go shopping and I have no qualms about leaving them in the house."

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

- People told us staff supported them well with their diet and fluids. One said, "They (carers) make sure I am eating properly. Not much gets past them!" Another person said, "They have got to know a lot about me, and they get my poached eggs just right."
- A family member told us care staff would offer their relative choices to encourage them to eat.
- Staff understood special diets. A family member told us, "They know (relative) has diabetes, so has to be careful with sugar. They also know (relative) has a sweet tooth!" They make sure (relative) is left a jug of juice when they go as (relative) doesn't much like water."
- A family member told us about how staff look out for signs their relative is not drinking enough.

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

- People we spoke with gave several examples of how staff had given support to meet their, or their relatives, physical and mental health needs. One family member said, "They check (relative) for sores and

treat any that (relative) has and they administer skin cream every day. If there are any problems, or they are running low on something, they leave a note for me. It works for us." Another said, the registered manager "went above and beyond" to make sure a health issue was resolved.

- Family members gave examples of how staff supported their relative's mental health needs. One said, "The carers have really got to know (relative) and they don't mind repeating themselves, they are used to it I'm sure." Another told us, "They take good care of her legs (cream) and they get her chatting when they are doing it which takes her mind of things as she worries."
- People and their relatives told us staff supported them to contact health care professionals as needed. One told us how staff had organised physiotherapy for their relative with good results.

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.

- Initial assessments of people's needs included an assessment of people's capacity to choose and make decisions. The assessment also covered details of any Lasting Power of Attorney (LPA) in place. All covered.
- Consents to all aspects of support provided by the service were signed by the person using the service or their representative.

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

- All the people we spoke with were complimentary of the care they received. One person said, "The carers really seem to like the people that they care for, which is quite a novelty for us based on past companies used. Long may it continue." Another told us, "We have had a few attempts at getting their care right so far and this is by far the best care company yet." Family members gave examples of how staff supported them as well as their relative.
- People gave examples of how staff adapted the support they gave to meet their changing needs. One person said, "They (carers) know my back and knees are playing up at the moment and so they go at my speed and make sure they are holding my arm when we move to the bathroom. They make sure I have my stick too." Another person told us, "Most carers realise if I am tired or hurting and make sure that they are doing the things I need doing."
- All the care staff we spoke with were enthusiastic about their jobs and really enjoyed providing care and support to people.
- Staff told us they asked for people's views about the care and support they received and how they preferred support to be given.

Respecting and promoting people's privacy, dignity and independence

- People gave us examples of how staff promote their privacy and dignity. One said, "They are very respectful and hold up a towel when I strip off. It's been a long while since I did that in front of anyone."
- A member of staff told us how important it is to treat people as individuals and to try to promote independence wherever possible.
- Wherever possible, staff were matched to the needs of the person using the service. A family member gave an example of how, when they realised the member of staff wasn't right for their relative, they contacted the registered manager and a different member of staff started to provide care with a successful outcome.

# 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 and their relatives gave us examples of how they had been involved in the development and review of their care and support plans. One family member said, "They (staff) did a full Care Plan at the outset and to be honest, it is working well (4 weeks). Gives me peace of mind and takes the pressure off me having to go there every day."
- Full reviews of people's care were completed annually or as the need arose. Reviews were robust and covered all of care delivery and gave people opportunity to comment on the service they received.
- People told us they had been involved in reviews. One family member said, "(Relative's) care plan review has been done over the phone as they know we work".

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.

- Some documentation was available in 'easy read' format. This included the complaints procedure.
- The registered manager had established systems for documentation to be produced in different formats or languages as needed.
- A family member gave an example of how staff responded to their relative's non-verbal communication. They said, "They now know that if (relative) puts their feet up on their lap, (relative) is asking them to massage (their) feet and it means that (relative) likes them. One carer was over the moon when (relative) did this earlier in the week. (carer) is really getting to grips with (relative's) non-verbal communication."

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

- One member of care staff gave examples of how they had found out a person they were supporting, their interests and preferred pastimes. They had supported the person to visit places of interest to them.
- People who used the service gave examples of the support staff gave. Examples included; "We have a good old natter and put the world to rights sometimes. There is a lot to put right at the moment." "I look forward to them coming. We have a good laugh and swap stories and photographs of our families." And, "I was struggling to wrap some presents one day and the carer asked if I needed some help. (They) tried to help me do it myself, but I couldn't manage, so (they) asked if I minded if (they) did it for me. They looked lovely! I was thrilled. I made (them) chief present wrapper."
- A family member told us, "They have a bit of banter with (relative) which is nice to hear."

- The registered manager told us about a plant pot painting competition they had organised for people who used the service to keep them occupied during lockdown.

#### Improving care quality in response to complaints or concerns

- Complaints to the service were taken seriously and robust responses made to people.
- One person told us they had raised an issue with the registered manager. They said there had been a positive outcome to their concern.
- People told us they knew who to speak to if they had any concerns. They said, "I have a good rapport with (staff) at the office, so I wouldn't have any qualms speaking to them, in fact I often do as it's still early days." and "Oh I know who to speak to if I'm not happy, but to be honest, I have no complaints."
- Staff said they would take any concerns people raised with them to the manager.

#### End of life care and support

- The registered manager said end of life documentation formed part of the individual needs assessment as a continuation of the discussion around 'Do not resuscitate' orders. They said this is where they would discuss with the customer or their representative. They said they had recognised a need for better documentation and was working to provide this.
- A person who used the service said, "I don't think we touched on end of life at the initial meeting, it doesn't seem appropriate at the moment and the family have all the necessary paperwork in place."

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

- All of the people we spoke with gave examples of the person centred care they, or their relative, received.
- There was a registered manager in post who provided leadership and support. The registered manager was supported by the provider.
- Effective quality assurance systems were in place to make sure the manager had an overview of quality and safety in relation to all aspects of the service.
- The registered manager understood their regulatory requirements. They understood when to inform CQC of events that happened in the service as required by regulation.
- A person who used the service told us, "They (registered manager and provider) seem very on the ball and have never not done something they have promised to do."

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

- People using the service and their relatives were asked for their feedback on the care and support they received during reviews of their care packages. The registered manager told us they had recently sent out questionnaires for people to have their say about the service.
- Staff felt their views about the service were sought and listened to. They said they were able to make suggestions about the running of the service.
- People were complimentary of the management team and said they were responsive and supportive. One said, "I think they (management) are good at listening to feedback and try to make it better."  
"They do check in with me regularly as they know our needs are very specific and there have been problems in the past. So far, so good."

Working in partnership with others

- Staff worked in partnership with health and social professionals to support people who used the service. Examples included physiotherapists and nutritionists.
- The registered manager had plans to organise events to support people to socialise more as restrictions due to the pandemic were lifted.

