

G G Trading Limited

# Caremark (Redditch and Bromsgrove)

## Inspection report

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## 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

About the service: Caremark is a domiciliary care service. At the time of the inspection 80 people aged 65 who may have dementia, physical, mental or sensory impairment or a learning disability were receiving personal care. 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.

Why we inspected: This was a scheduled inspection based on the previous rating.

People's experience of using this service:

People continued to tell us they felt safe and well supported. Staff had a good understanding of how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified through assessments and people had been involved with decisions in how to reduce the risk of harm to them. There were enough staff on shifts to keep people safe and meet their needs in a timely way. People's medicines were managed in a safe way. Safe practice was carried out to reduce the risk of infection. Where incidents had happened, lessons had been learnt and shared with the staff group.

People's care continued to be assessed and reviewed with the person involved throughout. Where people had support with their meals they were given food they enjoyed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

Improvements had been made regarding the delivery of care which were in line with people's preferences. Any changes in people's care was communicated clearly and promptly to the staff team. Staff treated people with respect for the choices they made. Staff were trained to support people with their end of life care. People had access to information about how to raise a complaint.

The registered manager and management team were approachable and effective. The checks the registered manager made to ensure the service was meeting people's needs focused upon people's views and experiences.

Rating at last inspection: At the last inspection in October 2016 the service was rated Good.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# Caremark (Redditch and Bromsgrove)

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector and one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 June 2019 and ended on 14 June 2019. We visited the office location on 12 June 2019.

**What we did;**

**Before inspection:**

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House.

**During inspection:**

- We spoke with seven people who used the service and one relative.

- We spoke with the three care staff members, the field care supervisor and one of the directors who undertook the care co-ordinating and the training, the registered manager and the provider. We looked at aspects of four people's care records and other records that related to people's care such as medication, audits and other documentation about the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good". This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to be kept safe from abuse as the staff supported them in the right way. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager took action and reported safeguarding issues when these were identified.

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

- People said staff kept them safe from harm as they understood how to support them in the right way. One person said, "The carers [staff] know me really well and that is really reassuring and makes me feel safe".
- Staff supported people in a way which kept them safe but maintained their independence. Staff had a good understanding of people's individual risks, such as developing sore skin and how best to support them. Staff were able to tell us who was at risk of sore skin, and how they prevented this.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Where there had been medicine errors, the registered manager had managed these in a way to ensure people remained safe.
- Staff communicated information about incidents and accidents to the management team. The registered manager monitored these events and used reflective practice to identify any learning that could then be shared with the staff to help prevent further occurrences.

Staffing

- People told us they had a consistent and stable staff team who supported them. People told us staff arrived on time, or a courtesy call was received if staff were running a little late. One person said, "I have a carer [staff] who I can really rely on who phones me if [they are] going to be a bit late as they know I get anxious if I have to sit in my nightie waiting for someone to come. I find that really helpful".
- Staff told us there were sufficient numbers of staff on duty and where two staff were required this was always arranged.
- The care co-ordinator understood people's individual support needs well and what skill mix of their staff was required to keep people safe.

Preventing and controlling infection

- People told us staff kept their homes clean and used personal protective equipment (PPE) when required.
- Staff followed their infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "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

- People told us they were involved in the assessment of their care from the beginning and that their plans of care were regularly reviewed to ensure staff provided the most up-to-date care.
- People's care was reviewed after a few days to ensure the person was happy with their care or whether any changes were required. Following this, staff told us and records we reviewed showed people's care was monitored and reviewed regularly. Where people's needs had changed this was communicated to the whole staff team to ensure consistency.

Staff support: induction, training, skills and experience

- All those we spoke with were confident in staff's abilities and their approach to supporting them and meeting their needs. One person told us, "New carers [staff] always seem to be trained and know what to do."
- The provider had a comprehensive induction and used a range of training methods to deliver this to staff, such as interactive classroom training, practical and online training. Training ran throughout the year, to keep staff up-to-date with best practice.
- Regular spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way. Where areas for development were found, this was shared with the staff member.

Supporting people to eat and drink enough to maintain a balanced diet

- Support offered to people with meal preparation varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People told us they were given a choice of food to eat during the day and that staff always ensured they had access to drinks and snacks before they left. One person said, "The carers [staff] make my lunch for me and leave it in the fridge; they know what I like to eat, and I leave them to it".
- Staff were aware of people who may be on a specialised diet, and how to meet their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or district nurses, so people would enjoy the best health outcomes possible.
- Staff were aware when a person was attending a health appointment and worked with the person to ensure they were ready for their appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "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; equality and diversity

- People and relatives were very complimentary about the staff who supported them. One person said, "The way the carers [staff] come into my home is lovely, they always have a smile and they look so smart in their tunics; they are just lovely".
- People told us they looked forward to staff coming. One person said, "I have to say they are all really excellent and I am very happy with the care that I get"
- All people we spoke with told us staff always took their time to provide the care, never rushed and put them at ease. One person said, "I was a bit embarrassed at first, but the carers [staff] were very understanding and reassuring".

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

- People felt involved in decisions about their care. One person told us, "If a carer [staff] leaves, they (Caremark) offer me a new carer and it comes down to my personal preference as to who comes. They do their utmost to get me the carer I want, and I find them very flexible and they usually accommodate me".
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. Staff shared examples of how they maintained good communication links with the person or their family and recorded any required actions or changes in care.

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with told us they were treated in a dignified and respectful way. One person told us, "The carers [staff] are very good at protecting my modesty and do things like cover me with a towel when they are helping me to have a wash".
- People were supported to be as independent as possible. People told us staff knew what they could reasonably manage to do for themselves and encouraged and supported them to maintain their level of independence.
- Staff told us they respected the person's privacy by ensuring information about their care and support was only done so with their consent.
- People's confidential information was securely stored, to promote their privacy.

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated "Requires Improvement". At this inspection we found the rating improved to "Good". This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection people's particular care needs and expectations were not consistently responded to at the times they preferred. At this inspection people told us that their call times were in line with their preferences. One person said, "The timekeeping is really good, very occasionally there are issues, but it is only if the carer [staff] has been to a previous call and had to call an ambulance. It is only that kind of thing that makes them late and you have to understand that". People also told us that any additional calls they required, or changes in call times were managed well and communication was good.
- Relatives felt the care and support was responsive to their family member's needs. One relative told us, "The carers [staff] are good at spotting if my [family member] is unwell". The relative continued to tell us how staff's prompt action in identifying their concern with their family members health had meant the person had seen their doctor promptly for the right support.
- Staff told us there was a good level of communication between the staff group so they were aware of any changes in care and support.
- The registered manager told us they were implementing a new electronic system to provide a more responsive service. For example, the system would help office staff to identify promptly that care staff had completed all required care tasks during the call, and if not, the rationale for this. The registered manager told us it would also enable them to immediately update any changes in people's medicines. For example, if a person required antibiotics for an infection, this could be added to the recording system promptly.
- Records we saw held information about people's preferences and how they would like their care and support to be delivered. The records gave specific details to staff which ensured staff were providing support in a way which promoted respect when working in the person's home.
- Staff told us, and we saw in people's care records they worked with and communicated well with other healthcare professionals who were involved in the persons care and support.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and information needs had been assessed. A range of communication tools and aids were used to support effective communication with individuals and ensure they had information in a way they could understand.

### End of life care and support

- Staff were trained to support people with their end of life care. Staff told us they had received training for

this, and ensured they worked with other healthcare professionals to provide a comfortable and dignified death. There was no person receiving end of life care at the time of this inspection.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a complaint if they needed to and where concerns had been raised they were satisfied with the response and felt lessons had been learnt. One person said, "If I have ever had to complain they [provider] do apologise and tell me that they are doing their best and things then improve".
- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. Where complaints had been raised these had been responded to in line with the providers complaints policy.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good". This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives knew the registered manager and felt they listened and were responsive to their requests. Where they had contacted the registered manager, they told us they listened and supported them to their satisfaction. People felt that all the staff who worked in the office were helpful and supportive. One person said, "If there is anything, I am worried about or not happy with I know that I can just pick up the phone and ring the office [staff] and they will sort it".
- All those we spoke with felt the service was well run. One person said, "Overall I have found Caremark to be a very good company and I can't think of anything that could be improved"
- People and relatives felt involved in the running of the service. They told us they had regular reviews and surveys, and saw improvements were made where they had made suggestions.
- Most staff told us they felt happy in the way the service was run. They told us that teamwork and communication was what supported them to carry out their roles effectively. However, some staff raised with us their views around the providers policy for payment of travel time and paying for their works mobile phone. We fed this back to the provider who felt the staff's pay was reasonable and fair in comparison with other similar services.
- Staff said they worked well as a team and felt supported by the registered manager in their role. Staff told us the registered manager was approachable and would promptly address any concerns they may have about people they supported or the running of the service.
- The registered manager told us staff were valued and recognised within the company for their hard work. For example, holding 'employee of the month' awards which were given to staff who had been recognised for going above and beyond their role, along with sharing compliments from people to staff. Staff told us they appreciated the 'thank you' for the work they did.
- Staff held regular events and invited those who used the service to also attend. For example, an Easter event had been held during April, and a planned cupcake sale had been organised to raise money for the Alzheimer's society. The provider told us how important it was for them to support the wider community, while also promoting social inclusion.

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

- Management staff were clear about their roles. They monitored the performance of staff through

supervisions, spot checks on staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.

- Audits of the service provision took place and an action plan had been developed to work towards improving any shortfalls identified. Where management had identified improvements required, such as implementing the new electronic system to update medicine records in a timely way, this was planned, and a co-ordinated approach was taken.
- The registered manager worked with other organisations such as people's doctors and community nurses where people required this support.
- The registered manager recognised their responsibilities of duty of candour. Where incidents had happened, the person and where applicable, their families were informed. We saw the registered manager reported incidents such as safeguarding issues to the local authority and the Care Quality Commission.
- The provider had their ratings of their last inspection displayed in the office and met this legal requirement.