

SVK Care Ltd

# Caremark Hinckley Bosworth & Blaby

## Inspection report

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27 July 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Caremark Hinckley, Bosworth and Blaby provides care to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 72 people were receiving personal care.

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

People received safe care and support. Staff had detailed guidance of action required to meet people's care needs and mitigate known risks. Staff had received training in safeguarding and knew how to protect people from abuse and avoidable harm.

People were positive about the competency of staff and felt confident they knew and understood their individual care and support needs. Staff were recruited safely.

Improvements had been made to care calls. There had been no missed calls and late calls were minimal. The management team monitored care calls and care records, to ensure people received care that reflected their assessed 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 supported this practice.

Medicines were managed and administered safely where required. Staff had received medicines training and had their competency assessed. Care plans provided staff with guidance required to support the safe management of medicines.

Accidents and incidents were recorded, acted upon and analysed for opportunities of learning to reduce reoccurrence.

Infection prevention and control best practice guidance was followed. Staff wore personal protective equipment to reduce the risk of cross contamination and infection.

The provider's systems and processes that assessed, monitored and reviewed quality and safety had been developed and improved upon. Further improvements were being implemented.

People were positive about the improvements made and spoke highly of the registered manager and management team. People received opportunities to share their experience about the service.

Overall, staff were positive about working for the service. Staff received ongoing training and their competency and performance reviewed. There were communication systems in place to share information

with people and staff.

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

#### Rating at last inspection and update

The last rated inspection for this service was requires improvement (published 29 July 2022). Breaches in regulations relating to safe care and treatment, fit and proper persons employed, and good governance were identified. The provider completed an action plan after the inspection to show what they would do and by when to improve and meet the breaches in regulation related to safe care and treatment and fit and proper persons employed. A Warning Notice was served for the breach relating to governance.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Caremark Hinckley Bosworth & Blaby

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by 3 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 in the office to support the inspection.

Inspection activity started on 26 July 2023 and ended on 31 July 2023. We visited the location's office on 27

July 2023.

#### What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from a local authority who funded some people's care packages. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with the registered manager, managing director, office manager, training manager and 8 care staff. We sent 18 emails to staff to seek feedback and received 2 responses. We spoke with 12 people who used the service and 10 relatives for their experience of the service they received. We looked at aspects of care records for 7 people. We reviewed a range of documentation relating to the management of the service including training records, staff recruitment, quality assurance, audits and checks.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to assess and mitigate risks to the health and safety of people receiving care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Risks to people's health and well-being had been assessed and planned for. Staff had access to guidance of action required to care for people safely and how to mitigate known risks. Improvements had been made in the level of information recoded for staff. Guidance was reviewed and updated when changes occurred. This supported people to remain safe without restrictions.
- People were positive about the support they received. A person said, "I've no complaints, they [staff] have made all the difference and I couldn't have come home (from hospital) without care of this quality. They make me feel safe and give me confidence." A relative said, "I am more than happy with the staff's caring skills, they are always polite and bright, and they have taught us so much."
- Staff were knowledgeable about the risks associated with people's health conditions. This included actions required of them such as to report concerns to the management team, family and health services if required. A staff member said, "If we see anything that needs updating (change in a person's care needs) we inform the office. Working together ensures mistakes aren't made."

### Staffing and recruitment

At the last inspection, the provider had failed to adhere to their staff recruitment policy and procedure. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The provider had reviewed their recruitment process. We found staff had been recruited safely. Checks were carried out before staff started work which included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People received care and support from a consistent staff team. People told us improvements had been made to call times and staff generally stayed for the expected call duration. If staff were running late, most of the time people were informed. There had been no missed calls and late calls were a minimum.
- People were positive about the care package they received. A person said, "They are brilliant now for timekeeping." A relative said, "The carers are much the same all the time. Of course there is turnover, but the new ones seem well prepared and informed."

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 MCA 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 Mental Capacity Act (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.

- People's consent to their care was included in their care records. At the time of the inspection, people had mental capacity to consent to their care. However, the registered manager was aware of their responsibilities and actions required, should a person lack capacity to consent to their care.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from the risk of avoidable harm and abuse. Staff had received safeguarding training and were aware of the action required should they suspect abuse. A staff member said, "I would report it to my line manager immediately. If they didn't take any action, I could go to CQC and social care."
- The registered manager followed the local multi-agency safeguarding procedures to report any safeguarding concerns. This included reporting to relevant authorities when safeguarding issues had arisen.
- People were positive about how staff supported them to remain safe. A person said, "I have never felt anything but safe with them." A relative said, "I think [family member] feels safe with them [staff]. I have visited when the staff have been present. They were very attentive, caring and they treated [family member] with respect."

Using medicines safely

- People received their prescribed medicine safely. Where people received support to take their medicines, a care plan and risk assessment provided staff with guidance of how to provide the support safely. A person said, "My skin has definitely improved under their [staff's] care, as applying prescribed cream is a major part of my care needs." A relative said, "They [staff] help with medicines. They administer, no problems. They give them on a spoon to meet their needs. Sometimes [family member] refuses, so they try again later."
- Staff received training in medicines administration and also had their competency checked to ensure good practice was followed. A staff member said, "I had all online training and refresher training which is one to one in the office. We have a competency assessment before giving the medication."
- Systems were in place to monitor and audit the administration of medicines. This meant any concerns could be quickly identified and action taken.



### Preventing and controlling infection

- Staff received training in the prevention and control of infection and how to use PPE safely. The provider had an up-to-date infection prevention and control policy in place.
- Spot checks took place by the management team which included checking staff use of PPE.
- People confirmed staff wore PPE when supporting them. A relative said, "They [staff] are meticulous with cleanliness and use fresh (PPE) for every task. I'm from a nursing background and have had no concerns about quality of care, or safety."

### Learning lessons when things go wrong

- The provider had systems and processes to record, report and respond to accidents and incidents. Staff were aware of their responsibilities and actions required if an accident or incident occurred.
- The provider's monitoring processes considered any learning opportunities. Records reviewed, confirmed action had been taken to make improvements when shortfalls had been identified. This included staff supervision meetings, refresher training, reviewing care plans and risk assessments and sharing learning with staff.

# 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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to 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; Continuous learning and improving care

At the last inspection, the provider had failed to ensure systems and processes that assessed quality and safety were effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The provider had new and improved systems and processes that continually assessed, monitored, and reviewed quality and safety. People were positive about the service they received and reflected on improvements made. A person said, "It's a much improved service now. I recently recommended Caremark to a neighbour who was looking for a care service." A relative said, "All the office staff know my [family member] and who we are, it's definitely better. So now I feel more confident that instructions are understood and carried out."
- Audits and checks included staff spot checks to observe how well they met people's care needs and followed the provider's expected procedures. Care calls were monitored. Daily care records, care plans and risk assessments were regularly reviewed. Meetings with the person and/or their relative were arranged to discuss the care package and any required changes.
- Staff training was monitored, and staff received opportunities to discuss their work, training and development needs. The service was continually developing and improving. This included the recruitment of field care supervisors who would be available to support staff over 7 days. A new single electronic system was being implemented that would further improve how care was monitored and reviewed.
- The provider had worked well with the local authority in making improvements they had identified during their contract monitoring audits. The provider had plans to further improve the service.

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

- The provider had a quality assurance procedure that enabled people to share their experience about the service. We reviewed the last questionnaire analysis dated 2022. We identified, the analysis was not fully reflective of the feedback received and gave limited useful information to support the service to develop. We discussed this with the management team who agreed to review their procedures and make improvements.

- The majority of staff were positive about working for the service. Staff told us there were regular staff meetings, and the management team were supportive, approachable and available when needed. A small number of staff felt support, communication, and staffing at weekends could be improved upon. We discussed this with the management team who agreed to follow this up.
- People told us they felt it was easy to raise any issues or concerns and that they felt valued, respected and listened to. A relative said, "All the office staff are approachable and communicate clearly. I feel they already know [family member] and their needs very well." Another relative said, "I've found I can raise anything and know they [management team] will act. They are open and honest. The fact we've kept the same service for two years shows we are satisfied; we wouldn't accept anything less than satisfactory."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care and support that was individualised to their care and support needs. Feedback from people and relatives was consistently high about their experience of the service. People were positive about how well staff supported them and promoted their independence. A person said, "The care has enabled me to progress from not weight bearing to being much less needy now. My care plan has been adjusted over time."
- The registered manager, management and staff team had a shared commitment to continually strive to provide consistent care that was person centred. The culture of the service was open and honest. Newsletters were used to share information with people, relatives and staff about any changes being made within the care company. For example, a new electronic care monitoring systems was being implemented and this update and actions required had been shared with people and staff.

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 registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.
- People spoke highly of the registered manager and management team. A person said, "I know the manager and [named staff member in the office] very well, they are always available, if I'm stuck, they make sure someone can come to me. They are very professional, they listen, I see it as a well-managed service."
- Communication was described by people as being good. A relative said, "Communication in the service is good; if carers have any concerns, they tell the office, who then tell me. If we need to increase the amount of care in the future, I will want Caremark to provide it."

Working in partnership with others

- The provider worked in partnership with health and social care professionals. Care records and feedback from people and staff, confirmed any recommendations were implemented.
- Positive feedback was received from external professionals. Comments included, "The manager was always very helpful and supportive, we did a lot of joint visits to try to resolve situations. This was not due to the service, but the general complex situation of the service users and their families to try to resolve issues / reduce risk and improve their situation."