

RDSS Care Limited

# Caremark (Slough and South Bucks)

## 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

Caremark (Slough and South Bucks) is a domiciliary care agency providing personal care to people in their own homes. This included older people; younger adults; people with learning and physical disabilities and people with mental health illnesses. During our inspection there were 46 people using the service.

The registered manager has been in post since August 2013. 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 and associated Regulations about how the service is run.

This is the first inspection of the service under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were happy with the care and support received. They described staff as patient, kind and friendly. Positive relationships were developed because staff knew and understood people's histories, likes, preferences, needs, hopes and goals. This enabled the service to provide person-centred care which was reflected in care records reviewed. People were able to make and influence decisions about their care. We noted care records clearly captured people's expressed views on how they wanted their care to be delivered.

People were protected from the risk of harm because staff were fully aware of their responsibilities in regards to safeguarding. Safe recruitment procedures were followed and where there were identifiable risks, appropriate risk management plans were in place.

People received care from staff who were competently trained and skilled to look after their care needs. For instance one person commented, "You can tell they're (staff) very professional in the way they carry out their work." This was supported by our discussions with staff and reviews of their training, supervision and appraisal records. Staff worked in line with the law when providing care and support to people who were unable to make specific decisions. Care records showed good examples of staff working in collaboration with other health professionals to ensure good health outcomes for people.

People and their relatives were able to contribute to the assessment and planning of their care. They spoke positively about their interaction with staff before taking on care packages and confirmed they received appropriate information. One person commented, "There was my mum, dad and a supervisor. They really got the care package right." This ensured the care and support delivered reflected what people said they wanted. People's care needs were reviewed for their effectiveness and changes to care were made if required.

The service supported people to follow their interests and to take part in social activities of their choice. One person commented, "If I decide I want to go somewhere, as long as I give them (staff) notice they will arrange it. I like going shopping." This meant their social needs were met.

People gave positive feedback about the service and felt it was well-led. This was supported by staff who were positive about the management and the leadership of the service. Regular staff team meetings took place in order to ensure people's welfare and safety was protected, staff understood their responsibilities and best practice was shared. We found quality assurance systems in place ensured the service's audit and governance systems were effective.

## 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.

People were protected from the risk of harm because staff were fully aware of their responsibilities in regards to safeguarding.

Safe recruitment procedures were followed. This ensured people were cared for by staff who were of good character; were qualified; were skilled and by reason of their health able to perform tasks relevant to their job roles.

Risk management plans were in place to promote people's safety.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were competently trained and skilled to look after their care needs.

Staff worked in line with the law when providing care and support to people who were unable to make specific decisions.

Staff worked in collaboration with other health professionals to ensure good health outcomes for people.

### Is the service caring?

Good ●

The service was caring.

People were happy with the care and support received. They described staff as patient, kind and friendly.

Positive relationships were developed because staff knew and understood people's histories, likes, preferences, needs, hopes and goals.

People were able to make and influence decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were able to contribute to the assessment and planning of their care. This ensured people received the care they wanted.

People's care needs were reviewed for their effectiveness and changes were made if required.

The service supported people to follow their interests and to take part in social activities of their choice. This meant people's social needs were met.

### **Is the service well-led?**

The service was well-led.

People gave positive feedback about the service and felt it was well-led. This was supported by staff who were positive about the management and the leadership of the service.

Regular staff team meetings took place in order to ensure people's welfare and safety was protected, staff understood their responsibilities and best practice was shared.

We found quality assurance systems in place ensured the service's audit and governance systems were effective.

**Good** ●

# Caremark (Slough and South Bucks)

## **Detailed findings**

### Background to this inspection

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

This was an announced inspection which was carried out by an inspector and took place on 3 and 4 October 2016. The provider was given 48 hours' notice that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service.

We spoke with three people, one relative, four staff members, the registered manager and a director. We reviewed three care records, three staff records and records relating to the management of the service.

## Is the service safe?

### Our findings

People said they felt safe with staff and safe from abuse. Comments included, "I don't get any of that (abuse)", "I feel safe with staff and "No way at all (referring to abuse), staff are exemplary."

People were protected from abuse by staff who knew how to recognise and report any concerns or potential abuse. A supervisor commented, "We have policies and procedures for carers to read. We provide safeguarding training. We ask carers to log any suspicions for example, bruising." The supervisor explained that any alleged abuse was reported to the registered manager who would then report it to the local authority." Staff members were able to describe various types of abuse; signs to look out for and action to take when they suspected abuse had occurred. We found this supported what the supervisor had said. Training records confirmed staff were up to date with the relevant training and the service's safeguarding policy and procedure was in place and up to date. This ensured people were protected from abuse and improper treatment.

Safe recruitment practices were being followed. Disclosure and Barring Service (DBS) checks were undertaken. These ensured staff employed were suitable to provide care and support to people who used the service. Written references, completed medical health questionnaires and employment histories were also obtained. This ensured people were cared for by staff who were of good character; were qualified; were skilled and by reason of their health able to perform tasks relevant to their job roles.

There were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. This was confirmed by discussions with people and staff. People stated there were enough staff and based this on the regular care workers that provided care and support to them. A supervisor commented, "Yes, we do have enough staff. We're always recruiting and will not take on clients if we do not have enough carers." This was further supported by care workers we spoke with. A review of staff rosters showed allocations of calls and the safeguards that were put in place to ensure people were not left unattended. This meant people's care and support needs were safely met.

The service was constantly looking at ways to recruit new staff and gave staff an incentive if they assisted in this area. For instance, we viewed the staff newsletter dated January to March 2014 and October to December 2015. The service encouraged staff to refer potential candidates. If this resulted in candidates being successfully employed and they remained with the service for six months, staff would receive a gift.

People said staff arrived on time, contacted them if they were going to be delayed and did not rush them when carry out care. Comments included, "They (staff) always arrive on time", "Unless someone (staff) is going to be late, I am informed 90% of the time", "If they're (staff) are going to be late, they call us" and "They don't rush me."

Risk management plans were in place to promote people's safety. Documents titled 'Risk Managing My Life' identified risks and recorded how they should be managed. These were relevant to people's individual needs and covered risks associated with personal care; nutritional needs; accessing the community;

medicines for health conditions and falls. Care records showed staff recorded water temperatures before they assisted people with baths or showers. This meant potential risks to people's welfare and safety were minimised or mitigated.

The service worked in partnership with other agencies to ensure people's welfare and safety were protected. For instance, we noted issues of anti-social behaviour occurred around the property of one person. Care records documented how staff worked with a local community police officer and a housing warden to ensure the person was kept safe.

Systems were in place to manage people's medicines safely. For instance one person when referring to the support they received with their medicines commented, "They (staff) make sure that I take it." This was supported by staff who explained what procedures they followed when they had administered medicine. Comments included, "We check the MAR sheet before we administer medication and record what we have given. If medicines are missing we will contact the office for advice" and "The MAR sheet tells us what medicines people are taking. We have to put the date and our initials on it once we give people their medicines. If they can't take their medicines we have to notify our supervisor." Training records confirmed staff had undertaken the relevant training and competency checks. This meant people received their medicines from staff who were competent to administer them safely.

## Is the service effective?

### Our findings

People were supported effectively by suitably skilled and experienced staff. We heard various comments from people to support this which included, "You can tell they're (staff) very professional in the way they carry out their work", "They (staff) always seem to know what they're doing", "They (staff) are very good. I am not steady on my feet and they know what to do" and a relative commented, "The regular carers know exactly what to do."

People received care and support from staff who were appropriately inducted, trained and supervised. Records showed new staff undertook the Care Certificate training. This is a nationally recognised set of standards that care workers need to demonstrate in their work. This was personalised as it was carried out by the registered manager to ensure new staff were aware of what the work involved and what was expected of them. This was supported by care workers who felt their induction and training adequately equipped them for their job roles. Comments included, "I have learnt a lot more about caring through my induction" and "Yes we have enough training. If we're unsure about anything supervisors will come out and provide additional training." Training records confirmed staff had undertaken the service's essential training and their refresher training were up to date. Staff received regular supervisions and appraisals and spoke positively about the support they received. This meant people received care from staff who were competent and effectively supported.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

Staff knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. We saw good examples of when the service worked with relevant health professionals to support people who were not able to make specific decisions. For instance, one care record showed how staff worked in collaboration with a local community mental health professional to ensure a person was appropriately supported when they refused to take their medicine. This meant the service followed the relevant legislation by acting in people's best interest.

People said staff obtained their consent before carrying out care tasks. 'Capacity and consent' forms captured whether people had capacity to make specific decisions. We noted information about consent and proposed care and support was provided in a way people could understand and were signed by people to confirm they had given consent to various aspects of care. Where people had representatives who had legal power to make decisions on their behalf, care records clearly showed the extent of their decision making authority. This ensured people who lacked capacity to make specific decisions were protected.

People were supported to eat and drink and to maintain a balanced diet. People felt happy with the support they received in these areas. One person commented, "I have ready-made meals, they (staff) make sure I am

eating fine." Staff demonstrated a good understanding on how to ensure people's nutritional needs were met and stated food and fluid charts were completed when people were identified at risk of malnutrition. A review of these charts confirmed what staff had said. Care records showed people's food preferences; how they wanted to be supported and how they wanted their meals to be prepared. Where people required additional support with their nutrition, specialist advice was sought and guidance given. This ensured people were effectively supported to eat healthily.

People were supported to maintain good health and had access to healthcare services. Care records showed people were referred to a wide variety of health professionals who promoted and supported their health needs. For example, a relative told us how the service worked effectively to enable their family member to be seen by a health professional. They commented, "Initially we were told it would take four to six weeks to be seen but the service sent an email to X (health professional) and they eventually came out within two weeks." We noted staff had worked extensively with other health professionals and a person who had several health issues. We saw the outcomes agreed were achieved for the person. This meant people were supported to achieve good outcomes for their health.

## Is the service caring?

### Our findings

People said staff were caring and described the ways staff showed that they cared. Comments included, "They (staff) are very patient and make me feel comfortable", "They (staff) have a little chat with you and are very friendly. They make you feel totally at ease" and "They're (staff) so jolly and help me to get around." A relative went on further to say, "They (staff) seem to care what is going on. They are very careful with X (family member)."

This was further supported by a relative who posted feedback on the service's social media page, to describe the caring nature of staff. The relative felt the service went above and beyond to provide care and support to their family member. They gave an example of a staff member who visited their family member after they had been temporarily moved to a care home, in order for them to see a familiar face. The relative stated the staff member had visited on the day their family member passed away which was a day they were not scheduled to work. This meant so much to the relative and their family members and felt this act was truly caring.

People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals. This was supported by people whose comments included, "They (staff) do know me quite well as a person, especially since I get regular carers." Staff gave good examples of people's care needs; preferences; family and work histories. A review of people's care records confirmed what people had told us.

People and their relatives said they were involved and supported in planning and making decisions about their care. We heard various comments such as, "They (staff) generally say, 'Is there anything else you want us to do?' X (Name of staff) comes around and goes over the care plan", "Yes, they (staff) ask me what I want to do" and a relative commented, "We are involved in care reviews." This was supported by care records which captured people's views on how they wanted their care to be delivered. We saw signatures and dates of when people, their relatives and staff agreed to decisions concerning their plans of care. This showed people could make or influence decisions about their care.

Staff were provided with equality and diversity training which enabled them to respect people's privacy, dignity and human rights. We heard various comments from staff of how they were able to achieve this. One staff member when discussing how they protected people's dignity commented, "When carrying out personal care, if any other family member wanted to come into the room, I would ask them to give us some time." Another staff member commented, "When we hoist (moving people with use of equipment) someone, we make sure they are fully covered. Whilst doing this we listen and respect people's views." This was further supported by one person who commented, "They listen to me and do not barge in and ask my permission." A review of people's personal care records, showed staff had received clear instructions on how to ensure care delivered respected people's dignity. This was supported by the service's 'Equality Policy' dated May 2016.

People's communication needs were met because staff were aware of people's individual communication

skills, abilities and preferences. Care records documented information was made available to people in regards to what the service had to offer. This included a statement of purpose and service user guide. These clearly explained the mission and aims of the service and what people should expect to receive. We noted staff had checked to ensure the information given was in a format people could understand.

A review of the staff newsletter dated January to March 2014 showed information about a national service that provided telephone support to vulnerable elderly people. Staff were encouraged to provide people who felt lonely and wanted someone to talk to with the service's contact details. This ensured people were not left in social isolation.

The registered manager gave examples of where staff went the extra mile to provide care and support to people. For instance a 'customer log sheet' dated 19 August 2016, showed a staff member purchased a whiteboard to enable staff to clearly write the date to assist the person's memory. The registered manager told us the staff member used their own funds to purchase the item. Another example related to how staff reacted in 2014 to severe floods which blocked roads and trains tracks. The article stated staff assisted people to safety with the help of the fire brigade as well as battle through the weather to ensure people received the care and support needed.

People were given support when making decisions about their preferences for end of life care. Where necessary, people were supported by palliative care specialists. At the time of our visit there was no one being supported for end of life care. However, the registered manager told us where people were at the end stages of life, staff would be given clear guidance on how to support them, in addition with working with specialist health professionals. We noted staff had received the relevant training. This meant people and those who represented them would receive appropriate support when they came to the end stages of their lives.

The service kept a book of memories with permission from family members, which kept pictures and order of services of the people they had cared for in the past. The registered manager stated this enabled staff to reflect and keep them in their memories.

## Is the service responsive?

### Our findings

People and their relatives were able to contribute to the assessment and planning of their care. They told us what happened before they took on their care package with the service. Comments included, "Someone (staff) came and had a talk with me, my daughter was present", "I had a visit by the manager who gave us all the information we needed" and "They (staff) visit us. There was my mum, dad and a supervisor. They really got the care package right." 'Individual Needs Assessments' captured people's care and support needs, medical histories, family and social histories and preferences. This ensured the care and support delivered reflected what people said they wanted.

The service was responsive to people's needs. We saw some good examples of this. For instance, care workers worked to improve the overall state of a person's home when health professionals refused to visit. On another occasion; we saw how a staff member took initiative, after being contacted by a neighbour when a person they provided care and support to was found wondering outside their home distressed. The staff member visited the person, even though this was not part of their scheduled visit, and was able to provide the appropriate care to the person whilst contacting the emergency services to assist. We saw a letter from the person's relative who thanked the staff member for going over and above the call of duty to ensure the person received the required care. The family member expressed how impressed they and the person's neighbours were with the manner in which the staff had dealt with the situation. This showed people received care from staff who responded promptly in times of need.

People's needs were reviewed regularly, or as required by staff that recognised when people's needs had changed. We noted 'individual care and support review' meetings documented the topics that were going to be discussed; outcomes of people's care and support needs and whether they were being met. People were able to state what worked well; changes they thought were needed; their future goals and aspirations and what had been agreed. We saw these were signed and dated by people or those who represented them. This ensured people received care that was responsive and tailored to their individual care and support needs.

People were supported to follow their interests and to take part in social activities of their choice. One person commented, "I got a nice girl that takes me out every Wednesday. Another person commented, "If I decide I want to go somewhere, as long as I give them (staff) notice they will arrange it. I like going shopping." A review of the person's care records confirmed this.

The registered manager told us that in order to raise funds for a national charity they arranged coffee morning. The service invited people to a fund raising event they held annually and arranged transport for people who required it. This was supported by the people we spoke with. We heard comments such as, "I went to the coffee morning, and it was such a friendly atmosphere. We were made to feel so welcome", "I went to the coffee morning last week and it was very good. I met few of the staff I hadn't seen for a while" and "They (staff) asked me if I wanted to go to the coffee morning and they brought me. I enjoyed it." Care records showed how people were supported to access the community and was further confirmed by our discussions with staff.

People said they knew how to make a complaint. Comments included, "I would get onto office staff but I have not had to do this", "I will ring the office and pass on my concerns" and "I would call the office and tell them." Staff knew how to handle complaints and told us all complaints received would be relayed to the office. Care records showed people were made aware of who to contact if they wanted to make a complaint. We noted staff had checked to see if the complaints policy was current and fully completed. A review of the complaints policy confirmed that it was. This showed people were enabled to make complaints and staff knew how to respond.

## Is the service well-led?

### Our findings

People gave positive feedback about the service and felt it was well led. Comments included, "You can't do better. The girls (staff) tell me they absolutely love the job", "I am overall very pleased. I think it's the best service I have. It's brilliant and very professional" and "I couldn't be cared for better." This was further supported by a review of thank you cards received from people and their family members who were very appreciative of the care and support received from staff.

Staff were positive about the management and leadership of the service and said they felt supported. Comments included, "The management and office staff are very approachable", "It's a lovely company and it runs smoothly. X (registered manager) is very approachable and always ask us if we're okay" and "I see X (registered manager) a bit. They're very friendly and always ask me if I need anything" and "Everyone is really friendly. It's organised and every week I get the hours I ask for."

A staff newsletter dated January to March 2014 showed management giving staff tips on how to maintain their health and emotional well-being. This covered managing stress; 'asking others for help'; and to ensure they maintained ate well balanced meals and drank plenty of water amongst others. This meant people were cared for by a service that was concerned about the emotional and physical well-being of its staff.

The service issued newsletters for staff. A newsletter dated December 2015 showed accolades from people showing appreciation to the staff who provided care and support to them. 'Carer of the Quarter' awards were issued to care workers who were nominated by their work colleagues. For instance, one care worker was awarded for their hard work; dedication; commitment and kindness to the people they cared for. The staff member was recognised for being a good team player by their work colleagues. This showed people received care and support from a service that motivated its staff.

Regular staff team meetings took place in order to ensure people's welfare and safety was protected, staff understood their responsibilities and best practice was shared. For instance, a review of minutes showed what staff should do if they suspected a fire when caring for people; feedback from audits undertaken and acknowledgement of improvements made by staff. We noted sharing 'good practices for medication' documented in the staff's newsletter and memos which reminded staff of what they needed to do to ensure people received good, effective and safe care.

The service had effective quality assurance systems to assess monitor and improve the service it provided. Audits undertaken covered reviews of daily records; MAR charts and care plans. We saw any areas of concerns identified in these areas were addressed and completed by set timescales and were signed off and dated by the registered manager. This showed the service ensured their audit and governance systems were effective.

The director showed us systems they had put in place to ensure there were enough staff to provide care to people. This showed the service ensured their audit and governance systems were effective.

Unannounced visits by supervisors during care delivery ensured people received safe and effective care. These recorded work practices and covered areas such as timekeeping, staff's professional approach and delivery of service. For example, one observational record dated 9 May 2016, documented whether a staff member had followed the correct procedure and gained people's consent before care was delivered. This was supported by a person who commented, "Every so often the supervisor comes to see if everybody is ok and check on carers."

Policies and procedures were in place which covered the required areas of the service's operation. For example, duty of candour; safeguarding; whistleblowing (reporting of unsafe work practices by staff), MCA; medicines management and complaints. One member of staff commented, "We're given a booklet of policies and procedures and get new ones when they are updated." This ensured staff acted in accordance with the service's policies and current legislation.

The registered manager had submitted appropriate notifications to the Care Quality Commission (CQC) when required, for example as a result of safeguarding concerns.

The service had an emergency on call mobile phone for staff as well as provided an emergency contact number for people or their family members. This ensured that any emergencies could be responded to appropriately and without delay.

The service sought the views of people and those who represented them through annual surveys; care reviews and monthly telephone monitoring calls. One person commented, "They (staff) check to see if I am happy with the carers I have." Although people were encouraged to give feedback about the quality of care and their overall involvement with the service, we saw no evidence of how the feedback given was used to improve the service and how this was communicated to people. We discussed this with the registered manager.

The service was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We saw the certificate of registration clearly displayed in the office. We observed all paper-based information and computer based documents were appropriately maintained and kept securely. This meant people could be confident any personal information about them would be kept confidentially because the service acted in line with Act.