

Carlcare Limited

# Caremark (Kingston)

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Caremark (Kingston) is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to older adults some of whom have physical and learning disabilities, mental health needs and living with dementia. At the time of inspection 107 adults were receiving support with personal care from this service.

This inspection was carried out on 17 and 18 July 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the registered manager will be available on the day of inspection.

At the last inspection carried out on 29 February 2016, the service was rated Good. At this inspection we rated the service overall Good, with Requires Improvement in effective.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Although new staff underwent a comprehensive induction training programme, the registered manager had not supported staff to ensure their knowledge and skills were regularly updated through ongoing training. We have made a recommendation about this.

Processes and procedures were followed as necessary to support people to stay safe from abuse and any incidents and accidents occurring. There were comprehensive risk assessments in place to protect people from a risk of fire. Staff had to undertake all the required pre-employment checks before they started working with people which ensured their suitability for the role. Staff were aware of people's care needs and the support they required to take their medicines safely.

People had the necessary assistance to move around their homes which helped them to maintain their independence. Staff said the management team provided effective support to them which meant that staff were able to carry out their responsibilities as required. People's health needs were adhered to when they required medical attention. The service monitored people's ability to make decisions for themselves and provided support to people if they were unable to do that themselves as required by the Mental Capacity Act 2005 (MCA).

People spoke positively about the staff team and how well the individual staff members cared for them. Staff were kind, friendly and attended to people's needs and preferences as required. People felt their dignity was enhanced which helped them to maintain their self-esteem. Staff were aware of people's cultural needs and communicated to people in ways they could understand.

People's care needs were assessed and monitored as necessary which provided staff with guidance on the support people required. People and their relatives were supported to raise concerns and complaints and felt confident to approach the management team for making changes to their care if necessary.

People, their relatives and the health professionals we spoke to felt that the service was well led which ensured safe care for people. Systems were in place to support and motivate staff in delivering good care for people. We saw audits being regularly carried out to check if people's care records reflected their needs as necessary.

## 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. There were systems in place for recording and reporting any potential abuse to people and incidents and accidents occurring. People had sufficient risk assessments in place to ensure their safety.

The service followed the necessary staff recruitment processes to employ suitable staff to take care of people.

### Is the service effective?

Requires Improvement ●

The service was not always effective. Staff were not supported to regularly up-date their knowledge and skills to ensure they were fit for the role.

People had support to move safely if they needed assistance with manual handling.

Staff supported people to prepare food according to their preferences. People had access to healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring. Staff respected people's individual needs and supported them in the way they wanted to be cared for.

Staff were aware of people's communication needs and had their religious and cultural needs identified.

### Is the service responsive?

Good ●

The service was responsive. People had assessments undertaken to determine their support needs and the assistance they required to meet their health conditions.

People were aware of how to complain and approached the

registered manager when they wanted to make changes to the services they received.

**Is the service well-led?**

The service was well-led. The registered manager was always available to support staff and listen to people's concerns if they had any.

Regular quality assurance checks were carried out to identify any improvements required.

**Good** ●

# Caremark (Kingston)

## 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 checked 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.

This inspection took place on 17 and 18 July 2018. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that the registered manager would be in. On the first day of inspection we made calls to 12 people who used the service and ten relatives for their feedback. We also spoke to four members of staff that worked for the service. On the second day we attended the agency office.

This inspection was carried out by an inspector, a specialist nurse 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.

Prior to our inspection we reviewed the information we held about this service, including any safeguarding alerts, inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and compliance manager. We looked at care records for ten people, four staff files and reviewed records related to training, safeguarding, incidents and accidents, medicines, recruitment and other aspects of the service management.

Before the inspection we contacted three healthcare professionals asking for their feedback about the service.

# Is the service safe?

## Our findings

Family members felt their relatives were provided with safe care. One family member told us, "[My relative] is very safe. I have every confidence in the care that [my relative] receives." Another family member said, "I do believe [my relative] is definitely safe."

Systems were in place for monitoring and recording any safeguarding concerns received. Staff were aware of the safeguarding procedure and told us they contacted the registered manager if they had any concerns regarding people's safety. Records related to the safeguarding concerns raised were accurately completed which ensured that all the necessary information was passed on to the relevant agencies, including a local authority and the Care Quality Commission. There were no safeguarding concerns opened at the time we inspected the service.

People had risk management plans in place to ensure their safety. Risk assessments were carried out in collaboration with healthcare professionals to meet people's complex needs. Records showed that all the relevant risks to people were identified and staff had provided people with the necessary support in relation to the use of bed rails and for moving and handling.

People had risks assessed in relation to fire safety in their homes. Individual fire risk assessments were carried out to identify hazards and if people were at risk in case of a fire. Where people consented, this information was passed on to a fire brigade for them to carry out a home fire safety visit as necessary. The service provided people with on-going guidance and advice on fire safety.

People told us that staff arrived on time for their visits and left at the appropriate time after caring for them. People's comments included, "[Staff] are very reliable and they always stay for the full half an hour. If [staff] are going to be late they will let me know by phone" and "[The staff member] always arrives on time and [the staff member] stays for as long as she is expected to. [The staff member] always makes sure everything is ok before she leaves."

The service ensured that staff carried out all the necessary pre-employment checks before they started working with people. Records showed that during the recruitment process staff were required to complete a job application form, attend an interview, provide two references and to carry out a criminal records check which helped the registered manager to determine their suitability for the role.

People told us they received the necessary support with their medicines. One person said, "I get my medication on time." Another person told us, "[Staff] give [the medicines] to me and watch me take it." Staff signed the medicines administration record (MAR) to confirm that people had taken their medicines. Staff encouraged people to be as independent as possible with the administration of their own medicines.

Staff completed food hygiene training to protect people from risk of infection. Staff told us how they ensured that people's meals were stored and prepared safely. For example, staff thoroughly washed their hands before they started supporting people with tasks.

There were systems in place to monitor incidents and accidents occurring. The registered manager told us they were responsible for investigating the reported incidents and accidents. Records showed that an incident form was completed and actions were taken to protect a person's privacy as necessary. The registered manager told us they involved people, their relatives and healthcare professionals in the process making sure that a protection plan was put in place to prevent similar incidents taking place in the future.



## Is the service effective?

### Our findings

Most people and their relatives we spoke to told us that staff understood and met their needs well. People's comments included, "I would say my carer is very well trained to meet my needs. I think she is wonderful" and "I feel [staff] are well trained I have never had a problem."

However, two people told us they felt that staff were lacking knowledge about their medical condition. One person said their staff member "doesn't seem to understand totally. [The staff member] thinks I should be like other people she looks after with Parkinson." We viewed a spreadsheet that the service used to record the dates when staff had attended the training courses and we found that staff were only provided with regular training in relation to first aid, moving and handling and food hygiene. The registered manager told us they recently started training staff in dementia care and the records viewed showed us that over a third of staff had already completed this training. We asked the registered manager about the staff training arrangements in place in relation to safeguarding, infection control and Mental Capacity Act (2005). The registered manager told us that staff were trained for this during the induction and that there weren't any training courses in place to update staff in these areas. Records showed that some staff had last completed their induction in 2009. All staff that we talked to told us they could not remember attending training regarding the Mental Capacity Act 2005 (MCA). Consequently, they couldn't tell us what the MCA was in relation to but provided us with examples on how they supported people to make choices for themselves and where necessary sought the registered manager's support if they saw that a person lacked capacity to make decisions.

Following the inspection, the registered manager wrote to us telling about the actions they would take to ensure staff were provided with the necessary training courses. Staff were immediately booked to attend refresher courses for the MCA, safeguarding, infection control and in relation to people's medical conditions.

We recommend that the provider seeks guidance on best practice in relation to staff training needs to ensure that staff skills and knowledge were regularly updated.

The service provided staff with regular supervision and appraisal meetings to identify individual developmental needs and the support staff required in their role. Staff told us they regularly contacted the office and the management team for reassurance and advice which helped them to ensure they provided effective care for people. One staff member told us, "Management actually care for staff. I am impressed with Caremark and their services."

Staff were trained to assist people with manual handling when they required support to move around their homes. People told us that staff encouraged them to use mobility aids which promoted their independence. One person said, 'We have a stair lift and the [staff member] always makes sure I am sitting safely on it and follows me down the stairs to help me at the bottom.' Another person said, 'I have handrails around the house and [the staff member] encourages me to use them and my Zimmer frame.'

People chose what to eat and when to have their meals. One person said, "[Staff] show me how to make stuff if am not sure what to do. I can eat whenever I wish." Another person told us, "Yes I choose my meals and [staff] put them in my microwave. I eat whenever I want when [staff] come in the evening."

People were referred to healthcare professionals for an assessment if their health needs changed. Care records showed that support was provided to people by mental health teams, occupational therapists and community nurses where necessary. A healthcare professional told us, "I would rate Caremark highly as a provider and am always relieved to find out that one of my patients is under their care."

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.

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibility to identify if people were subject to any aspect of the MCA and supported people to make decisions in their best interests if they required assistance. The registered manager was aware when people's relatives had a lasting power of attorney (LPA) to act for them under the Court of Protection or Office of the Public Guardian. This ensured that people had support in the decision-making process when they were unable to make decisions themselves.

## Is the service caring?

### Our findings

People told us they received support from staff that were caring and thoughtful towards their care needs. People's comments included, "The carer I have is wonderful. I cannot fault her, she is so good", "I cannot speak highly enough of the carers, they do a wonderful job" and "[Staff] are all very kind. [Staff] are normal down to earth people who do their best for me all the time." A relative said, "The staff are very supportive. I cannot fault them, they are polite and very caring." A healthcare professional told us, "I feel that on the whole Caremark are providing compassionate care and treat patients with the kindness and dignity they deserve, this is particularly true in the case of palliative care patients."

People felt that staff were friendly and helped them to carry out the activities that were important to them. Some people told us, "[Staff] will take me out to the shops to buy a meal and they help me look after my cat", "[The staff member] helps me with everything. Before I think of something [the staff member] has done it already. [The staff member] thinks of things to be done that I haven't thought about" and "[Staff] have always been very nice to me. If I need anything like a pint of milk they will bring it for me from the shop. One day I needed paracetamol and the next day [the staff member] brought some."

People had support to meet their communication needs. People felt that they were spoken to in a manner they could understand and that staff would explain things to them if they had questions or concerns. One person said, "[The staff member] is excellent, she is very supportive and explains things to me if I don't understand." Another person told us, "[Staff] know I can't hear very well so they speak clearly and slowly to me. It isn't too bad talking to them face to face, I can understand better then." People told us that staff had time to have conversations with them. One person said, "[Staff] do listen and we talk about family and TV."

Staff respected people's privacy and dignity. People's comments included, "I never feel embarrassed when [staff] wash me. [Staff] help me wash certain parts of my body and they encourage me to do as much as I can. They keep me covered up in towels as much as they can", "If I have to get changed [staff] let me go in the bedroom and they stay outside", "[Staff] are very gentle with me and they always explain what they are doing" and "[Staff] do shower me and they make sure I don't get embarrassed by wrapping me in a big towel."

People had their cultural needs identified which were reflected in their care plans. Staff were aware of what was important to people and knew their personal history, including their family situation.

Staff encouraged people to be independent in any way they were able to. One family member said, "[Staff] do encourage [my relative] to do as much as he can when dressing himself." People told us they were supported to prepare their own meals and go out to do their own shopping.

## Is the service responsive?

### Our findings

People felt that staff knew their care needs well and supported them according to their needs. One person said, "[Staff] is very aware that I am not well balanced and keeps an eye on my movements. If I am wobbly [the staff member] takes that into consideration. I never have to tell [the staff member], she knows what to do." A family member told us, "[My relative] is exceptionally well cared for. [Staff] go above and beyond their duties and do much more for her than they need to do. In my experience [staff] cannot do enough'. A healthcare professional said, "Communication between carers and my team is effective and [staff] know when and how to report concerns ensuring patients receive the highest possible care and early intervention of any health needs identified. Staff and the manager keep my team updated regularly regarding patients in our joint care."

People had their care needs assessed before they began using the service and care plans were put in place in response to their needs. Care plans viewed included information in relation to people's medical conditions, dietary, communication and social needs. People had a number of on-going monthly assessments to check whether their care needs being met or if their needs were changing. Records showed that people were involved in planning their care. One person said, "I told [the staff team] what care I wanted and that is what I have got." This meant that staff were provided with guidance on the support people required and how they wanted to be supported.

People told us they would raise a complaint with the service if they were not happy about something and they were confident that the management team would take actions promptly to address it. One person said, "I haven't had any need to complain. I might have questioned things but they were sorted out. The response is always very good." Another person told us, "I would have no problem raising a concern or complaint as [the management team] are so helpful." The service provided people with written examples of good care and advised them to contact the registered manager if these were not met by the staff team.

The registered manager told us they provided people with a complaints procedure which was kept in their homes should they require to raise a formal complaint. People were regularly asked to provide feedback about the support they received. We viewed questionnaires completed in 2017 and people were mostly happy with the care. The service wrote to people to let them know the outcome of the survey and the actions they took where they needed to improve, for example in relation to staff being late for their visits.

## Is the service well-led?

### Our findings

People's relatives told us the service was well led. One relative said, "[The service] is very well managed as everything runs smoothly. I have never had a situation when I have been stuck without carers." Another relative told us, "I feel the service is managed as well as can be." People and their relatives said they would "definitely" and "without reservation" recommend the service to their family members and friends. A healthcare professional told us that Caremark (Kingston) was "one of the best care agencies" they worked with.

People and their family members told us the staff team went an extra mile to ensure safe care for people. One family member said, "The management are very caring. Recently I was on holiday abroad and there was a problem at [my relative's] house. Obviously, I couldn't really help so the care provider arranged everything and got local tradesmen to sort out the situation." A healthcare professional told us, "The manager of the agency leads by example, she will always go above and beyond for each and every patient under her care, consequently the staff are predominantly providing care of an exceptionally high standard."

There was a clear structure within the service with shared responsibilities and strong leadership. Field care supervisors were allocated to support staff on the job and any emergencies were dealt with by the registered manager which ensured that people had the necessary support quickly when they required it. Staff were clear of their role expectations and had opportunities to develop within their role, for example a staff member was learning to carry out on-call duties.

A culture of open communication was encouraged between the team which meant that staff were involved in developing the service. Staff said the service had an open-door policy so they could have support and advice at any time they required it. The registered manager told us they led the team by example, including listening and responding to staff's suggestions so they would adapt the same approach within the team and when working with people. The registered manager also said they always had time to thank staff personally for their achievements and good work. This meant that staff felt appreciated and motivated in their job.

Quality assurance systems were in place to review the services provided for people. The compliance manager had a responsibility to carry out audits to identify improvements required and to ensure that people were cared for as necessary. Further checks were made and staff would be spoken to where errors were found, for example regarding the service's medicines records. Care records were regularly and thoroughly reviewed making sure that information about people was amended as necessary to reflect their changing care needs.

The service worked closely with external agencies to share best practice in the health and social care sector. The registered manager chaired a 'registered managers' forum' which was held for the managers working in social care to gather together to discuss learning from their experiences. The service was registered with 'Skills for Care' and the registered manager used their services for advice and information as required.