

BD Care Warwick Ltd

Caremark Warwick

Inspection report

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Tel: 07921802183

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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

Care Mark Warwick is registered to provide personal care to people living in their own homes, including young people and older people who have a physical disability and people living with dementia. At the time of our visit the agency supported 45 people, of which 32 people received personal care.

CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do provide personal care, staff also consider any wider social care provided. All most all care calls ranged from 30-minute duration to 1 hour. At the time of our visit, no one received care, 24 hours a day, seven days a week.

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

Everyone we spoke with were extremely complimentary about the service they or their relative received. People told us they felt safe because staff were well trained and knew what they were doing. People and relatives said staff who supported them, instilled confidence and that made them feel relaxed and happy because staff knew them really well.

People said staff arrived on time and stayed for the allocated time and their care was provided to them by a reliable and consistency team. Staffing rotas and call schedules were completed with consistency in mind. Staff told us this helped them get to know people well and their individual routines.

People were safe because staff were recruited safely. Staff and the provider knew how to keep people safe and protected from abusive practice. Systems to learn lessons when things went wrong helped to drive improvements.

People said staff were kind, caring, gentle and always willing to do what was needed and expected of them. People were cared for by staff who attended training relevant to their roles. Assessments were completed before care was provided. This helped to ensure staff had the relevant skills and knowledge to meet a person's needs before a care package was begun. Staff followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

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.

People's plans of care were detailed for staff to provide safe care. The registered manager was in the process of updating care plans with important information. Staff's knowledge of how to support people was consistent with people's care records and what people told us.

Risks related to people's care were recorded and reviewed. There were instructions for staff to follow to

manage those identified risks, however for some risks, such as risks related to specialist equipment needed to be more personalised. The registered manager assured us this would be addressed, conversations with staff showed they knew how to manage risk. In some examples, intervention by a GP or occupational therapist had been sought to help keep people safe.

Audits and quality checks were completed. People, relatives and staff provided their feedback which helped ensure the quality of service continued to improve. People and staff were complimentary of the management team. Relatives we spoke with confirmed the quality of care was good and they felt well informed and engaged in how their family members were supported. Relatives said the management team was approachable and responsive.

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

Rating at last inspection and update

This service was registered with us on 17 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Caremark Warwick

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector who visited Care Mark Warwick offices on the 12 August 2021. Off site, one expert by experience undertook telephone calls to people and relatives who consented to us calling them. An expert by experience is someone who has experience of someone who uses this type of service. These calls were completed on 13 August 2021 and staff telephone calls were completed 18 August 2021.

Service and service type

Care Mark Warwick provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

The service had a registered manager. This means the registered manager 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 short notice of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service and provider and used any information the provider had sent us from their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with two people who received a service and seven relatives of those who were supported by the agency. We spoke with two members of care staff. We also spoke with one field care supervisor, one care call co-ordinator and the registered manager who also supported people with personal care.

We reviewed a range of records. This included examples of two people's care records and examples of medication records. We also looked at two staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, medicines management, complaints, compliments and systems to manage care call timings.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of causing unnecessary risk or injury. Individual plans of care recorded risk control measures for staff to follow to keep people safe. Some improvements to records were required when people used specific mobility aids, however from speaking with staff, they knew how to keep people safe. People told us they felt safe when staff helped them with transfers.
- In addition to managing personal risks, part of the assessment process included checks on environmental risks, infection control risks and clinical waste management to help reduce any risks to people or staff.

Preventing and controlling infection

- People were supported by staff who followed safe infection control practices. One person said, "Staff always arrive with full PPE (person protective equipment) on and it's very safe. It doesn't worry me."
- No issues were raised concerning staff not wearing the correct personal protective equipment (PPE). Staff told us they had a plentiful supply of PPE. Staff followed their training as well as updates in government guidance and changes to when and what PPE to wear to keep themselves and those they supported safe.
- Staff continued to be part of the COVID-19 weekly testing programme.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people and of suitable character. Safe recruitment checks included obtaining written references from previous employers and checks with the Disclosure Barring Service (DBS). People told us they felt safe when staff visited them in their home.

Systems and processes to safeguard people from the risk of abuse

- People and relatives received safe care. People said they had the same staff team support them which made them feel safe because they got to know those who supported them.
- Staff told us they had received training in how to keep people safe and told us how they would report safeguarding concerns. One staff member said, "I would speak to person first and refer to my supervisor. If the person said no, I would explain I was going to refer to protect them. I have to do something."

Learning lessons when things go wrong

- The registered manager has reviewed and improved their processes and paperwork to drive improvement. For example, medicine protocols were being added to care plans to better inform staff when they need to give as and when medicines.

- The registered manager told us working and managing through the COVID-19 pandemic had made them rethink, improve and strengthen their day to day practice. For example, continuing to wear increased personal protective equipment when guidance was relaxed, helped keep people and staff safe. Changes in guidance and how they kept updated, has taught the team how to keep their systems and communications relevant.
- Incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learnt were shared with staff at meetings and supervisions.

Using medicines safely

- In the majority of cases, the person or their family member administered any prescribed medicines and they were not reliant on staff support
- Where staff did support people, records confirmed what medicine was provided and when. One family praised staff saying, "Care staff now do (person's) medication, as they were forgetting to take it, so it's much better now."
- Staff told us they supported people with administering medicines only if they had received training.
- Regular checks of medicine administration records and checks of staff's competency and observed practice, ensured medicines were administered safely.

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.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Everyone receiving a regulated activity, had their own home and were not restricted in how they lived their lives.
- Care plans focussed on people being encouraged to make their own decisions on a day to day basis. Staff assumed people had capacity to make their own decisions and understood the importance of obtaining people's consent.
- People and relatives said staff sought consent and involved them in their care. One relative said, "Staff are direct in their questioning; they tell (person) exactly what they need to do and ask nicely if they are okay. They ask, 'Do you feel comfortable with this.'"

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

- People were able to make their own choices to seek health professional support. The registered manager told us they supported people if required, to access health support such as occupational therapists, GP's and district nurses.

Staff support: induction, training, skills and experience

- People praised staff for meeting their needs. One person said, "Staff seem well trained, it's the way they act and the way they are. All are very friendly." A relative told us, "I don't know how this company train their staff, but it's very good. They just know how to communicate with people with dementia."
- Staff received training relevant to their roles and those people who they supported. Further training was being arranged to continue to upskill staff.

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

- People received the support identified in their care records to eat and drink. Family members usually were

responsible for providing meals, staff prepared and provided those meals.

- Staff understood the importance of promoting good nutrition and hydration and following up if concerns were known.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality needs were respected. Important information was used to personalise people's individual plans.
- At the time of this inspection, there was only one male care staff member. We asked how gender of care staff and people's preferred choices were respected. The registered manager said, if more care packages required a male staff member and they could not meet those people's needs, those care packages may not be taken if other solutions could not be found.
- No one we spoke with, raised any issues with gender of care staff. A relative shared their experience when care was first provided. The relative told us, "(Named) is happy with female care staff, although when he first needed personal care, he was a little nervous. The care staff are very good with him, and chat to him all the time they are washing him, etc and this eases the nervousness."

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

- People and relatives were complimentary about the staff who cared for them. A typical comment was, "Care staff look after (person) really well. They would do anything for them and they are friendly which gives them confidence."
- People had opportunities at planned meetings to provide feedback and care reviews made sure they were included in how their care was delivered. Telephone and in person reviews were held to ensure the support and choices people received continued to meet their expectations.
- Staff told us they enjoyed working and supporting people. It was clear, staff were committed to caring for people. One staff member said, "It's making a difference to people's lives." This staff member said, "This person wants to stay in their own home, we help, and their needs are met."

Respecting and promoting people's privacy, dignity and independence

- Everyone said staff respected their privacy, dignity, choices and everyone felt comfortable and at ease, when staff supported them.
- Staff explained how they respected people's privacy such as always knocked on doors and spoke before entering. Staff covered people up as much as possible to maintain the persons dignity. People and relatives confirmed this.
- People's comments showed they were encouraged to be as independent as possible. Staff prompted people to do things for themselves – for example encouraging people to wash themselves which prompted independence and protected people's dignity.
- Throughout the COVID-19 pandemic, staff kept updated and followed the same national restrictions as other members of the public, including following each step in the government's roadmap around social

contact. PPE and constantly speaking with people and their families – helped people remain confident their care could continue with limited disruption. The registered manager was proud that throughout the pandemic, their actions continued to keep people protected because staff cared about the person and their families.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Initial assessments ensured people's needs could be met. One relative said, "We had a meeting to discuss what (person) needs were and they look after all their needs well. I couldn't fault them. They do everything we asked them to do and nothing is too much for the care staff."
- People agreed their call times and a regular group of care staff supported people. People said this helped them get to know each other.
- A care co-ordinator explained to us how they allocated calls to ensure continuity of staff was maintained, and how the care calls were planned so travel time and any disruptions, were kept to a minimum. Staff told us they cared for the same people and double up calls, were often the same staff so staff were familiar and confident to possibly use certain specialist equipment or support a more complex health condition.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were identified and recorded in care plans and followed by staff.
- Most people were able to understand the literature in its written form, but staff said they could adapt any literature if anyone needed access to it.
- Some people had limited communication. In one example, a person used certain noises or hand movements to indicate choices and preference. Staff understood this and respected the person's wishes and continued to involve them in their care.

Improving care quality in response to complaints or concerns

- Two complaints had been made and records of the complaint and responses showed the actions taken.
- Everyone we spoke with was satisfied with the service provided and they knew how to make a complaint. A typical comment was, "The complaints procedure is part of the care and support agreement and it's very clear. We've never needed to make a complaint."

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.

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

- Staff understood their roles and those of each other. Staff said the team worked very well together.
- Systems of audits and checks gave assurances expected standards were being met. Regular and essential checks were completed on care calls, care times, safe recruitment, medicines administration, training and quality of care provided. Audits were completed at regular intervals and where actions were needed, improvements were made. Minor improvements to recording risks, related to specific equipment or medical conditions would ensure risks continued to be managed safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt valued. The provider celebrated important staff events such as birthdays or other special occasions. One staff member said, "It makes you feel appreciated."
- The registered manager had an open-door policy. Staff said the registered manager and provider were approachable and listened.
- The registered manager said they were proud of their staff team, especially how they all worked through the COVID-19 pandemic to keep people safe.
- The culture in the agency was one where everyone helped each other. The registered manager said, "I'm not a manager who sits behind the desk, I roll up my sleeves, helps to get respect from staff." People and staff said, the management and office-based staff, helped support care calls.
- The care co-ordinator said they completed care calls because it helped them get to know people, how long it took between calls and how long it took to provide good, safe care. The care co-ordinator told us, "It's the best way to spend time with them (people) helps me to keep my feet on the ground and better for staff morale."
- The culture and values of the agency team extended to supporting local communities and initiatives. The registered manager shared examples of how staff supported local charities with gifts and donations to help people less fortunate.

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

- Care Mark Warwick is part of a national franchise and managed independently, whilst adopting agreed policies, procedures and administrative processes. The registered manager explained how they planned to

improve and strengthen processes, such as medicines records and care plans so people's records were more person centred.

- People and staff feedback were sought and this formed an essential part of sense checking on progress and that the service, standards and expectations were being met.
- Following our inspection visit, the provider welcomed our feedback and findings. They gave us their assurances the improvements we highlighted during the inspection will be acted upon.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's views and feedback was sought through planned meetings and surveys.
- Incident and accident analysis included a 'root cause analysis' to identify any patterns or emerging trends.
- Where reportable incidents were shared us, investigations and actions had taken place to ensure similar incidents did not happen again.