

Perpetual Care Ltd

# Caremark (Bristol)

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

Caremark Bristol is a domiciliary care agency registered to provide the regulated activity of personal care. They provided care and support to people in their own homes. The service was currently provided to people in the south of Bristol but were looking to develop in to the central Bristol area. This was the first inspection of this service since they registered in August 2016.

The inspection was announced. We gave the registered manager 48 hours notice of the inspection. We did this to ensure key staff were available for the inspection. At the time of the inspection the service was providing personal care to 41 people and employed 23 care and support workers. There were an additional seven management staff including two directors.

There was a registered manager (one of the directors) in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service people received was safe. There were effective safeguarding systems in place and all staff had received safeguarding training. Staff knew what to do if safeguarding concerns were suspected or witnessed or they had been told about something concerning. There were safe recruitment procedures in place to ensure unsuitable workers were not employed. Any risks to people's health and welfare were assessed and management plans put in place to reduce or eliminate that risk. There were sufficient numbers of care and support workers employed to meet people's needs. The service was actively recruiting more staff in order to be able to grow the business.

Where people were supported with their medicines this was done safely. Staff received safe administration of medicines training and their competency to support people properly was reviewed. The staff took appropriate measures to prevent and control any spread of infections.

The service was effective. People's care and support needs were assessed prior to a service being delivered. This was to ensure the service had the capacity to meet their specific care needs and the staff had the necessary skills. The care and support workers were well trained and had regular supervision sessions with the registered manager.

People were supported with meal preparation where this had been identified as one of their care and support needs. The care and support workers monitored those people where the risk of malnutrition and dehydration had been identified. People were supported to access any health care services they required.

People's capacity to make decisions for themselves regarding their care and support was assessed and kept under review. The staff were aware of the principles of the Mental Capacity Act 2005 and understood their

roles and responsibilities in supporting people to make their own choices and decisions.

People received a caring service. The care and support workers treated people with kindness and the feedback we received from people was overwhelmingly positive. People were treated with respect and dignity and the staff team were expected to deliver a service of the highest standard. People were involved in planning the care and support they received.

The service was responsive and provided each person with a person centred service. Staff providing care and support were familiar to people and knew them well. This because there was continuity of care and only one or a small number of staff delivered their support. Feedback was gathered from people regarding their views and experience of the service they received. Action was taken if people had complaints or concerns. The service made changes to improve care delivery in response to people's views and opinions.

People received a service where good leadership and management was provided by the management team. The aims of the service were understood by all and care and support workers understood their roles and responsibilities. The quality and safety of the service people received was assessed and monitored and any areas needing improvement were identified and addressed.

## 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.

Staff had been trained to safeguard people from harm. People were assisted to move and transfer from one place to another safely. Risk assessments were completed and management plans were in place to reduce or eliminate the identified risks.

The service was actively recruiting new staff but had sufficient care and support workers to meet the needs of people being supported. Recruitment procedures were in place and appropriate checks were completed before staff started in post.

People were supported with their medicines where identified as a care and support need. Staff were trained and their competency was checked. Measures were in place to prevent the spread of any infections.

### Is the service effective?

Good ●

The service was effective.

People's care and support needs were assessed prior to receiving a service to ensure Caremark Bristol was able to meet their specific needs.

Care and support workers were well trained and supervised and supported to do their jobs well.

People were assisted to have appropriate nutrition and fluids and to access healthcare services as needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect, kindness and their dignity was maintained. The staff team were committed to provide a kind and loving service and ensured people were satisfied with the service they received and were listened to.

### Is the service responsive?

Good ●

The service was responsive.

People received an agreed package of care and support that met their specific needs. The service responded appropriately when people's care needs changed.

Any concerns or complaints people had were handled correctly and the issues raised were used as an opportunity to improve the quality of care.

The service would continue to look after people who were at the end of their life and worked in conjunction with families and health care professionals.

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

**Good** ●

The service was well-led.

There was good leadership and management in place. People's views and experiences were gathered and were seen as an important means of assessing quality and safety. Feedback was used to make any improvements to the service. Staff were well supported.

There was a programme of checks and audits in place to ensure that the quality of the service was measured.

# Caremark (Bristol)

## **Detailed findings**

### Background to this inspection

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

The inspection was announced and was undertaken by one adult social care inspector. This was the first inspection of the service since it was registered on 11 August 2016.

Prior to the inspection we looked at the information we had about the service. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us.

During our inspection we spoke with five people who were assisted by Caremark Bristol and two relatives. We spoke with four care staff, the care coordinator and business support plus the registered manager (director) and the other director.

We looked at the care records of six people, five staff employment records and training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

We received feedback from two social care professionals after our inspection. Their comments have been included in the main body of the report and have supported our findings.

# Is the service safe?

## Our findings

Caremark Bristol provided a safe service. People said, "I have no worries at all, I am looked after so well", "The staff are very competent and gentle with me", "I know who is coming to help me and they always call out when they arrive to let me know they are in the house" and "They have to use the hoist to get me out of bed and they know what they are doing". The relatives we spoke with had no concerns regarding the safety of their family member.

The service had effective safeguarding systems, policies and procedures in place. They had addressed some safeguarding concerns promptly and followed local safeguarding reporting protocols. The registered manager talked about a recent case where concerns had been raised about one of their care and support workers. The investigation had been thorough and the member of staff no longer worked for the service.

The service had a safeguarding adult's policy and a whistle blowing policy and these had been reviewed in May 2017. The policies provided staff with information about the different types of abuse and the reporting procedures. The safeguarding policy was one of the key policies contained within the staff handbook and staff confirmed they had the information they needed if abuse was suspected, witnessed or alleged. All staff received safeguarding training as part of the induction and refresher training programme. The registered manager had completed level three safeguarding for managers training with the local authority and demonstrated their commitment to safeguarding people.

Staff we spoke with were knowledgeable about safeguarding issues. They said they would report any concerns to the registered manager, the director or one of the field care supervisors but knew they could report directly to the local authority, the Police or the Care Quality Commission.

The registered manager talked confidently about situations where they had raised safeguarding concerns or other services had raised concerns involving the service. In one such case the registered manager had taken the appropriate action to deal with a staff conduct matter. Following another particular event the providers identified a failing in communication and therefore put together a communication protocol. This evidences the provider looks for any learning points following incidents in order to prevent or reduce the chance of a reoccurrence.

Risk management processes were in place to safeguard people and also the care and support workers who were assisting them. A 'client safety checklist' was completed looking at the person's home environment. This covered the external and interior aspects of the home, access, fire safety, the utilities and the presence of any pets. This assessment ensured the person's home was a safe place for the care and support workers to work in. Risk assessments and management plans were in place where people needed assistance with moving and handling and copies of these were kept in the person's care file kept in their own home. People who needed assistance from the staff to move and transfer from one place to another were supported safely. A care plan was written which detailed the level of support they needed and stated the equipment to be used and the number of staff required.

Any accidents and incidents that occurred were investigated and analysed in order to identify any trends. This meant the service was then able to make changes to mitigate the risk and either prevent or reduce the likelihood of the event happening again.

At the time of our inspection the service employed sufficient numbers of care and support workers to cover the needs of the people supported. The registered providers told us they were actively recruiting additional staff in order to expand the service and support more people in their own homes. The service did not take on any care packages for new people unless they had the capacity to meet the requirements. In order to cover last minute sickness, the field care supervisors would pick up planned care visits to people.

Staff recruitment procedures were safe. Appropriate pre-employment checks were completed and these included written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. These measures minimised the risks of unsuitable staff being employed.

The service had a medication policy and this was last reviewed in May 2017. The policy set out the assessment process, the different levels of service that could be provided and the care and support workers training and competency checks. These measures ensured the staff team was competent to safely administer medicines to people who required support. We saw evidence of staff training and records of competency checks. Where it was identified that a person needed to be supported with their medicines, the exact level of assistance was recorded in their care plan. Where staff were required to administer medicines by specialist techniques, for example via a tube directly into the stomach, additional person-specific training had to be completed before care and support workers were able to deliver that support. Staff had to complete a medicines record after having administered medicines. The provider told us they were exploring a way of completing this medicine record electronically.

As part of the service improvement plan arrangements had already been made for the registered manager and field care supervisor to attend a medication 'train the trainer' course on 30 November 2017. This meant they would then be able to provide in-house training to the staff team and ensure safe standards were maintained.

All staff received health and safety training as part of the mandatory training programme. There was an expectation that any new or emerging health and safety concerns were reported to the office so that appropriate actions could be taken. Staff also received food hygiene and infection control and prevention training. Staff were provided with personal protective equipment (PPE) in order to prevent the spread of infection. This included gloves, aprons and hand sanitising gel.



## Is the service effective?

### Our findings

People and their relatives described the service as effective. They each said they received the service they needed in order to remain in their own homes. Comments included, "I am so reliant upon the staff now. I want to stay in my own home even though my sister thinks I should go in to a home", "The carers are so competent and know what they are doing. X (named care and support worker) gave me some advice about using the hoist properly" and "I get the help I agreed upon. Sometimes the staff can be delayed but they always ring me and let me know what is happening". Relatives said, "The service is very good", "They let me know if there are any changes" and "Caremark have been reliable and I cannot say that about other agencies we have used".

People's needs were assessed prior to their service starting. This ensured the service was able to meet the person's specific care and support needs and the staff had the required skills and experience to deliver care effectively. The assessments were comprehensive and covered all aspects of the person's daily living needs. From these assessments a plan of care was devised and agreed upon. The plan was regularly reviewed and updated as necessary.

Staff had the required skills, knowledge and experience to deliver effective care and support. New staff completed a full induction programme at the start of their employment. The induction programme followed the 15 modules of the Care Certificate, the minimum standards introduced for all health and social care workers in 2015. The registered manager told us all existing staff were also completing the Care Certificate. New staff would complete a number of shadow shifts with an experienced care and support worker before they visited people on their own. Staff we spoke with confirmed these arrangements.

Existing staff had a programme of mandatory training to complete. This included training in safeguarding adults, safe medicine administration, dementia care, food hygiene and moving and handling. Members of staff we spoke with confirmed the induction programme and the training programme. They said their training was up to date and that training prepared them to do their job well. The registered manager said care and support workers were encouraged to undertake health and social care diplomas.

The registered manager had a programme of individual staff supervisions and staff confirmed these arrangements. Staff said they were well supported by the registered manager and the senior members of staff. Staff meetings were held on a three monthly basis. The last staff meeting had been held in May 2017 and the next series of meetings were scheduled to take place on 14 and 15 December. The registered manager explained that several meetings were being held and all care and support workers had to attend one of them. There were also 'office' staff meetings held on a weekly basis with the field care supervisors and care coordinator. In these meetings service user and staff issues, training and spot checks and 'hot topics' were discussed. The measures the provider had in place ensured the service remained effective.

Those people who were assessed as needing support with meal preparation were provided with assistance as part of their care package of support. This could involve making breakfasts, lunch and tea time meals. Staff talked about one person who was reluctant to eat sufficiently – the care and support workers

monitored what the person ate and drank and when shopping for them purchased food items they knew they liked.

People were supported to consult with health and social care professionals as necessary. This may be the person's GP, a district nurses or community based occupational therapists and physiotherapists.

When people were assessed to have support from Caremark Bristol it was checked whether they had the capacity to make decisions for themselves. This was then kept under review. Care and support workers always checked with the person that they were happy for them to provide care and support. Staff completed basic Mental Capacity Act 2005 (MCA) training and understood the principles of the MCA. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves.

## Is the service caring?

### Our findings

The service ensured that people were always treated with kindness and this was reflected in feedback we received from people who used the service, their relatives and health and social care professionals. People told us, "(named care and support worker) is lovely and very helpful to me", "(named staff member) is the best carer I have ever had and I have had home care for 30 years" and "I have built up a very good relationship with the staff". Relatives said, "All the care staff seem very nice and do what they have to", "Very satisfied with the care staff and how the service is organised" and "I am incredibly well cared for and I do look forward to their visits. They cheer me up". One health care professional said their dealings with the care staff were always positive and they felt the staff genuinely cared for the people they supported.

The service kept all the thank you cards they received. Comments made in the sample of cards we looked at included, "She is well taken care of. Since Caremark have been helping she has been very happy", "We have two main carers, both excellent. They treat me like a person not a patient", "Everything is alright, very happy with the care. Always polite and caring", "I am impressed with the way they have supported me with a couple of medical issues" and "I feel valued as a person. X cheers me up when I am feeling low".

We asked care and support workers to tell us about the people they visited and assisted. They talked about them with great respect. One said, "I treat everyone as if they were my grandparents", "This service has high standards. The registered manager is very caring and they expect us to deliver the standard of care we would want our parents to receive" and "The service not only cares for the people we support but also the staff team. They care about me".

People and their families were involved in planning their care and had a say in how the support was delivered. Each person was provided with a person-centred package of care and this took account of their needs and wishes. People were allocated one main care and support worker but for larger packages of care (three or four visits per day), two or three main care staff. For each visit, where two staff attended the call, at least one of them would be a familiar face to the person. These measures ensured that people received continuity of care and were able to form good relationships with the care and support workers. One person told us the service was able to be flexible in order to accommodate changes to visit times and had on one occasion supported them with extra visits when they were unwell. It was evident from our discussions that staff were respectful regarding people's privacy and maintained their dignity when delivering personal care.

## Is the service responsive?

### Our findings

People and their relatives made the following comments about the service they received: "The service was able to accommodate extra visits when my main carer was poorly. They promptly responded when things were difficult. The care and support worker reported what was happening to the office and extra help was soon arranged", "They always do all the tasks that I need and then ask if there is anything else they can do" and "The office try and be as adaptable as possible but always explain if it just is not possible to make last minute changes".

People's needs were met because of the way services were organised and delivered. Their care and support needs were assessed by the registered manager or one of the field care supervisors. People were always involved in developing their care and support plan. Their choices and preferences about how their needs were to be met were recorded. A copy of the care plan and other documentation was kept in people's homes as well as in the office and these were regularly reviewed. Following the start of a new care package, the first review was completed after four to six weeks and then on a six monthly basis. These time scales were adjusted where necessary. Care and support workers were expected to report any changes in people's needs to the registered manager or field care supervisors so that a reassessment could be arranged. These measures ensured the service provision matched their care and support needs.

We found that care plans provided clear instructions for the care and support workers which directed them about the level of care the person needed. The plans listed the tasks to be attended to each visit. For example where people had morning visits, midday, afternoon and evening visits, it was clear what tasks had to be completed when.

People were given a copy of the service users guide and this included information about what the service could offer and what to do if they were unhappy about any aspect of their care and support. The document explained how to make a complaint and set out how they could expect any concerns or complaint to be handled. This meant that people and their relatives knew what they could expect the service to do if they were unhappy. People and relatives we spoke with said if they had any concerns or complaints they would feel comfortable about raising these with either the senior staff or the registered manager. People were encouraged to express their views and make comments about things during their care plan reviews.

The registered provider and registered manager told us the service user guide could be provided in three other languages. Arrangements could be made with the franchise for other formats or languages to be provided as and when needed. This ensured the service complied with the accessible information standard. In one person's care file in their own home we saw a copy of the complaints procedure in an easy read format.

The service had handled a number of concerns raised by people or their relatives. The records kept by the service evidenced that each of them had been responded to appropriately. The registered manager had used the learning from these concerns to make improvements in care delivery.

The service would continue to look after people with end of life care needs and would work in conjunction with the person's family and other health and social care professionals. The service would record any specific wishes the person may have and would make sure the views of the person receiving the care were known, respected and acted upon. It was evident that people were listened to and the service would change and adjust in response to people's changing needs. One care and support worker talked about a time when they had requested specialist equipment from the district nursing services to aid a person's comfort, when they had become confined to bed.

# Is the service well-led?

## Our findings

People and their relatives told us none of their planned care calls had been missed, the timing of care calls was generally good and the office kept in good contact with them if staff were going to be delayed (traffic or another reason). Their comments were positive and evidenced the service provided was person-centred, open and inclusive. People were able to achieve the outcome they wanted which was to remain in their own homes.

The statement of purpose and the service user guide, given to each person being supported by the service stated their aim was to deliver the highest standards of care and support to those in need and who choose to remain living in their own home. They aimed to encourage promote independence and ensure a person's values and rights such as dignity, beliefs and freedom of choice were respected at all times. The feedback we received from people, relatives, office staff and care and support workers supported the fact the service achieved this. Caremark Bristol were able to produce the brochures and information about their service in other formats upon request, therefore meeting the new accessible information standards criteria.

The registered providers were actively involved in the day to day running of the service and one of the directors was also the registered manager. There was one care coordinator post, one training and compliance manager, two field care supervisors and a team of care and support workers. The staffing structure supported present and future growth of the business and enabled the provider to ensure the service was delivered safely, effectively and responsively. The management team were signed up to the social care commitment. This is the adult social care sector's promise to provide people who need care and support with high quality services.

The field care supervisors provided an on call service out of office hours (evenings until 10pm and at weekends) but the registered providers were also available for advice and guidance.

The registered manager was in the process of completing a qualification at level five in leadership and management. They planned to complete this in March 2018. Feedback we received from the office staff and care and support workers overwhelmingly stated the registered manager provided good leadership. As part of the registered provider's improvement plan for the service they were looking to achieve accreditation from Investors in People and participating in Care Awards.

The service had a business continuity plan. This set out the arrangements that would take place if a number of different events occurred. The plan covered traffic delays, severe weather, fuel shortage, staff sickness, loss of IT and telephone, a postal strike, office damage and any other disasters.

The registered providers and senior staff demonstrated a commitment to providing good leadership and management for the staff team. Care and support workers said they were proud to work for Caremark Bristol and were complimentary about the way they were supported to do their jobs. All the staff we spoke with said they were expected to deliver the highest standard of care.

The service has clear and effective governance arrangements. The franchise monitor the service strongly and the regional development manager visits the office on a monthly basis. The service had an open and transparent culture and welcome feedback from people and staff in order to make improvements. For example, staff had reported their concerns about data usage when using the mobile app system therefore they were now reimbursed in their wages each month. Another example of action taken as a result of feedback was the setting up of a specific 'double up round' in order to ensure the two care and support workers arrived at a care visit at the same time.

Care documents including the log books of recording made after care calls and medicines administration records, were audited on a monthly basis by the field care supervisors. We also saw documents that evidenced that people's whole records were audited along with staff records, the office premises and other records related to the running of the service. The last full audit had been completed on 25 September 2017.

The service had invested in technology to deliver and monitor the care they provided. In May 2017 they introduced a mobile app system to monitor people's visits in real time. Changes in care and support worker rotas were also communicated in real time to them. There was a facility in this system for the on call field care supervisor to make changes to staff rotas to manage any emergency. The system ensured people received their care calls at the time agreed (or as near as possible) for the agreed length of time.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

An annual 'client' survey was scheduled to be undertaken in December 2017. The registered providers told us they would use the feedback to see where any further improvements were required. It was evident the registered provider and registered manager engaged with people using the service, their families and the staff team and used feedback to develop the service.

The policies and procedures we looked at were provided by the franchise and regularly reviewed. Staff knew how to access policies and procedures and key ones were included in their handbook. This meant the staff team had access to up to date information and advice and guidance was available to them.