

AS Chiltern Homecare Ltd

Caremark Three Rivers

Inspection report

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Date of inspection visit:
01 April 2022
03 May 2022

Date of publication:
15 July 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Caremark Three Rivers is a domiciliary care service registered to provide personal care to people living in their own homes.

At the time of our inspection there were 33 people using the 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

Caremark Three Rivers did not have a registered manager. The manager was registered with CQC, however this was related to another location run by the provider. The provider told us they would consider having the manager register for both of their locations.

People told us they felt the service provided them with safe care. Risks to people's health, safety and wellbeing had been assessed. Staff were provided with guidance and knew how to work safely with people.

There were safeguarding systems in place and staff had received training. Staff knew how to report any concerns they may have and felt they would be listened to by senior staff.

Medicines were managed safely. Staff were trained and their competency checked. Effective infection prevention and control procedures were in place, this included the use of personal protective equipment (PPE) by all staff.

People were supported by sufficient numbers of staff. Some people had experienced occasions where their care visits were late, however they confirmed they were notified in these circumstances. Robust recruitment processes were followed to ensure the suitability of staff.

People's needs were assessed and regularly reviewed. Care plans were personalised and reflected people's preferences and wishes. People felt involved in the planning of their care and were supported in deciding the ways in which they wanted their care to be provided.

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.

Staff were described by people and relatives as kind, helpful and respectful. Staff were trained and supported in their roles through formal training, supervision and observations in their work. All spoke

positively about working at the service and the support they received from senior staff.

People and their relatives knew how to raise concerns or make a complaint. The manager encouraged feedback on the service and senior staff had frequent contact with people to provide opportunities for the sharing of their views on the service they received.

There were a range of checks and audits in place. The manager maintained oversight of all aspects of the service and ensured involvement and engagement with staff at all levels to ensure that communication was open.

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

Rating at last inspection

This service was registered with us on 03 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Caremark Three Rivers

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

This inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 not a registered manager in post. A manager registered at the provider's other location was managing the service.

Notice of inspection

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

Inspection activity started on 01 April 2022 and ended on 03 May 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. 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

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager and office staff. We also received written feedback from four members of care staff

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and multiple records relating to staff training, supervision, and those relating to observations and monitoring staff practice. A variety of records relating to the management of the service, including audits, surveys and quality assurance records were also reviewed.

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

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. They told us they felt confident to raise any concerns they might have. One member of staff told us, "If I ever have any concerns with anything, I raise them to my supervisor. They get dealt with quickly and efficiently."
- People told us they felt safe receiving care and support and relatives expressed no concerns. One person told us, "Yes, all are very nice. I'm safe." A relative told us, "Yes, [relative] is safe with them (staff)."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed at the start of their care package with plans put into place to manage and mitigate risks. Risk assessments and care plans were regularly reviewed to ensure they remained relevant.
- Staff were provided with guidance and details of the measures they needed to take to provide safe care. For example, plans detailed when staff needed to use equipment to support people to move people safely.
- Staff demonstrated a good understanding of the guidance in place for them. One member of staff told us, "Yes, the service is safe, correct equipment is in place and the client is in a safe environment where access and movement of the equipment is easy."
- Any accidents or incidents were recorded, and actions taken in response.
- Lessons learned and changes or improvements needed to people's care were shared with staff via phone calls from office staff, care records and during team meetings.

Staffing and recruitment

- There were robust recruitment and selection processes in place. The provider had a procedure in place to complete all pre-employment checks including obtaining references, checking previous experience, and obtaining a Disclosure and Barring Service (DBS) report for all staff. This helped to ensure they were employing suitable staff.
- People and their relatives told us they felt the service had enough staff to meet their needs. However, some had experienced some lateness by staff, on occasion. One person told us, "Yes, no missed calls, never. A few late calls if my regular carer is absent." Another person said, "To be fair, they call me and tell me if they are running late. That's all okay, let me know if there's a valid excuse for being late."
- Staff told us there were enough team members to provide the care visits required and they visited the same people on a regular basis. However, some felt that travel time between visits was not always sufficient. One member of staff told us, "The allocated call times are well managed, the traveling time is five minutes but certain areas it should be between seven and ten minutes."

Using medicines safely

- Medicines were managed safely. People were encouraged to manage their own medicines where possible. However, where people needed support, an assessment was completed.
- Staff were trained, and checks were in place to ensure they administered people's medicines safely.
- People told us they were happy with the support they received to manage their medicines. One person told us, "Yes, they (staff) do my tablets at night. I've not had any issues, they're very good."

Preventing and controlling infection

- The service had an infection prevention and control and COVID-19 risk assessments in place.
- Staff received training in infection control and told us they had access to ample personal protective equipment (PPE) such as masks, gloves and aprons.
- People told us staff were wearing appropriate PPE when they visited and followed good hygiene practices. One person told us, "Yes, they do. All are always appropriately attired, always washing their hands."

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to starting using the service people's needs and choices were assessed to ensure the staff team could provide the care and support they wanted.
- Care plans included people's preferred routine and important details such as physical, emotional, and health needs as well as their preferences of care.
- People were encouraged to make their own choices and be involved in the planning of their care. One person told us, "I did, and it (care plan) gets checked every now and then, changes in my needs get noted." Another person told us, "I was initially involved after being in hospital. Care agency came to the house, we went through the areas with which I needed help."

Staff support: induction, training, skills and experience

- Records showed staff were provided with a range of training, with regular updates.
- Staff told us they felt supported and had enough training, supervision and observation in their visits by senior staff. One member of staff told us, "I enjoy my job and feel very supported from my supervisor, office staff and other carers." Another member of staff told us, "I am up to date on my training and there's always new courses I can do to refresh memory or learn new subjects."
- People and their relatives told us they had confidence in the staff and felt they were well trained. One person told us, "I think so, all know how to help me." A relative told us, "They are, more so now that they seem to have more clients with much more complex needs these days."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to have enough food and drink where this was identified as a need. The level of support each person required was detailed in their plan of care.
- Staff monitored people's food and fluid intake as required and followed guidance, where provided, from health professionals.
- Staff monitored people's on-going health conditions and sought assistance for them as required.
- Staff worked well with other organisations to ensure people's health care needs were met. This meant the service could make prompt referrals and seek advice if concerns were identified.

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.

- People's capacity to make decisions relevant to their care and support were assessed and documented.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care.

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

- People's diverse needs, including religion, culture and language, were assessed and included in their care plan appropriately.
- People were involved in creating their own care plans and actively participated in the reviews. They told us staff listened to them, their voice was heard, and their choices were respected.
- There was regular communication between the office and people, where people were encouraged to express their views. This information was used to develop or change individual plans of care, where appropriate, and how the service delivered care.
- Senior staff sought feedback from people to ensure staff delivered care in a kind and compassionate manner and completed observations of care staff during visits. One member of staff told us, "The ones (staff) who I work with are sincere, attends to the service users' needs and go out their way and do over and above than the tasks at hand."
- People consistently praised the caring attitude of the staff. One person told us, "All those who visit me are much, much more than kind. Most empathetic." Another person told us, "[Name of staff] is a star, I have a real bond with [them]." A third person told us, "I'm very lucky in that I have two allocated carers. Caremark, I can't fault them. I can't praise them enough."

Respecting and promoting people's privacy, dignity and independence

- People's support plans promoted their independence. Staff told us about how they supported people, including those living with limited mobility, to remain independent.
- People and relatives told us they had no concerns about staff. They were respectful and protected people's dignity and privacy. One person told us, "They (staff) are polite, very respectful, very helpful." Another person told us, "They help with personal care, have no issues with that."

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 Good. This meant people's needs were met through good organisation and delivery.

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

- People's needs, choices and preferences were explored at the initial assessment to make sure the package of care was tailored to their wishes and needs.
- Care plans included a background history of the person, communication needs, mobility needs, nutritional support and any health conditions. Staff had a good knowledge of the needs and preferences of the people they visited.
- People told us they felt involved in planning their care, drawing up their plans and reviewing them. One person told us, "(They) are very good. They phone up regularly, do spot checks, check how things are going."

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.

- An assessment of each person's communication needs was completed, and their care plan detailed any specific requirements they had.
- Staff told us about the different ways they communicated with people, including those people with limited communication or hearing impairments.
- People were provided with information in a way they could understand which helped them make decisions about their care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which enabled complaints to be investigated and resolved in a timely manner.
- People, relatives and members of staff all told us the manager was responsive to feedback and actively sought their opinions.
- People and their relatives knew how to complain if they needed. One person told us, "I talk to staff direct, rather than taking it higher but if needed I would just phone the office." Another person told us, "I've not had any real complaints. The agency is very much aware what is acceptable and what isn't." A relative told us, "I have been satisfied with the company's responses up to now."

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. The service was consistently managed and well-led, however the manager was not registered as required.

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

- There was a clear staffing structure within the service.
- The management team had the skills, knowledge, and experience to lead effectively. Staff told us they felt valued and well supported. There was regular communication amongst the team. Staff meetings were held and included discussions of good practice and ways in which the service could improve.
- There were systems and processes in place for monitoring the quality of care. The manager told us how this system of checks and audits enabled them to monitor the quality of the service and ensure they had oversight. They praised the support and systems put into place by the provider.
- The manager was registered with CQC for another location run by the provider. As they were not registered for Caremark Three Rivers, this meant the service did not have a registered manager as is required. The provider told us they would consider having the manager apply to register for both of their locations.

As a result of not having a registered manager we have applied a limiter. This means the service cannot be rated above requires improvement in the well-led section in this report.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service provided the opportunity for people and their relatives to give their views about the service, via telephone interviews, visits, and feedback questionnaires and surveys. The management team used the feedback information to shape the service provided so people's needs could be better met.
- People and their relatives were happy with the care and supported provided and felt involved in the service. One person told us, "They (senior staff) come out regularly and do a satisfaction survey. It's not just a 'tick box', results happen." Another person told us, "I have phone calls every three or four weeks, it's regular checks."
- Staff felt engaged in the service and supported by the management team. They told us they enjoyed their work. One staff member told us, "Management offer support and guidance throughout." Another member of staff told us, "I feel like I'm listened to and I have progressed to [senior role]."

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 provider was fully aware of their responsibilities under the duty of candour. They understood the

importance of honesty and transparency, when investigating something that goes wrong.

- The registered manager understood their responsibilities around notifying the CQC and had submitted the required notifications.

Continuous learning and improving care

- People, relatives and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.
- All staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals.
- Staff worked together to ensure that people received consistent, coordinated care and support.