Trinity 365 Care Ltd

Caremark (Richmond upon Thames)

Inspection report

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Date of inspection visit:
22 February 2018

Date of publication:
15 March 2018

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

We inspected Caremark (Richmond upon Thames) on 22 February 2018. This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they, or a delegated representative, would be in.

Caremark (Richmond upon Thames) is a domiciliary care agency. It provides personal care and domestic support to people living in their own homes in the community. It was providing a service to 51 people at the time of this inspection.

Not everyone using Caremark (Richmond upon Thames) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Caremark (Richmond upon Thames) was registered with the Care Quality Commission in April 2017. This comprehensive inspection was the first inspection carried out on the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People and their relatives told us that they had had a very positive experience in receiving care and support. They described the staff as "lovely", "very good", "very helpful" and "friendly". They told us that the service was of high quality, that it was personalised to people's individual needs and responsive to any changes that people wished to make.

People and their relatives told us that they had regular staff visiting who were punctual and communicated well with them. People knew how to raise concerns and felt that managers and staff were approachable. There was a procedure in place for people to follow if they wanted to raise any issues.

People were supported by staff who were trained and well supported in their job roles. Staff members had

been safely recruited and had received an induction to the service. There were systems to safeguard people from abuse and staff completed safeguarding training and knew how to report any concerns.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the importance of gaining people's consent before assisting them.

The service completed assessments of people's needs and these were used to create the care plan for each person. The service kept people's needs under review and made changes as required.

The service promoted a culture that was person centred, open and inclusive and had systems in place to monitor the quality of the service and the experience of people who used it.

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.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe. Risk assessments were carried out before providing a service to people.

The agency employed sufficient staff to meet the identified needs of people. The service carried out appropriate checks to ensure suitable staff were employed.

People were protected from the risk of infection through staff wearing appropriate protective clothing and receiving training in infection control.

Is the service effective?

Good

The service was effective.

Staff had completed training to provide effective care and support to people using the service and received supervision and support from senior staff.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

People were supported to stay healthy and well. The service made appropriate and timely referrals to other relevant health professionals when required.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respected and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care and support provided and involved them in decision making.

Is the service responsive?

Good

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service and their relatives felt able to raise any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

The service promoted a culture that was person centred, open and inclusive and had systems in place to monitor the quality of the service and the experience of people who used it.

People confirmed they received calls and visits from managers to ask them about their experience of using the service.

Caremark (Richmond upon Thames)

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.

We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they, or a delegated representative, would be in.

We inspected the service on 22 February 2018. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with six people who used the service to gather their views about the service provided. We also spoke with two care staff in the office and two care staff by telephone following the inspection. We spoke with the registered manager, care coordinator, care supervisor, business manager and managing director about the work they did and to gather their views of the service.

We reviewed a range of documents and records including; five care records for people who used the service, six records of staff employed by the agency, as well as a sample of complaints and compliments records and

policies and procedures kept by the service.

Good

Our findings

People using the service said they felt safe in the care of the staff who supported them and that their home environment and property was respected by staff. One person told us, "The staff are lovely. I don't know how they manage to find such good people to work." Another person said, "They are very good. I requested a change of care worker because I wasn't happy, and they held a review and arranged a different worker. Now I am very happy."

People who responded to a questionnaire sent out by the Care Quality Commission (CQC) all told us that they felt safe with staff, that staff arrived on time and completed their tasks properly.
Staff who responded to the questionnaire all said they were aware of how to report concerns and abuse, had enough time to provide the care required and had a lone worker policy in place to keep them safe.

People were kept safe and protected from neglect, abuse and discrimination. The service had safeguarding policies and procedures for managers and staff to follow if required. Staff received training to give them an understanding of abuse and knew what to do to make sure that people using the service were protected.

We looked at the service's electronic training records system which highlighted training that had been completed and flagged up any refresher training that was required. Staff confirmed they had completed training in safeguarding adults and said they would approach the registered manager if they had any concerns. One care staff member said, "I have received great training and supervision and can discuss any concerns with my manager."

Risk assessments were reviewed regularly to ensure people continued to be safe and staff were able to meet their needs. Records showed risk assessments which had been updated and others had review dates set.

The safety of people's homes was assessed and potential hazards/ risks were discussed with people. Moving and handling equipment was also inspected during the initial visit.

The service had a thorough recruitment and selection process in place for new staff. This helped to ensure people were protected from the risk of receiving care from unsuitable staff. Staff files showed that relevant checks had been carried out before staff started to work for the service. These included obtaining written references, proof of identity, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on prospective staff to help employers make safer recruitment decisions.

Newly recruited staff did not work unsupervised until they had completed mandatory training and had been assessed as being competent to work safely with people. Care staff were introduced to their prospective service users before commencing work, which meant that people felt reassured and safe.

All staff were provided with employment information as well as policies and procedures which supported staff to keep service users safe, such as safeguarding, medication and emergency policies.

The service managed the control and prevention of infection. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves and aprons. During the inspection we observed care staff arriving to pick up fresh supplies. This meant staff and people were protected from potential infection when delivering personal care.

Staff had received training in the administration of medicines and were aware of their responsibility in this area. Policies and procedures were available for staff to refer to and medicines administration records (MAR) were audited monthly.

The registered manager had a system to record any incidents and accidents and a procedure to investigate these. Investigations included speaking with the person in their home and amending the plan of care and risk assessment where necessary. Care staff completed a basic first aid training course as part of their training.

The care coordinator and care supervisor carried out announced and unannounced spot checks and visits on the care staff with the consent of the person using the service. Good practice, confidence, relationship, technical skills such as using a hoist, turning an individual safely, prompting, supporting, administering medication were observed on site. We saw examples of recorded spot check visits during our inspection.

The service respected equality and diversity. Equality and diversity policies and procedures gave clear guidance to staff to help make sure people's rights and diverse needs were respected. Care staff completed online training and had a good understanding of how to protect people from discrimination and harassment.

Good

Our findings

Staff had the right skills and knowledge to carry out their roles. People told us that they were happy that care staff understood what they had to do and that they did it well. One person told us, "They are very good. Their timekeeping is good and they really work hard. They have a real "can do" attitude. Another person said, "I am very happy. I started using Caremark after having used a different agency. The difference is night and day. They do exactly what they promise and even more. The coordinator took good notes when they came and they have also visited me to check whether I am happy with the care."

People who responded to the CQC questionnaire all said that they felt staff had suitable skills and experience and that they would recommend them to others.

Care staff undertook induction training which was in line with the requirements of the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life.

Mandatory training was completed infection control, health and safety, food hygiene and moving and handling. In addition to the Care certificate some staff had completed national qualifications in health and social care to level 2 or above.

Staff said they felt supported by the management team and colleagues. Staff who responded to the CQC questionnaire all said they had received training to help them do their job effectively and received supervision.

One care staff told us, "They are brilliant people to work for. I've had all my training and can do more if I want." Another care staff said, "I'd give my agency 9/10. Everyone is so approachable and I've received good training. I get my supervision and sometimes they make spot checks to see how I work."

We saw that staff received individual supervision and support. This consisted of individual supervision meetings once every two months, together with management spot checks or telephone interviews every two months. There was an appraisal system in place for all staff, although no appraisals had been carried out as the service was new and the appraisal period had not yet begun.

Team meetings were held monthly and included topics such as "policy of the month" which highlighted a particular policy with the aim of raising awareness and staff effectiveness in this area.

Support plans included details of any support people needed with their nutrition and hydration and we saw staff recorded this in people's daily care notes. Where required, people's care plans included their religious or cultural dietary needs, for example if a person required a particular diet.

Approaches to meeting people's needs were reviewed and changed where necessary, in order to ensure the service continued to be effective. For example, as part of an outreach service to one person, care staff helped the person enrol in a drama group, whilst another care staff helped someone to take up cycling via the Companion Cycling activity in the community.

The provider worked with the local authority to make sure they identified and met people's care and support needs. Some people using the service were referred by the local authority and their care records included an assessment of their care needs and a suggested package of care.

The care coordinator told us the service monitored people's health and would report any changes to the family, GP and social worker as required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the (MCA) 2005.

Staff had received training in understanding their responsibilities under the Mental Capacity Act (MCA). Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support.

Where people lacked capacity to make some decisions, we saw the provider worked with their relatives or representatives and the local authority to agree decisions that were in the person's best interests.

Good

Our findings

People using the service told us their privacy and dignity was respected and that they were treated with kindness. People were consistently positive about the caring attitude of the staff, with comments such as "Very happy", "I would recommend them", "Friendly" and "No problems".

Other feedback came in written form to the service. One person wrote, "Thank you. What a difference you have made to [my relative's] life."

As part of staff development and to encourage a culture of caring, the service had an "employee of the month" award. One recent example of an award was to a care worker who had demonstrated a caring attitude towards someone whilst providing end-of-life care. A conscientious attitude, extra home visits and ensuring that the office staff were kept fully up to date were important factors in achieving the award.

The service recognised that everyone has their own view of what dignity and independence means to them and that this influenced how they wished to be supported. One example provided to us was the example of someone who did not want care staff to be standing and looking while the person was having a shower but instead preferred the care worker to remain nearby in case help was required.

The registered manager described how the service worked to promote service user networks which included health care professionals, advocates, families, social workers and Healthwatch England. Healthwatch England is the consumer champion for health and social care.

People told us they had received information about the care they were to receive and how the service operated. They also confirmed that, in the main, the same group of care staff cared for them, providing a good sense of continuity of care as well as the reassurance that people were being cared for by people who knew them well.

People were involved in making decisions about the support they received. Care plans were regularly reviewed and helped the service support people in their daily life as well as keeping their independence.

Care plans involved people, their families and external professionals such as social work teams, where required. We saw that care plans contained updated risk assessments, were signed by people and had review dates.

People's privacy and dignity was respected and these topics formed part of staff training. People confirmed to us that staff asked their permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

In the previous 12 months a member of staff had been recognised as a winner in the London Borough of Richmond-upon-Thames Dignity in Care Award scheme.

Good

Our findings

People were confident that they received personalised care that was responsive to their needs. Interviews with staff demonstrated that there was a commitment to providing an individualised care service to people.

The care supervisor and care coordinator worked with people and care staff to manage the service and schedule the visits. This reassured people that when they contacted the service they had a person that was familiar with their needs, choice of support workers and visit times and who could respond to queries in a timely fashion.

People were able to contribute to the planning of the care and support they received. Before they started to provide support to people, a senior staff member visited them to complete an assessment of their needs and get their feedback about the support they required. A care plan was then written based on their identified needs.

Records showed the service regularly reviewed people's care plans to make sure they had up to date information about their support needs. Records included evidence of regular spot checks by senior staff including of the care documentation in place at the person's home. Telephone calls were also made to people on a rotational basis to regularly ask them how they felt their care plan was helping them.

Daily care records were completed by staff at the end of each visit. These recorded a summary of the care and support provided including the person's mood and information about any changes in care needs. Care staff told us the service gave them information about people's care and support needs before they visited them for the first time.

Technology was used in providing the service. This included an electronic signing in and signing out system, as well as containing important information on people's care packages. This allowed the service to track and monitor when visits were being attended and allowed the service to be responsive to any requests for change as care details were easily accessible.

People told us they knew how to make a complaint and the provider had a system and process to respond to complaints. We saw that concerns and complaints had been appropriately logged and responded to. We saw records confirming that the service had written to people acknowledging where there were shortfalls in the service, such as timekeeping and what action they would take to resolve this. In the previous 12 months

there had been nine complaints, all of which had been resolved within 28 days. Complaints were to do with lateness, administrative processes and communication.

We also saw examples where people or their relatives had written to the service praising them for the quality of their care and complimenting their staff. In the 12 months leading up to this inspection the service had received 14 letters of compliment to do with quality of staff, person centred care and being responsive to individual needs.

Good

Our findings

People and their relatives told us the service was well led. They consistently reported that they were happy with the care and support provided by the service. One person commented, "They are all good, but particularly the older, more experienced staff." Another person said, "We communicate regularly and I have had no problems."

Staff told us they felt respected, valued and supported by the registered manager and other senior staff. One staff member said, "They are all very approachable." Another told us, "I have no problems getting in touch with the office. If I am running late I can easily let them know and they can then reassure the person I'm on my way."

A registered manager was in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Within the service there was a clear leadership structure in place. The registered manager was supported by a care coordinator and supervisor who all understood their roles well. The register manager confirmed that they would be introducing annual appraisals for staff once they had reached one year of service in May 2018.

Feedback was obtained from people through care review meetings and spot checks of individual staff carrying out their duties. In the 12 months leading up to inspection there had been 64 quality assurance visits made to people's homes to monitor the quality of care provided.

The service also sought feedback from people and their relatives regarding their experience of receiving care. In addition to spot check visits, telephone calls and the use of compliment and complaints processes were used to assess and learn from people's feedback.

The service worked in a collaborative and open way with external stakeholders and agencies to support the care provision. We saw evidence of the service communicating with other involved healthcare professionals to help ensure joined-up care, for example with social services and healthcare agencies.

The service had begun discussions with a local provider to work in partnership with them in order to be able to receive specific training session through them about cancer and detecting early signs of recognising this,

and of end of life care. The service also had links with other domiciliary care providers through local forums, which helped to develop and learn from good practice and keep up to date with developments in the field.

There were systems in place to ensure the security of confidential information.