

Blueleys Limited

Caremark (Aylesbury & Wycombe)

Inspection report

Unit 4, The Hay Barn Business Park
Cublington Road, Aston Abbots
Aylesbury
Buckinghamshire
HP22 4ND

Tel: 01296641662

Website: www.caremarkaylesbury-wycombe.co.uk

Date of inspection visit:

17 December 2019

18 December 2019

20 December 2019

Date of publication:

27 February 2020

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caremark is a service providing care and support to people in their own home. At the time of the inspection the service was providing support to 180 people; about two thirds received support with personal care. The service provided both regular daily visits to people receiving personal care and some live-in staff members providing a 24-hour support service.

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.

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

Arrangements for social activities were creative and met people's individual needs. The service went over and beyond in finding out what people would like to do, what they used to do, and how it could facilitate those wishes. Staff were skilled in meeting people's communication needs.

We received positive comments about the service. People told us, "I get the same ones (staff) who are regular. They help to keep my independence and provide me with companionship. I cannot sing their praises highly enough. I feel safe because I know them and who is coming." Relatives told us the service was flexible and 'aimed to please'. One relative told us, "The regular lady is very nice. She knows mum and she's very efficient. She's like a friend more than a worker and she's kind and polite."

Staff were safely recruited and received exceptional support to develop their skills. The provider recognised the importance of treating staff well and rewarding them for their commitment. This led to a positive working environment where staff felt valued and listened to. Staff told us how they felt proud working for an organisation that was forward thinking and open to new ideas.

Staff were aware of how to report any concerns about neglect or abuse. Staff told us they were part of an organisation that promoted their well being together with the people who used the service.

Risk assessments were in place to ensure people were supported safely. Staff supported people to take their prescribed medicines and contacted people outside of visits to remind them to take their medicines.

We observed people were treated with kindness and compassion. People and their relatives told us they were treated with respect. One person we spoke with told us, "They are patient, kind and understanding" Another commented, 'Very much so, no complaints.'

The service sought new technology and other solutions to make sure that people lived with as few restrictions as possible. 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.

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 (published 21/02/2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Caremark (Aylesbury & Wycombe)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and two 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. The Experts by Experience made telephone calls to people and relatives receiving the service about the support and service they received.

Service and service type

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

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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 17 December 2019 and ended on 20 December 2019. We visited the office location on 17 December 2019 where we spoke with staff and viewed records. We visited people in their homes on 18 December 2019 alongside staff. On 20 December 2019 we contacted people by telephone.

What we did before the inspection

Prior to the inspection we reviewed all the information we had about the service, including notifications. 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.

We used all of this information to plan our inspection.

During the inspection

We visited and spoke with two people in their own home and contacted 16 people using the service and 10 relatives. We also spoke with the managing director the care manager and four members of the staff team. We reviewed a range of records including the electronic records for medicine administration.

After the inspection

We requested and received further information following our inspection from the provider in relation to support people received.

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 told us they felt safe being supported by the service. Staff received safeguarding adults training and told us they would not hesitate to report any concerns to the relevant authority. Comments we received from people were, "I get the same ones who are regular. They help to keep my independence and provide me with companionship. I cannot sing their praises highly enough. I feel safe because I know them and who is coming" and "They prompt with my medication and make a note of it on their mobile phones." The client was referring to a secure electronic means of recording MAR charts.

Assessing risk, safety monitoring and management

- Risk assessments included information on actions to take to minimise risks to people including any equipment used.
- One relative said, "The ones (staff) we have are stable and appreciate her needs. She is physically frail, and they need to adjust her hospital bed to keep her comfortable. They supervise her using her walking frame. She is usually cooperative, and they are very positive and sensitive towards her condition.
- Staff were aware of people's needs and could call the office to request additional support if required.
- The service employed a full-time quality control administrator who checked the visit records throughout the day, bringing to the managers attention any concerns or issues raised by staff so that prompt action could be taken to keep people safe.

Staffing and recruitment

- The service had safe systems for recruitment, including disclosure and barring service (DBS) checks. This ensured only suitable people were recruited. Recruitment was actively carried out using a range of means of attracting new staff, including social media, sponsored adverts, local radio activity, cards in shop windows, and a range of community-based activities including stalls at summer fetes and Christmas fairs.
- A full-time human resource and training manager supported new and existing staff with feedback, encouragement and active discussions, adding to the regular team meetings and supervisor spot checks and emotional support.

Using medicines safely

- Staff supported people with their medicines where this was included in their care package. Staff received training in medicines administration and had been competency assessed.
- The newly implemented electronic system allowed medication administration records (MAR) charts to be available to office staff and supervisors as soon as they were completed.
- Changes in medicines could be made available to staff immediately. For example, if an antibiotic was prescribed, this could be inputted to the care plan and immediately appeared on the visit tasks.

Preventing and controlling infection

- Staff ensured people were protected from infections. People told us staff wore aprons and gloves when delivering personal care. Staff told us they had received training in infection control and had a supply of personal protective equipment.

Learning lessons when things go wrong

- The service sought best practise and used learning from this to drive improvement for all people. Where accidents and incidents had occurred, these were analysed to ensure learning took place to prevent re-occurrence.

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.

Staff support: induction, training, skills and experience

- The service implemented a comprehensive range of strategies tailored to staff's individual needs to ensure staff developed their skills and were supported to develop their careers within the service. As a result; people benefitted from a stable highly skilled staff team that knew them well.
- All staff had completed the provider's mandatory training and the Care Certificate to ensure they had the knowledge, skills and behaviours required to undertake their role. The service had a large, fully equipped training room and this had enabled more opportunities for staff training and development sessions.
 - The Care Certificate Board Game was used to provide fun and interactive training and encouraged open discussion and involvement in the issues that the Care Certificate was designed to teach care staff.
 - The service made adjustments to ensure all staff had the support they needed to partake in training opportunities. Induction training included a test on literacy which identified any communication development needs staff may have. Staff were offered English language tutoring where this would assist them when English was not their first language.
- The service was creative in developing staff and family carers understanding and skills in supporting people living with dementia. In 2019 the service ran a Dementia day using the Virtual Dementia Tour which was extremely well received and invited other professionals and families to participate. One family member said that the Tour had enabled her to better understand her mother's needs. The service implemented an 'Dementia ideas' box, with a range of activities and tools for people with dementia so that they and their families could implement these at home and updated this regularly with resources. We heard examples of how this had supported staff and families to support people's anxiety and reduce their distressed behaviours.
- The service collaborated with Carers Bucks (a charity offering support to family and friends who are unpaid carers) offering places on their internal training courses so that they were able to access professional training to support them to provide effective care to people at home.
- All staff were encouraged to undertake further skills development. The service had a number of staff who were trained Dementia and Dignity Champions, and actively worked on the Dignity in Care actions. They enhanced staff's knowledge by disseminated information across all office and field staff to ensure staff sought improvements and understood their role in actively promoting people's dignity during care visits.
- As a result staff went out of their way to promoted people's dignity. One person returned home from hospital and contacted the supervisor before 6am in great distress. The supervisor reacted quickly and was able to get the person's regular member of staff to attend one and a half hours before they would normally be visiting, to help the person to get dry and clean, leaving them comfortable and dignified while other health care professionals were contacted.
- The service participated in the Buckinghamshire Adult Social Care Career Pathway which is an initiative in

collaboration with Skills for Care, Buckinghamshire County Council and the NHS. Its purpose was to reach out to people looking at this industry for the first time, those looking to develop their careers and to teachers and colleges. The service currently employed two apprentices who were undertaking courses at the local College and offered opportunities for young people to gain skills and qualifications and explore career paths that they might not otherwise have looked at. This supported the perception of health and social care as a career in society and amongst young people, encouraging more people into the industry.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- The service supported people with meals and fluids when this was part of the care package.
- The new electronic records system highlighted if a person had not received nutrition and hydration so that management can rapidly follow up on any concerns.
- There was a strong emphasis on good eating and drinking. For example; we were told one person had battled with their weight and depression for many years. When the service started supporting them, their mobility was extremely poor, and the person was housebound. The service supported the person walking for very short periods initially, gradually increasing the movement, and were eventually able to implement 'time for me' visits so that they could support access to Slimming World, reducing isolation and loneliness through building new friendships and increasing the person's social network as well as supporting with weight loss.
- One person we spoke with told us, "I need prompting with eating the right kind of foods. The carer takes me shopping and we have a good rapport; enough for her to support me with my diet and to advise me when I need to make healthier choices buying my food. She does it nicely by suggesting other healthier things when I reach for the cake!"

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with other organisations to make sure staff followed best practice.
- We were told district nurses and occupational therapists visited people when required. This was recorded in people's care plans we viewed.

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. There were no applications made to the Court of Protection at the time of our inspection.
- Practises regarding consent and records were actively reviewed and monitored by the Care Manager, people were encouraged to make appropriate arrangements regarding DNAR and enduring powers of attorney where relevant. Staff received full training on MCA at their initial induction.

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; Respecting and promoting people's privacy, dignity and independence

- People told us staff were more like family than their care staff. One person told us, "They make the personal care I need bearable for me. I am independent and they give me a shower, they let me wash where I can by myself they are patient, kind and understanding." Another person said, "Yes they definitely do, (treat me with respect) they knock on the door or ring the bell before they come in and call up to let me know they have arrived."
- The services ethos was the heart of a good service was privacy and dignity which was covered at length in the induction training. All people were involved in the initial planning of their care, and in any changes that they wanted by regular reviews with a named supervisor. People decided who they wanted to provide their care, and where possible this was accommodated.

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

- People's preferences in relation to their support worker and their lifestyles were all explored during the initial assessment and fulfilled as far as possible.
- For example, a married couple were offered three different members of staff before they found that they had a preference for one, and the member of staff became their prime support worker. Another person had a care visit three times a week for periods of four to six hours each. He had strong preferences as to whom he spends this time with, and now has two main members of staff and one back up with whom he has developed a strong bond.

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. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Arrangements for social activities were innovative and met people's individual needs. The service went over and beyond in finding out what people would like to do, what they used to do, and how it could facilitate those wishes. The service promoted this to staff and people through their Independence Clubs. Staff were asked about what people would do if they could and delivered this information back to the office staff who arranged a group activity to enable people to participate in things together.
- The most recent example of this was the Christmas pantomime, and over the year people participated in baking days, 10th anniversary celebrations, and tea parties. People were provided with transport and were able to attend with their regular member of staff which often also gave their family carer a break. Families could also attend together and we heard examples of how this had enabled one family to attend a coffee morning together; something they had not always been able to do.
- Staff went out of their way to encourage people's social involvement as part of their core support. One person had a relative who lived a long way away and was unable to visit. During their care visit a staff member supported them to make a video call so that the person could chat to her relative 'face to face' in a way that would not have been possible without this support.
- Another person had recently lost their mobility. They had lost their confidence to leave the house and had not been in the community for several months. Staff supported them to attend a pantomime; it was the first time they had left the house. This had improved their confidence and wellbeing enormously and supported them to ask for help to remain active and involved in the community.
- Another person was initially very isolated and had little support to access their local community. A core familiar staff group developed trusting relationships over time with this person, so that they now have the confidence to accept support for to participate in community events and have attended several Caremark arranged events including the services 10-year celebrations, summer picnics and coffee mornings. This increased the person's confidence and reduced loneliness and isolation.
- The service provided staff to attend a social event in collaboration with a local organisation called 'Never Alone' and also the 'Wednesday Club' and had assisted people to attend these events too, enabling them to participate actively in local events.

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 worked with appropriate professionals and organisations to ensure anyone with specific communication needs were met. For example, one person whose speech deteriorated rapidly due to their condition started using an eye gazer which staff had been trained to use. In addition, a regular team of staff were in place who were familiar with the technology to ensure the person could communicate their needs effectively.
- Another person was not able to verbally communicate and could only communicate through noises and eye movement. A regular team of staff were in place who were able to understand the person's communication methods and in turn were able to meet their needs.
- In addition, one person with a sight disability received invoices and other communication in larger print and a member of staff visited the person to review any other communication they received where assistance may be required.
- The provider actively recruited a diverse work force to support people's communication needs. One person whose first language was Italian was matched with a staff member who was fluent in Italian.
- Another person did not speak any English, and staff were provided with an electronic application (identified by the supervisor) which translated spoken English into their language and translated their speech back into English. In this way her needs were better understood, and she was able to fully express her preferences and wishes.

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

- Family members and other professionals were also able to access the care notes and MAR charts. The immediacy of transfer of care records to management had transformed the standard of care and support that the service offered, improving communication and providing the ability to change and update care plans in real time.
- People told us staff had excellent skills and an understanding of their social and cultural needs that may influence their decisions on how they wanted to receive care and support.
- The service understood the needs of different people and delivered care in a way that met those needs. For example, a person who had specific cultural needs in relation to their clothing and prayer times, the staff were aware of this and was able to support the person without them having to explain what was needed.

Improving care quality in response to complaints or concerns

- Complaints were logged, and reviewed by the Care Manager and Managing Director, responded to and recorded on a complaints log that indicated patterns and outstanding actions, and where a change in policy or procedure was needed, or reviews of training for example, these were logged on a Continuous Improvement Plan and discussed at the regular Managers meetings.
- People told us, "No we have not needed to complain", "We have never needed to complain" and "I'd speak to someone in the office."

End of life care and support

- The service did not currently support anyone who were known to be end of life at the time of our inspection. The management recognised that including staff and families in end of life care was important, and a number of staff have received end of life care training. Staff were offered counselling by the service if one of their regular people they supported passed away.

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 Good. At this inspection this key question has 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had a clear positive open culture that was embraced by both management and care staff. Staff we spoke with told us how they felt privileged to work for such a progressive organisation.
- People were very satisfied with the care they received. They told us, "The managers know their business. Some staff have worked there for years and are very committed", "Their systems...their ethos is continual improvement", "No I don't think they could improve on anything" and "I would be lost without them. They (the carers) are lovely to me we're like a family."
- The implementation of the electronic records system in 2019 was embraced by all staff, and resulted in improved communication, recording and response times. Innovation was seen as exciting and welcomed by staff.
- Staff told us they felt valued and how the organisation treated them well with good pay and conditions.
- The provider was clear about the role of Duty of Candour in improving and developing high quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The Managing Director provided support and advice to other Caremark offices, ensuring that their extensive experience and knowledge in the sector was disseminated and could be constructively used across the country.
- Regular management meetings considered all aspects of the service, and a Continuous Improvement Plan challenged the service staff to continuously seek means to develop and innovate.
- The provider ensured staff were able to work effectively to support high quality care. There was a Human Resource (HR) manager to ensure any induction issues were addressed and rectified.
- The HR and Training Manager supported new and existing staff with feedback, encouragement and active discussions, adding to the regular team meetings and supervisor spot checks and emotional support.
- Annual surveys were analysed and any improvements that could be made as a result were acted upon.
- Contingency plans were in place to ensure the service was able to continue safely in adverse weather conditions.
- People told us they could contact the office at any time. The service had a 24-hour emergency on call system that ensured any emergencies were acted upon appropriately, and both staff and people using the service had the professional support when they needed it. The care manager was always available to support supervisors with issues that arose during the day or night.

- The service had sent us notifications about events which they were required to do by law.

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

- The cultural focus of the service on continuing development and always seeking ways of improving the service meant that the service improved the impact of the service on people they were supporting and made staffs working lives interesting, stimulating and challenging. Thereby improving staff retention and skills and the standard of support offered.
- The services management disseminated 'topic of the week' questions to office staff and supervisors, encouraging them to consider how the service is continuously offering an outstanding service.
- The service was participating in a research programme being undertaken by the University of Kent to investigate the potential impact of BREXIT and changes in immigration policy on the sustainability of care at home.
- The Managing Director was a judge at the Great British Care Awards in 2019, where she heard many stories from shortlisted candidates about how they go over and above in their work and was able to bring back ideas about how to continue to improve the service.