

Karemill Homecare Ltd

# Karemill Homecare Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Karemill Homecare Limited is a domiciliary care agency providing personal care to people in their own homes or flats. The service provides support to people over and under the age of 65, people living with dementia, people living with a physical disability and people living with a sensory impairment.

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 our inspection there were six people using the service, of which two people were being supported with the regulated activity of personal care.

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

People using the service were unavailable to provide us feedback about the care and support they received. We spoke with their family members who were able to provide us with their experience of the care provided. People had care plans in place. However, these did not include information advising of people's likes, dislikes, preferences or health and medical history. Information was not recorded clearly to guide staff to provide care and support which was person centred. Risk assessments were limited in their detail and did not provide clear information to direct staff to support people safely.

The quality assurance system was not being used to effectively identify where improvements were required to make change and support development of the service.

Relatives spoke positively about the care provided. Relatives told us the staff team were familiar and made them feel safe. One relative said, "Knowing the [staff] means we can trust them." Another relative said, "We were initially anxious with receiving care but now rely on the [staff] and the support provided."

An induction process was in place to support newly recruited staff and prepare them for their role. Staff had received training to provide them the skills and knowledge required for their role. Staff felt supported by the registered manager.

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. Relatives told us the [staff] were respectful in their work and sought permission before providing care and support.

Relatives told us they found the registered manager to be approachable and felt confident they would address any concerns should these arise. Relatives told us the staff were friendly and caring.

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

### Rating at last inspection

This service was registered with us on 6 April 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the care planning and governance of the service.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Karemill Homecare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

#### What we did before inspection

We sought feedback from the local authority and professionals who work with the service. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 3 May 2022 and ended on 16 May 2022.

We were unable to gain feedback from the people who were using the service as they were unavailable. In order to obtain people's experience of care provided by the service we spoke to two relatives. We spoke with three members of staff including the registered manager, a care worker and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records, risk assessments and daily notes. We looked at three staff files in relation to their recruitment, training and supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had completed risk assessments of individuals. However, these did not identify individual risks or mitigating actions required for staff to take to keep people safe. For example, for one person who had a catheter bag in place, there was no information recorded to identify risks of infection or mitigating actions for staff to follow.
- For another person who was supported with moving and handling equipment, information recorded was minimal and did not provide clear guidance to staff to mitigate risk when supporting with moving and handling tasks.

We found no evidence that people had been harmed however, systems to assess and manage risks were not robust to keep people safe. There was however a risk of people being harmed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the care people received was safe. One relative told us, "We are very happy with the care provided. The [staff] appear to be very capable." Another relative said, "We are very happy and reassured by the [staff]. We rely on [staff] coming."
- The provider had policies in place to help protect people from harm. Staff had received training in safeguarding and knew how to report concerns internally and to outside organisations including the local authority and Care Quality Commission (CQC).

### Staffing and recruitment

- People received their care and support when needed. Relatives told us they received care from a familiar staff team who were punctual. One relative told us, "It is a small team who know (family member) well. They always remain in place for the length of the care visit and sometimes longer if required."
- The registered manager told us they had experienced staff recruitment challenges during the COVID-19 pandemic and had placed a pause on accepting new care packages whilst this was addressed.
- There were recruitment processes in place in line with current legislation.

### Using medicines safely

- At the time of the inspection the provider was not supporting anybody with the administration of their medicine.
- Policies and procedures were in place to support the safe management of medicines. Staff had received

training in the safe administration of medicines.

- Care records provided detail advising of a person's medicines and detail of the person responsible for the management of this.

#### Preventing and controlling infection

- An infection prevention and control policy was in place. This had been reviewed to ensure it was up to date.
- Staff had received infection prevention and control training and were confident in measures to follow to reduce transmission of infection.
- Relatives told us the staff always wore their personal protective equipment (PPE) when completing care and support visits to people's homes. Staff told us they were provided adequate supply of PPE and were able to replenish their stocks when necessary.

#### Learning lessons when things go wrong

- A process was in place to record, report and monitor incidents and accidents. At the time of the inspection the registered manager told us there had not been any incidents or accidents. However, with a lack of suitable and sufficient risks assessments there was a risk of this occurring,
- Staff meetings were held regularly and provided an opportunity for discussions relating to changes and improvements to the service to take place.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- Relatives told us they and their family member had been involved in the care planning and assessment process.
- The registered manager visited people and their family in their home before they started with the service. This enabled the registered manager to assess people's needs and discuss what people and their family expected from the service. However, care plans were basic in the level of detail recorded and had not fully considered people's health needs.
- Care plans indicated the level of support people required at mealtimes. At the time of the inspection there was nobody requiring support with eating and drinking. Staff had completed training in the safe handling and preparing of food should the needs of people change.

Staff support: induction, training, skills and experience

- Relatives told us they were confident with staff skill and knowledge. One relative told us, "Staff are skilful when supporting [family member]. The [staff] are very gentle when supporting with moving in bed." Another relative said, "[Staff] appear to be well trained. The [staff] know what they are doing and are confident."
- Staff confirmed they had received an induction which had prepared them for their role. This included shadowing of senior experienced staff, reading and discussing policies and procedures and completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed they felt supported by the registered manager and received ongoing support thorough supervisions and staff meetings.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager and staff sought health support in a timely manner. For example, one relative told us how staff had noted a deterioration in health of their family member and had requested an urgent GP review to take place. The GP visited and diagnosed an infection and prescribed medicine to treat this at home.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Family members told us staff always sought permission to provide care and support.
- Staff had received training on the MCA and were knowledgeable of how to apply this in their role. One staff member told us, "It is important to encourage and support people to make a decision. In addition, it is important to remember to use simple phrases people are familiar with and don't overwhelm people with information."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Relatives told us the staff were kind and caring. One relative said, "The [staff] have a sensitive demeanour to their personality in all they do." Another relative told us, "The [staff] provide us reassurance. They acknowledge us both and involve [family member] in all they do."
- Staff understood how to respect and promote a person's dignity and privacy. One staff member told us, "It is important to work in a way which a person feels comfortable with ensuring that when providing personal care curtains are closed, doors shut, and their body is not exposed. Always ask how a person would like their care and check they are happy with everything, involving them if they wish. If a person declines support, I respect this decision."

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

- Relatives told us the staff could be heard explaining tasks and offering choices when they provided care and support.
- People were involved in the day to day decision making process. However, the care plans did not clearly provide information and guidance for staff to follow to support the involvement of people. This created a risk that people would not be as involved as they could have been and also limited the provider's ability to learn what care and support worked well.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The information within care plans was limited and did not provide detail of people's likes, dislikes, preferences or personal history. In addition, people's care plans did not detail medical history or health conditions and what this meant to the individual.
- Despite our finding's relatives felt the staff provided care in line with their family member's wishes. One relative told us, "[Family member] looks forward to the staff visiting. The [staff] know what to do but always ask if there is anything further, they can help with."
- Staff spoke of the importance of person-centred care when providing care and support. One staff member told us, "The person is central to all we do and has the right to be involved and have care as they wish."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans captured people's preferred form of communication. The registered manager was aware of their responsibility to provide information in alternate formats if required.
- Relatives felt the staff listened well and responded to conversations in a professional and dignified manner.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which had been shared with people and their relatives when starting with the service. At the time of the inspection there had been no complaints raised. One relative said, "I feel confident in raising concerns if necessary. I would speak to [registered manager] who I am sure

would address things immediately."

#### End of life care and support

- There was nobody in receipt of end of life care at the time of the inspection.
- Staff told us they had received training relating to end of life care and recognised the importance of providing good, compassionate and respectful care and support to people and their families. One staff member told us, "It is important people are comfortable, are pain free and have access to the appropriate professionals for support."

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst the provider had quality and assurance policies and processes these had not been used to identify where the quality of the service was compromised. In addition, the registered manager had other employment commitments which detracted from the governance and oversight of the day to day running of the service.
- People's care plans did not detail medical history or health conditions and what this meant to the individual. For example, where a person had previously suffered a stroke, there was no information advising of how an individual had been affected or of any long-term side effects. Audits and oversight had not identified this shortfall and this placed people at risk of care that was not safe or as person centred as it could have been.
- The staff team was small and knew people and their families well. However, should a staff member become ill at short notice the records did not contain adequate information to guide agency or other staff members in the provision of care and support.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate management oversight and support continuous improvement of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager had promoted a positive culture within the staff. Relatives were positive about the care and support they received. Comments included, "The service and staff are reliable, good timekeepers and caring. We are very confident in the service." And, "{Staff} are efficient, caring and do everything with

consideration."

- Staff were aware of the service's values and visions. One staff member told us, "It is important that we provide care and support to people which enables them to lead fulfilling lives."
- The registered manager was aware of their responsibility under the Duty of Candour and to inform the CQC of notifiable incidents.

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

- Relatives told us the registered manager regularly visited their home and felt able to provide feedback on the care which they received during these visits. One relative told us, "Everything is going well. We have no concerns but would speak to the [registered manager] if we did. They would sort it out I am sure."
- Staff told us they felt valued and listened to by the registered manager.

Continuous learning and improving care

- The registered manager was keen to grow and develop the service and welcomed all feedback to support this process.

Working in partnership with others

- Information within people's records demonstrated the provider worked with other health and social care providers to support the safe delivery of care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care plans and risk assessments did not contain adequate information to enable staff to support people safely
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place were not used to monitor the quality of the service. There was a lack of governance and oversight in the day to day running of the service.