M & T Healthcare Limited

Caremark (Chelmsford & Uttlesford)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
Caremark (Chelmsford & Uttlesford) is a domiciliary care agency providing care to people living in their own houses and flats. It provides a service to older adults.

Not everyone who used the service 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, we also consider any wider social care provided.

At the time of inspection, the service was providing care to 52 people however only 46 people were receiving personal care.

People's experience of using this service and what we found
People and their relatives told us they felt safe using the service and were confident that any concerns raised would be dealt with appropriately.

People appreciated being visited where possible by the same staff. If there was going to be unexpected staff changes or late calls, people were informed.

The computerised care plan was comprehensive and provided clear guidance for staff. People and relatives told us they were involved in the planning of their care which was reviewed regularly to ensure the care continued to meet their needs.

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 this practice.

During the pandemic some people's needs had changed and the service supported the additional activities such as shopping and collecting medicines from the chemist. The provider recognised loneliness and isolation as a concern, and the service used technology to enable people to stay in touch with their relatives.

Staff spoke with compassion when talking about their role and people using the service. People told us staff were kind and caring and that staff promoted their dignity, independence and safety when carrying out their care.

The service had a safe recruitment and induction process in place. Staff were positive about the training they had received and spoke highly of the management team saying they were supportive and approachable.

The provider and registered manager acknowledged the challenges of the pandemic and told us how they had adapted during that time to ensure the continuation of care provision for people using the service, supporting families and staff. The quality management oversight was conducted through audits, visits by the registered manager, telephone calls, surveys and staff supervision. People told us the communication with the service was good.

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

Rating at last inspection
The last rating for this service was Good (report published 16 April 2019)

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and gives a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark (Chelmsford & Uttlesford) on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Care Quality Commission

Caremark (Chelmsford & Uttlesford)

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 10 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
This inspection was carried out by one Inspector, Medicines 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.

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

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 48-hours notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 nine people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff which included the provider, registered manager, care co-ordinators and care workers.

We reviewed a range of records. This included four people's care records and nine medication records. We looked at four 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 clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
• People and relatives told us they felt safe using the service. They were aware of how to raise a concern and were confident that appropriate action would be taken. One relative told us, "The staff are professional and trustworthy." People told us, "I feel very secure with them [staff]" and, "I feel safe and confident with the staff."
• Staff had received training on safeguarding, and they knew when and who to raise concerns to and were confident concerns would be dealt with appropriately. One staff member told us, "I know what to do about reporting any concerns of abuse."
• The service had safeguarding and whistle blowing polices which clearly outlined information for staff on how to report any concerns.

Assessing risk, safety monitoring and management
• Each aspect of care was risk assessed and documented in the care plan with clear instructions for staff on how to keep people safe. Environmental risk assessments were carried out.
• The management team provided oversight of the service through spot check observations and regular review of risk assessments to provide safety monitoring.
• The service had a computerised care plan system which provided the management team with real-time oversight to enable daily monitoring of care. The system allowed for changes to be made to the care plans as they were required, ensuring information related to current care needs.

Staffing and recruitment
• A robust staff recruitment process was followed, and the necessary checks were carried out to ensure staff were safe to work with vulnerable people. Disclosure and Barring Service (DBS) checks were carried out at employment and updated periodically to ensure they were current.
• Staff followed an induction programme which included on-line and face-to-face training and shadowing an experienced member of staff. During the pandemic the provider ensured that training was carried out in accordance with government guidelines of social distancing and wearing PPE.
• People were contacted to gain their consent when a new member of staff was being introduced to them. One relative told us, "If there is a new staff member that is going to visit [relative name] they shadow one of the regular staff." Another said, "The manager phoned me one morning to inform me that I would be having a different staff that day."
• Staff told us the training they had received was good. Staff members told us, "I felt confident when I finished my training" and "The recruitment process was good. The on-line learning and training with the equipment was helpful, amazing."

Using medicines safely
• People received their medicine as prescribed. There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.
• Instructions for medicines which should be given at specific times were available. For example, five people were prescribed a medicine which should be taken 30 minutes before breakfast when the stomach is empty. Administering medicines as directed by the prescriber reduces the risk of the service user experiencing adverse effects from the medicine, or the medicine not working as intended.
• Guidance was available to enable staff to safely administer medicines prescribed "as and when required or PRN (pro re nata)".
• The level of support that individual people needed was clearly recorded and risk assessments completed.
• When people were prescribed topical creams and ointments body maps were being used. This meant it was clear to staff where and when they should be applied, reducing the risk of duplication.
• Staff checked that regular blood tests had been completed to ensure that people prescribed anticoagulants were taking the correct dose.
• All records checked clearly stated if the person had any allergies, reducing the chance of someone receiving a medicine they are allergic to.
• Documentation was available to support staff to give people their medicines according to their preferences.
• Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.
• Records demonstrated that regular audits had been completed.

Preventing and controlling infection
• The service carried out risk assessments for all people and staff and put processes in place to mitigate risk. The assessments included individual contingency plan in response to the risks and additional support people may have required during the pandemic.
• All staff had attended updated training on infection control and were trained in the correct procedure for putting on, taking off and disposal of personal protective equipment (PPE).
• The infection control policy was updated to follow government guidelines for COVID-19 infection and staff received regular updates.
• Staff were supplied with individual bags containing PPE for their own personal use which ensured they always had an adequate supply when visiting people.

Learning lessons when things go wrong
• Complaints, incidents and accidents were investigated and clearly recorded. There were processes in place for reviewing and analysing incidents to enable learning when things had gone wrong.

Inspected but not rated

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• The service had processes in place to follow the principles of the MCA to ensure consent to care was sought following legislation and guidance. This included details of Lasting Power of Attorney (LPA) where appropriate.
• Staff sought people's verbal consent to care at each visit which ensured choice at the time of care delivery.

Inspected but not rated

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us that staff treated them with respect and were kind and patient. People spoke about feeling comfortable, their privacy and dignity maintained, and feeling confident with the staff. One person said, "They are excellent, so kind and caring. I can honestly say they provide me with great comfort."

Supporting people to express their views and be involved in making decisions about their care
• Care plans provided guidance for staff to support people to make choices and promote independence. One person told us, "They prepare my meals and always ask me what I would like. They will always ask me if there is anything else, they can do before they leave and are never rushed."
• Provision of care is reviewed regularly to meet any changing needs. During the pandemic, some people have required additional support and people told us that staff had assisted with shopping and collecting medicines from the chemist.

Inspected but not rated

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• The person-centred care plans were comprehensive and provided easy to follow guidance for staff. They were reviewed regularly to ensure they continued to meet the needs of the person.
• People and relatives were involved in the planning of care. One relative said, "The care planning process was very comprehensive, and I was involved."

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.
• The service recognised the importance of meeting people's communication needs and followed the AIS.
• The care plans identified where people required hearing aids and spectacles. One person's care plan informed staff that they communicated with hand gestures and facial expressions. Another person required staff to write and draw pictures on a white board to enable them [person] to make choices through pointing at the item or word.

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.
• Loneliness and isolation were areas the service had recognised as a particular concern for some people. Due to the pandemic, people required additional assistance with daily activities and the service provided support where needed. One relative said, "During lockdown the company were actively looking at ways of supporting families."

End of life care and support
• At the time of inspection, there was no one receiving end of life care.
• The service had end of life guidelines in place which outlined care, support and partnership working to ensure dignity and comfort.
• The provider told us they were in the process of liaising with the local hospice to arrange staff training.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. The service has since recruited a new manager who is registered with the CQC and improvements had been made. At this inspection this key question has now improved to 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
• Care plans were comprehensive and person-centred. One relative told us, "I have been very involved with the care planning. The registered manager recently reviewed [relative name] needs and updated their care plan."
• There was oversight of the service by the management team. One person told us, "The manager has visited, and I know who to contact in the event of a problem." Another person told us, "They are a very well managed service and I am glad I changed to Caremark."

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
• The provider and registered manager understood duty of candour and took a prompt, open and honest approach to concerns.
• The provider conducted and open-door policy. The office was accessible for staff to visit to discuss any issues. Staff told us they were confident to call and speak with the registered manager or provider.
• Policies and procedures were in place and reviewed regularly to ensure they were current. They were available to staff for reference on the computerised care plan system as well as each staff member supplied with their own copy.
• Audits were undertaken to monitor the quality of the service and results were analysed and any resulting actions completed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The provider and registered manager had a good working relationship and spoke with enthusiasm about the service. They acknowledged there were challenges at the start of the pandemic, however they had made adaptations to ensure the service continued to be managed effectively.
• Daily management briefings were held to discuss any items for review and action. Staff and office team meetings were held regularly, and minutes taken.
• Staff clearly understood their role and spoke with compassion as they reflected on the people they cared for. One staff member said, "I don't feel like it is work, it's a pleasure. I wear my uniform with pride. We provide a caring understanding of people's physical and mental wellbeing." Staff commented positively on the training and management support they had received and how they were confident in their role.

• Staff received supervision and any actions raised were followed up.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were involved in their care planning and making own choices. Care plans were reviewed regularly, and people and relatives consulted to discuss any changing needs.
• The service had used technology to support people to keep in touch with their families during the pandemic. The provider told us about a technology system introduced to some people which provided a direct communication link with relatives and the service office.
• There was regular communication between the service and people and their families. This had improved since the last inspection. One person told us, "The manager is marvellous and contacts me frequently by phone to check that all is well."
• Surveys were conducted for people and their relatives and the results analysed. A summary of the survey was forwarded to the people using the service with an invitation to discuss any concerns.
• The service was aware of local services such as the befriending service and signposted people to agencies as required.
• Staff were kept up to date with changes through newsletters, emails and phone calls.
• A staff survey was conducted, and responses were available for staff to view.

Continuous learning and improving care
• The induction programme and refresher training had continued throughout the pandemic. The service provided on-line training with face-to-face training for practical subjects. The service had their own training facilities and had followed government guidelines with social distancing and wearing of PPE when conducting training.
• Staff told us there was career progression within the service and an opportunity to gain health and social care qualifications.
• The provider and registered manager were keen to enhance practice through introducing different learning opportunities. The registered manager had introduced more interactive practical training.
• The provider had ideas for new projects to enhance care practices and was planning on introducing these when the pandemic ends.

Working in partnership with others
• The service worked closely with other health and social care professionals including the commissioning teams, GP, community nurses and specialist professionals such as the occupational therapist.
• Staff were familiar with the process of making referrals to specialist advisors such as the GP, and people confirmed they were confident staff would seek medical assistance if required. One family member told us that the service had sought advice from the occupational therapist to assist their relative.