

I & M Healthcare Limited

Caremark (Brentwood & Basildon)

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

About the service:

Caremark Limited is a domiciliary care agency that provides personal care to people living in their own homes. Not everyone who used the service received personal care. 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 inspection 13 people were using the service and 12 of these were receiving personal care.

People's experience of using this service:

People told us they felt safe with staff and were happy with the service they received. People received their care calls from regular staff who knew them well. Staff were generally on time and stayed for the full duration of the agreed call times. All people asked said staff were kind and caring and they would recommend the service to others. Positive comments were also made about the helpfulness, visibility and professionalism of the registered manager.

Risks to people had been assessed and staff knew what to do to keep people safe. People's medicines were safely managed by staff who had been trained and assessed as competent. Staff followed good infection control practices and wore gloves and aprons as required.

People's needs had been assessed and their wishes and preferences were known and respected. Staff were trained and competent in their role. Staff received supervisions and appraisals to monitor their performance and identify any learning needs.

Where required people received help with eating and drinking which met their needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Staff listened to people and knew people well. People were treated with dignity and respect and their independence was promoted. People's privacy was maintained. The service was responsive to people's needs and provided care and support the way people liked it. There were policies and procedures in place to manage complaints appropriately.

We made a recommendation about people's preferences for end of life care.

The service was well led by a longstanding registered manager who was 'hands-on' and provided care and support. This meant they could monitor staff performance and check people were satisfied with the service.

Quality assurance processes were in place to monitor safety and quality and identify any areas requiring improvement. People and staff were asked for their feedback and included in how the service was run.

Why we inspected: This was a planned inspection based on the previous rating.

Rating at last inspection: Good. (Last report published July 2017).

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

Follow up: We will continue to monitor and inspect this service based on the information we receive.

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 remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our Well led findings below.

Good ●

Caremark (Brentwood & Basildon)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team was made up of two inspectors 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. The expert for this inspection has personal experience of caring for an older person living with dementia.

Service and service type:

Caremark Limited is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults including people living with dementia.

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:

This was an announced inspection as we needed to obtain consent from people to be contacted by our expert by experience. We also had to be sure someone would be at the office when we visited.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We used all this

information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection we spoke with the registered manager, care co-ordinator and three members of care staff. We contacted six people and two relatives by telephone to ask for their feedback. We looked at three people's care records including their medicine records and daily notes. We looked at two staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits.

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

- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report concerns.
- The registered manager understood their safeguarding responsibilities and identified and reported concerns to the relevant authorities as required.
- The service had a whistleblowing policy which provided guidance for staff on how to report concerns about poor practice. Staff told us they were aware of the policy and would feel confident to whistleblow if necessary.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. A person said, "I feel very safe with my carer, I look forward to our time together." A relative said, "I think [person] is in very safe hands with them, the manager runs a great service."
- Risks to people and their home environment had been assessed and guidance was available to staff on how to support people safely. Any changes to people's needs was shared with staff and people's care records updated.
- An electronic monitoring system was used to check that people were receiving their care calls at the right time and for the correct duration. The care co-ordinator monitored the system in 'live time' and if staff were more than 15 minutes late, they would phone to check the call was being completed. If staff were running late then the office phoned people to let them know.
- Feedback from people showed the call monitoring system was effective. A person told us, "My carer is generally on time, unless they have been held up previously. If they are a bit late, they always make sure we have the full hour still." Another said, "Most of the time they are on time but if they are going to be late, they let me know which I appreciate. They do everything I need."

Staffing and recruitment

- Sufficient staff were available to meet the needs of people who used the service. The registered manager was trained and could provide additional cover if required.
- People were usually supported by regular staff to provide continuity of care. This meant people received support from regular staff who knew them well. A person told us, "I have had the same person each week for a long time now. I did have a different one to start with, but it has settled down now."
- Safe recruitment processes were in place including taking up references and completing the necessary checks to make sure staff recruited were suitable to work with vulnerable adults.

Using medicines safely

- Systems were in place manage people's medicines safely. Only staff who were trained and assessed as competent administered medicines.
- People had medicine administration records (MAR) which staff signed when they gave people their medicines. We looked at three people's MAR charts and saw there were no gaps which showed people had received their medicines as prescribed.
- Monthly audits of medicines were completed by the registered manager to check people were receiving their medicines safely. Staff checked each other's work at each visit and phoned the office if they noticed any gaps on people's MAR.

Preventing and controlling infection

- Staff received training in infection control and staff had access to protective clothing such as gloves and aprons to prevent the spread of infection.
- People told us that staff wore gloves and aprons when appropriate, for example, when giving personal care or preparing food. Comments included; "They [staff] are always clean and smart. They wear uniforms and use gloves and aprons." And, "Staff are all very hygienic and wear gloves and aprons."

Learning lessons when things go wrong

- The registered manager used accidents and incidents, safeguarding concerns and complaints as opportunities for learning, improving practice and minimising the risk of re-occurrence. For example, they had introduced electronic call monitoring to improve the timing of care calls.

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. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed an assessment with people, which covered aspects such as physical and mental health, social and cultural needs. This ensured staff had enough information to meet people's needs in the way they wanted.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, ethnicity and sexual orientation were identified as part of the assessment.

Staff support: induction, training, skills and experience

- People told us staff had the skills and experience to provide effective support. A person told us, "I think they are well trained and very good carers." Another said, "They [care staff] are professional and knowledgeable."
- New staff received an induction based on the care certificate which represents best practice when inducting staff into the adult social care sector. As part of their induction new staff shadowed the registered manager to learn about the job role and people's needs.
- Staff were provided with training which was a mixture of E-learning and classroom based training for the practical aspects such as medicines and moving and positioning.
- Regular spot checks of staff were completed to monitor staff performance and competence.
- Staff received regular supervision and an annual appraisal to support staff in their job role and identify any learning needs.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- If required, staff supported people to have access to food and drink that met their needs and preferences.
- People's food and drink preferences were assessed and staff knew people's likes and dislikes.
- Staff were trained in food hygiene and nutrition and wore appropriate protective clothing to prevent contamination when handling food.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans held information on their health needs so that staff had guidance on how to support people to stay well.
- Care plans provided guidance for staff on how to support people with their oral health care.
- The service worked with health professionals such as occupational therapists, GP's and district nurses

where a need was identified to help people maintain their health .

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.

- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support.
- People's care and support plans had been signed by people or their representative which showed people's consent had been sought.

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. At this inspection, this key question has remained the same. 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 and relatives told us staff were kind and caring. A person said, "The staff are very kind indeed, and patient with me they never rush me." Another said, "All of the staff are kind there is not one that I would say is not suited to the job."
- The service arranged for people to be supported by regular staff wherever possible. This helped people and staff get to know each other and build positive relationships. A person told us, "My carer knows me very well now, they can tell if I want to go out, or just stay in and have a chat."
- People's preference for gender of care worker was known and respected. A person told us, "I only want ladies to help me shower, I wouldn't want a male carer."

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

- Staff took the time to chat to people and get to know them. A person told us, "We quite often use the time to sit and chat, which is nice." A relative said, "The carers are talking to [person] all the time and finding out about them and their family."
- People told us they felt listened to and care was provided how they wanted. A person told us, "They do all I need; help me shower, change my bed, empty the dishwasher, anything I ask them they will do."
- People's sensory and communication needs were identified with guidance for staff to make sure people were supported to express their views and be involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. A person said, "I feel very comfortable with staff, they are very respectful and thoughtful."
- Staff knew how to protect people's privacy, for example, when providing personal care. A person told us, "They always treat me with respect and make sure doors and curtains are closed."
- People and relatives told us staff helped people to remain independent. A person said, "Staff are patient and don't rush me they let me take as long as I need to do things myself." A relative told us, "Staff are encouraging [person] to do as much as possible for themselves and I have to say they are showing signs of improvement already."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were involved in planning their care and support to ensure it met their individual needs and preferences. A person told us, "We sat down and had a discussion of what I needed and times I wanted etcetera."
- Care plans were personalised and included information on people's life history, interests, goals and preferences. This information helped staff provide care and support to people the way they liked it. A person told us, "Staff know how I like things doing and they do respect that."
- Records showed, and people confirmed that care plans were reviewed regularly to ensure they were up to date and reflected people's current needs and wishes. A person told us, "Yes we have a care plan and I am involved in it."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people were provided with information on how to make a complaint.
- People told us they knew how to make a complaint and would feel confident to raise concerns. Comments included; "I can't imagine ever having anything to complain about, but yes I would feel able if necessary" And, "Never needed to complain about anything but I would if I had to."
- Where concerns had previously been raised, people told us these had been addressed to their satisfaction. A person said, "The only thing I asked was that they let me know if they are running late, and that always happens now."

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 needs had been assessed to support staff to involve people in decisions about their care and support.
- Information could be provided in different formats such as large print, to support people's understanding, if required.

End of life care and support

- No-one using the service was being supported with end of life or palliative care needs. The registered manager was a qualified nurse and told us they would be able to support staff in the future if required.
- Care plans recorded if people had a 'Do Not Attempt Resuscitation order in place (DNAR).

- People's wishes regarding their end of life preferences such as preferred place of death or funeral arrangements had not been explored. The registered manager told us this would only be discussed if someone was end of life.

We recommend that the provider consider seeking independent advice and guidance on exploring and documenting people's preferences for their end of life care.

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 previous inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness.

- The vision and values of the service aimed to encourage and promote people's independence and safety and to ensure people's values and rights and freedom of choice were respected at all times. Feedback from people and relatives demonstrated these values were put into daily practice by the registered manager and staff team.
- People told us they were very happy with their care and support and would recommend the service to others. A person told us, "I don't think they could improve on anything and I would definitely recommend them to anyone." A relative said, "We would recommend them as we finally feel in control over what happens and not in someone else's hands all the time."
- People knew who the registered manager was and were positive about how the service was run. A person told us, "I do think it is very well managed. The manager is very hands on and knows what she is talking about." Another said, "The manager is amazing. I ring her anytime I need anything she is so helpful."
- Staff also spoke positively about the registered manager and felt supported. Comments from staff included; "I have had no problems at all, I can phone her [registered manager] and get hold of her anytime." And, "[Named registered manager] chats to us and asks if I need help or if I am having any problems."

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 understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. Investigating incidents thoroughly and sharing any learning from mistakes.

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

- Services that provide health and social care to people are required by law to inform the Care Quality Commission (CQC) of important events that happen in the service so that CQC can check that appropriate action has been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of events, outcomes for people and any action taken.
- The registered manager was a qualified nurse and took a hands-on approach, providing cover for staff absence when required and delivering care and support to people. This 'hands-on' approach meant the registered manager was able to monitor and assess staff performance by working alongside them.
- The registered manager's visibility at the service also meant they had the opportunity to talk to people to find out if they were satisfied with the service they received.

- People told us the registered manager was visible and accessible. A person told us, "The manager is very helpful and approachable. She is definitely a hands-on manager."
- Systems and processes were in place to monitor the safety and quality of the service. This included medicine audits, checking people's care records and daily notes and monitoring of staff performance through observations and spot checks.

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

- The service engaged with people to ensure they were involved in the service. Telephone calls, home visits and annual surveys were used to obtain people's feedback. Any feedback provided was used to improve the service. A person told us, "I have had a survey from them. I did send it back and the manager checks on me regularly too."
- Staff were also included in the running of the service as were invited to regular staff meetings. The minutes of these meetings showed they were used constructively to discuss good practice and remind staff of their roles and responsibilities.

Continuous learning and improving care; Working in partnership with others

- Call monitoring and random spot checks of staff were completed to assess and improve the overall quality of care and support.
- The registered manager kept their knowledge and skills up to date by subscribing to professional journals and attending training and workshops to keep their clinical skills up to date, for example, training in stoma and catheter care. Learning was shared with the staff team to improve practice.
- The service worked in partnership with the local authority to improve the service where required and access opportunities for learning.