

REXD Corporation Limited

Caremark (Cheshire West and Chester)

Inspection report

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20 February 2019

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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 (Cheshire West and Chester) is a domiciliary care agency registered to provide personal care to people who live in their own homes. At the time of the inspection the service was providing personal care to 40 people most of whom were older people living with age related conditions.

People's experience of using this service:

People received a consistently good service. People received safe and effective care from kind and caring staff. Staff knew people well and had a good understanding of their personality traits as well as their health and social care needs.

People and their relatives had been fully involved in the assessment and planning of their care before they started using the service. A care plan had been developed with each person detailing their likes, dislikes, preferences and care needs.

Consent had been sought before any care had been delivered in line with legal requirements and people were supported to have maximum choice and control of their lives.

Staff treated people and their relatives with kindness, dignity and respect. People's privacy was protected and confidential information was stored securely. People were supported and encouraged to remain independent and do as much as possible for themselves. People were supported to maintain contact with people that mattered to them. The provider had organised and invited people who used the service to social events to help prevent social isolation.

Steps had been taken to make sure people were safe. Risks to people had been assessed and minimised in the least restrictive way. Staff had access to protective clothing such as gloves and aprons and had completed training in infection control.

Staff were safely recruited and well trained and they had a good understanding of people's needs. Staff felt supported by the management team. Management and staff worked in collaboration with other stakeholders such as health and social care professionals and people's relatives.

A complaints procedure was in place for people to follow. There was a system in place for recording complaints and outcomes.

The service met characteristics of Good in all areas more information is in the full report.

Rating at last inspection: Good (report published 31 August 2016).

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

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?

Good ●

The service remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

Caremark (Cheshire West and Chester)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care 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:

Caremark is a domiciliary care service providing support and personal care to people 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 12 hours' notice of the inspection visit because it is small and needed to be sure that there would be somebody in the office when we called.

The inspection activity started on 5 February 2019 when we telephoned people who used the service to gain their feedback and ended 15 February 2019 when we rang staff who worked at the service. We visited the office on 12 February 2019 to look at records and meet the registered manager.

What we did:

Our planning considered all the information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We also contacted the local authority to request some feedback on the service but they did not commission with the service. We used all this information to plan our inspection.

During the inspection we spoke on the telephone with seven people who used the service and six members of staff who delivered care. When we visited the office, we spoke with the registered manager, the nominated individual, the service manager, a member of staff that provided staff training and member of staff that provided care. We looked at five people's care records and a selection of other records including quality monitoring records, recruitment and training records for four staff, staff meeting minutes and accident and incident records.

After the inspection the provider sent us some additional information about staff training and supervision, dates that spot checks of staff had been completed and information relating to the future development of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of avoidable harm. The registered manager and staff understood how to report any concerns they may have to relevant professionals. They worked in line with the local authority safeguarding policy and procedures.
- The provider had a whistleblowing policy and staff felt confident any concerns would be taken seriously.
- One staff member told us they had reported concerns to their manager who had been immediately taken to address them.
- People told us they felt safe. Their comments included; "Oh yes very safe, can't fault" and "Oh gosh yes, I feel very safe."

Assessing risk, safety monitoring and management

- Staff monitored people's safety.
- Risks to the health and safety of people and the staff that supported them had been assessed and mitigated. Care records provided clear information around identified risks for staff to follow and keep people safe from avoidable harm.
- The relative of one person that had been assessed as needing to transfer using a hoist told us "They (staff) carry out company policy and procedure at all times and this is done very safely because two staff support them".
- Staff received training in safe moving and handling techniques and the use of equipment such as hoists. One staff member commented "I was shown how to use a hoist, sling and slide sheets". Another staff member told us "We have to look out for things like the slings starting to fray and report it to the office".
- The provider had identified that improvements were needed to make sure environmental risk assessments of people's homes were completed. The registered manager confirmed an action plan had been devised to bring about these improvements and it was in the process of being implemented.

Staffing and recruitment

- Sufficient numbers of safely recruited, suitably qualified and trained staff were on duty to meet people's needs and keep them safe.
- The registered manager took immediate action to address some gaps we found in the work history of some staff.
- Staff arrived on time and stayed for the full duration of the call. One person told us it was "Very unusual if staff don't turn up on time but they ring if they are going to be late." A staff member told us "The travel time is usually ok. We ring the office if we are running late but that doesn't happen very often".
- There were systems in place to ensure calls were covered if staff took unexpected leave.
- People were usually supported by the same staff who they were familiar with and who had a good

understanding of how to meet their needs and keep them safe.

Using medicines safely

- People received their medicines safely from appropriately trained staff.
- Staff signed medication administration records (MARs) to indicate whether medicines had been administered. These MARs were checked by management when they undertook visits to people's homes and when they were returned to the office.
- The provider was in the process of contacting the relevant people to bring up to date the information they held about people's medicines.

Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment (PPE) such as gloves and aprons. A staff member told us "We get the gloves and aprons from the office".
- One person commented, "Their cleaning standards are very high."

Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred at the service. The registered manager had an overview of these and monitored them for themes and trends and ways in which to minimise future occurrences.

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

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 and where appropriate their relatives had been fully involved in the assessment and planning of their care before they started using the service.
- People confirmed their care was delivered in line with their preferences and assessed needs.

Staff support: induction, training, skills and experience

- Staff received the training they needed to deliver safe effective care and meet people's individual needs.
- Staff were inducted into their role and they were provided with all the training they needed to effectively meet people's needs.
- People told us they felt staff were competent. One person commented "Staff know what they are doing" and a relative commented "Staff meet my relatives needs in an effective manner".
- A staff member told us they felt supported in their role and were confident they had received all the training they needed to support people effectively. Another staff member told us they had received "Lots of training" and had completed "Extra training" to meet the specialist needs of a person they supported.
- People told us they felt staff were skilled and delivered care safely and effectively.
- Staff had the opportunity to discuss their training and development needs at meetings with their manager and at an annual appraisal of their performance.
- The staff team met on a regular basis to discuss ways of working.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.
- One person told us they chose what to eat and staff cooked their meals, they commented "They [staff] make meal times pleasurable by chatting to me if they have time."

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

- Staff worked in collaboration with people's relatives and healthcare professionals who were involved in people's care and followed their guidance.
- People confirmed they had regular contact with the management team.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- The management and staff had completed training in the MCA and had a good understanding of the need to gain lawful consent.
- Where people lacked capacity to give consent to their care and treatment the relevant people had been involved in making decisions in the persons best interest.
- The provider had identified the need to obtain copies of documentation that confirmed that family members held power of attorney. The registered manager told us they were in the process of requesting this information.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity: Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by kind and caring staff.
- People told us they felt comfortable with the staff that supported them and that staff had a good understanding of their needs. People's comments included; "They [staff] are all very kind and they brighten my day." And "The girls [staff] are friendly and happy."
- One person's relative told us their loved one was supported by a female member of staff in line with their personal preferences. They said that staff had time to chat and give reassurance which they thought was "Very caring."
- Staff cared about the people they supported. One staff member commented "We all give 110%, work to the best of our ability and never leave without making sure everything is done and they are satisfied everything is done". Another commented "We look after people like you would your own. I think about how I'd like my mum to be treated. I want to make sure that people are comfortable and looked after the best way I can. I do everything to the best of my ability".
- Staff had access to guidance they needed to communicate with people effectively and they understood people's communication needs and choices.
- People and their relatives had shared information about people's life history, likes, dislikes and preferences. Staff told us they used this information to help them get to know people and engage with them in meaningful ways.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private and described to us how they closed the curtains and doors to the room when supporting people.
- Staff maintained people's confidentiality.
- People were given choice and control over their day to day lives and supported to maintain their independence wherever possible. Care plans provided staff with clear guidance on what people could do for themselves.

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

- People told us they were involved in making decisions about their care and support were confident in expressing their views.
- New staff were introduced to people before they supported them for the first time. One staff member commented "They asked people if they felt confident with me before I worked on my own".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's individual care needs had been identified. Care plans were detailed and had been developed with the involvement of the person and where appropriate their relatives.
- Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences about their daily routines. Staff felt care plans contained all the information they needed. One staff member commented. "The care plans have the persons history, background and life stories. We have to sign to say we've read it".
- Staff completed a daily record outlining the care and support people received at each visit. This enabled staff to share important information with relevant others about people's needs and outcomes achieved.
- Staff confirmed they communicated any changes in people's needs to managers who responded appropriately.
- People received care and support from regular staff who knew their routines well. One staff member told us "I generally support the same people. With new people the care plan is in the house and we get a briefing about them before we go in".
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards.
- People were supported to maintain contact with friends and family members.
- The provider organised social and fundraising events for people who used the service and staff. This had helped people at risk of social isolation to meet new people and develop friendships. Staff confirmed this and one commented "We get together and have fun days, cake bakes and fund raising". Another staff member commented "We are trying to stop isolation".

Improving care quality in response to complaints or concerns

- There were systems in place for people and their relatives to provide feedback about their experiences of the service.
- People and their relatives were encouraged share their views about the care they received at reviews, through surveys and at meetings.
- Results of the most recent surveys had not yet been analysed but when we reviewed the responses we saw most of the feedback was positive.
- People and their relatives were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted on in an open and transparent way.
- There were systems in place for complaints to be investigated and responded to.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture of honesty and openness including when things went wrong.
- There was a strong emphasis on providing high quality, consistent care that put the needs wishes and preferences of the person first.
- One person's relative commented, "I wouldn't change a thing they are the best company we have used so far, their planning is effective, they have a good approach and good service delivery, we are in a good routine. As the main carer I feel very reassured they are never short staffed."
- Staff understood the service's vision and felt respected, valued and well supported. One staff member felt that the management team were "Really lovely" and "Very caring".

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

- The registered manager was clear about their role and responsibilities and they had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- People had confidence in the leadership of the service and told us they had regular contact with the management team.
- Staff were clear about their responsibilities and told us they reported any concerns, errors or changes to management without delay. One staff member commented "I've got all the support I need. I have a mobile number and can ring the one call anytime. They have someone on stand-by. They are always there to talk to".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted an inclusive culture and management engaged with everyone using the service, their relatives, and staff on a regular basis.
- Staff morale was high and staff felt very supported by management. Staff said they could talk to managers about any issues they had with work or in their personal life. One staff member told us they felt their manager was "Supportive" and "Brilliant" explaining they were "Always there if they if I have any problems". Another staff member told us their manager "Makes time for you" and "Works around your hours". A third staff member told us the management had adjusted their working hours to accommodate their availability and commented "I've had to make lots of changes because of my personal circumstances. It's been no issue at all".

- The provider was piloting a 'preventative care model'. The aim of the pilot is to reduce hospital admissions and was being delivered in collaboration with health and social care professionals and the Caremark franchise. The provider told us 'The intention of the project is to gather local evidence of the benefits of a more intercalated and preventative way of delivering domiciliary care that can be applied throughout the wider health and care sector by demonstrating benefit first through a pilot project'. They had identified two members of staff to work on the pilot and Caremark head office had provided the resource of a newly appointed 'Patch Care' manager to work with the service and the local authority in the pilot delivery
- The provider was working with a local Community Interest Company (CIC) that provides health and wellbeing services to the community. Training had been booked for the CIC to provide staff with training in nutrition. Once staff had completed the training the provider planned to set up a scheme to link in with the providers initiative to help reduce social isolation. The plan was to encourage staff to volunteer to prepare a healthy meal for themselves and a person they support and take it to the persons home to eat with them.

Continuous learning and improving care

- People's care records, daily records and medicine administration records were reviewed and updated on a regular basis. Action had been taken to address any issues identified.
- Spot check observations on staff performance were completed to ensure they were delivering the right care and support to people.
- The results of satisfaction surveys were used to identify shortfalls and action plans were implemented to drive improvement.
- The provider had completed audits of the service and identified areas that needed to improve. Action plans were in place to bring about the improvements needed and were due to be completed by the end of March 2019.