

Blue Rose Care Limited

# Caremark (Spelthorne and Runnymede)

## Inspection report

29A The Precinct  
High Street  
Egham  
Surrey  
TW20 9HN

Tel: 01784473471

Website: [www.caremark.co.uk/locations/spelthorne-and-runnymede](http://www.caremark.co.uk/locations/spelthorne-and-runnymede)

Date of inspection visit:  
17 July 2019

Date of publication:  
28 August 2019

## 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 provides personal care to people in their own homes. At the time of inspection they provided a personal care service to 13 people aged 65 and over. They provided visits to people for a minimum of 30 minutes and provided 24-hour care to support people. The service provided care and support to people in Surrey.

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

People continued to receive safe care. One person said, "I feel extremely safe when I am with the staff. They really look after me." People were protected from abuse and avoidable harm by staff who knew how to identify and report any concerns. People were supported by a staff team that had been recruited safely. Measures to manage any risk were assessed and appropriately put in place. People received medicines as prescribed and staff knew how to maintain good infection control.

People were supported to have maximum choice in 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 practise. People were supported to have a balanced diet and various professionals were regularly involved in people's care to ensure people were receiving the right care and treatment. People received effective support from staff who were suitably trained, skilled and experienced.

People told us staff were caring and kind. Family members said, "Dad thought [staff member] was kind and [staff member] was great on Friday, very chatty which he liked and the level of care and kindness has been much improved." People's privacy and dignity were promoted, and their choices respected. People and their relatives continued to be involved in decisions regarding their care. Staff encouraged people to remain as independent as possible. The staff understood the importance of maintaining people's confidentiality.

People continued to receive care that was planned to reflect their individual needs. The provider and staff recorded all relevant information in people's care plans. Any changes to a person's care and support were updated as soon as possible. The provider had a clear complaints process. People and relatives told us they had not needed to make a complaint but knew how to should they need to. This was supported with the provider not receiving any complaints in the past 12 months. The provider regularly received positive feedback from people, their relatives, staff and healthcare professionals. People's choices for their end of life care were recorded to ensure people's choices could be respected.

People's views were considered to improve the service, this was obtained through surveys, spot checks and phone calls. A number of methods were used to monitor the quality of service people received. The management team had plans around continuous improvements and improving the standards. There was

an open and transparent culture where people's opinions were valued.

The provider and registered manager ensured they met the regulatory responsibilities including requirement to display the rating and to return the Provider Information Return (PIR) to the Care Quality Commission.

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

The last rating for this service was Good (published 24 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Caremark (Spelthorne and Runnymede)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This 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 and specialist housing.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the provider, registered manager, and a senior care worker.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe, one person said, "I feel so safe when the staff are looking after me, I know I'm in good hands."
- People were safeguarded from abuse. This was evidenced by staff knowledge around different types of abuse and also staff understanding the safeguarding procedures in place. Staff had received safeguarding training that ensured they had up to date knowledge about the protection of people from the risk of abuse.
- There were clear policies for staff to follow to address safeguarding concerns or investigate allegations of abuse. This included the whistleblowing policy, one staff said, "We are all aware of the action we would take and feel comfortable to do this, as this is part of our job."

Assessing risk, safety monitoring and management

- People's individual risk had been identified and risk assessments were in place. These were also regularly reviewed. This ensured risks to people were reduced and people were kept safe.
- There were safety audits and recording in place to ensure that risk management was being followed and the effectiveness checked.
- Risks to the environment were assessed to ensure the safety of both people and the staff supporting them. An example of this was risks identified and assessed in individual homes, this was then effectively recorded in each individual care plan.
- The provider had a business continuity plan with information on what to do in various emergencies, such as an adverse weather scenario. There was a system in place that ensured the most vulnerable people, for example who lived alone would always have a visit.

Staffing and recruitment

- People told us staff arrived at the correct time and stayed for the duration of the time allocation. One person said, "They always seem to have time, and are rarely in a rush. They are rarely late and never leave early, which means they can help me with so much."
- The provider ensured there were safe recruitment and selection processes in place that ensured potential staff were suitable to work with vulnerable people, to ensure they could support the people using the service. This included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has that means they may not be safe to work with vulnerable people.
- There were enough staff to support people and meet their needs. Staff worked together to cover holidays to make sure people received care and support from staff they knew. Staff worked flexibly to changes in people's requirements.

- Staffing levels were arranged allowing for travel time between calls. This meant there was no effect on other people using the service and support was rarely affected by travelling between calls.

#### Using medicines safely

- Staff were knowledgeable about people's medicines, what they needed them for and how they preferred them given. Staff also showed knowledge in where and how medicines were stored in people's homes.
- There were MAR (Medicine's administration records) charts in place in cases where people were being supported with their medicine's. These records were kept up to date and accurately completed.
- Staff had been trained in the safe administration of medicines. Once training was completed they had undergone a competency test to ensure they could support the people using the service. One person said, "They're helpful with my medicines, always at the right time of day and always reminding me."

#### Preventing and controlling infection

- Staff had access to replenishing their PPE and further gloves and aprons were seen stored at people's homes to ensure that staff always had the correct equipment to prevent the spread of infection.
- The provider had ensured there was an infection control policy in place, which was followed by the staff. An example of this was staff were seen on a home visit to wear all PPE and follow other infection control guidelines.

#### Learning lessons when things go wrong

- The provider had a process to monitor any accidents or incidents. There had been no recent reports, however, the registered manager explained reports would be evaluated and analysed to ensure the risk of any events reoccurring were minimised.

# 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 as Good. At this inspection this key question has remained the same. 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

- Risk assessments were in place and being followed by staff who when spoken with showed good knowledge in each person's individual risk assessments. These risks were also regularly reviewed and updated involving people and their families in this process.
- People told us they had been involved in their initial assessment prior to the provider taking over their care and support. This ensured that the provider could meet people's needs effectively. One person said, "They involved me and continue to involve me with choices. When they first started looking after me they made sure they went through everything with me, and they still give me the choice everyday, it's great."

Staff support: induction, training, skills and experience

- People told us staff were competent. One person said, "I think they do their job well and I have never had any issues or concerns."
- Staff confirmed they received the training and support to carry out their roles effectively. A staff member said, "We are well supported, not only to keep up to date with the mandatory training, but the management encourage us to complete extra training in line with our preferences and passions. This helps us become more well-rounded staff members with a variety of different training."
- There was a detailed induction programme. This included an induction training record which contained a competency based assessment to ensure any new staff were competent in supporting the people using the service.
- The registered manager used a training matrix system online to ensure that all staff were up to date with refresher training. And all staff were seen to be up to date with training on the day of inspection.
- Staff also had regular supervision so they could address any concerns or ideas with the management, as well as discuss their roles and progression they may want to follow.

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

- On a home visit staff were seen to encourage a person to eat and drink during their visit to the person's home. The staff were also seen to provide the person with a choice of what to have to eat, to encourage the person to consume more.
- When people were supported to eat and drink there was clear guidance on their needs and preferences. They were supported to have a healthy and balanced diet.

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

- Staff communicated effectively to ensure people's needs were met. When staff had a concern about a

person's health they discussed this with the registered manager and provider.

- There was evidence of the registered manager and staff working with other organisations to gain more knowledge in certain areas. An example of this was a member of staff had been trained in catheter care when the need had arisen in relation to one of the people using the service.
- Staff knew people's needs well therefore they were able to respond quickly to people's specific health and social care needs. For example, recognising a person's change in behaviour and well-being.
- Staff showed good knowledge of when people needed to be referred to specialist healthcare services. An example of this was when they identified a person had the beginning stages of a pressure sore. They advised the family and encouraged them to make a referral. This referral was made and the person was treated, preventing the area of skin to develop in to a more serious pressure sore.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of inspection no person using the service was subject to an order from the Court of Protection. The registered manager had continued to complete a capacity and consent form to ensure that this was regularly reviewed with the people using the service.
- The registered manager and the provider showed good knowledge of the process of the capacity assessments, best interests' meetings and then DoLS applications if the situation was to arise.
- People were given choice in relation to their care and treatment. Staff ensured people were asked for their consent before receiving treatment. People's individual wishes in how they wanted to receive their care were respected. We saw people had signed their care plan and assessments.

# 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 as Good. At this inspection this key question has remained the same. 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

- People were complimentary about staff. One person said, "They're very patient with me and my poor hearing, I am entirely happy with the care they provide."
- Staff built positive, meaningful relationships with people. One staff member said, "I love caring for the people I am assigned to. I always care for the same people which means we know exactly how they want to receive their care. I just love learning from them, and knowing that I am helping them be comfortable."
- Staff were seen to interact with people in a kind and caring manner, showing knowledge in their history and preferences, as well as likes and dislikes. Staff had also received regular equality and diversity training.
- One person said, "I couldn't ask for anything more, they treat me so nicely."

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

- People were involved in initial assessments and expressing their views on how they wanted to receive their care. People and their relatives were also encouraged to be involved with reviews of their care.
- People were given choices about their day to day care. One staff member said, "What would you like to have for lunch today?" This was asked with a menu card, the staff member was seen to take time to understand what the person wanted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted at all times by staff. During a home visit, the person was asked if they were happy to have visitors and throughout the visit staff ensured that the person was comfortable.
- Staff said, "It is so important, although we are supporting people, we are visitors in their home and we need to make sure that they are comfortable with us being here and the care we are giving them must be what they are happy with, and we always have to respect their privacy."
- Staff were seen to knock on a person's bedroom door, to ensure they were not interrupting a private conversation. One staff member said, "Is it OK for me to come in whilst you have visitors?"
- People's confidentiality was respected, and care records kept securely with access only by authorised people. Staff were also aware about the risk around security when locking doors and windows of people they were supporting. Staff were also seen to be wearing their ID Badges to avoid any confusion in identifying themselves to people they were supporting.

## 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 as Good. At this inspection this key question has remained the same. 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 told us they received care that was flexible, responsive and met their needs. One person said, "It's nice because they know exactly how I like things done and they make sure they do it that way for me. I really appreciate that."
- All care plans detailed people's personal preferences. Listing the personalised care that each person wanted to receive in their own home. These had been written and developed with people and their relatives, evidence of this was through the signatures in the care plans of the people that had been involved.
- Care plans were detailed and included information relevant and personal to each person. This included information about people's life history, people and their hobbies and interests.

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.

- The provider had easy read material if they needed to communicate a change in policy to a person with communication needs.
- A person was visited who had difficulties with hearing. Staff were observed to spend time with this person and ensure they were communicating successfully. This was done in a caring, respectful manner and was appreciated by the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Positive relationships were maintained and promoted between the staff and the family of the people they were supporting. During the inspection a visitor attended the office who was a relative of a person they supported who had recently passed away. There were friendly, caring exchanges between the relative, the registered manager and managing director. It was clear that the relative had appreciated all of the provider's support even after the death of their relative.
- Care plans detailed individual interests of the people the staff were supporting. Staff showed good knowledge of these interests and encouraged conversations about them when visiting people they were supporting.

Improving care quality in response to complaints or concerns

- There had been no recent complaints, however, there was a clear complaints policy that detailed how

people were to be treated with dignity and supported through the process.

- Concerns were addressed immediately and solutions found in a timely manner. An example of this would be a person said they were not happy with the time slot they were receiving care. This was changed to make sure the person was happy and supported fully.
- The provider also captured compliments from people, family members and health professionals made about the staff and the service provided. One family member said, "My brother and I would just like to thank you and your staff for your kind support and caring care that you have shown my mother over the past 14 or 15 months which has made her last year or so that much more bearable. In particular she seemed to have a strong bond with [staff member], [staff member] and [staff member] but in general all your staff have been of great help to her and shown her great dignity whilst delivering a high level of care."

#### End of life care and support

- The company did not have any people using the service that were at this stage of their lives. However, this had been considered and was a piece of a larger plan that the registered manager and managing director were working on to include a detailed plan within each care plan.
- Each care plan already included preferences to ensure people were supported to have a dignified, comfortable and pain-free death. Staff completed training about how best to support people at the end of their life.

# 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 as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All care plans were person-centred and on speaking to staff it was evident that this was a positive message that had been sent through the core of the business. One staff member said "We had training in person-centred care, and it was so valuable. It is so important to make sure people are receiving the individual care that they need."

- The team were passionate, enthusiastic and motivated to provide good care to people. The provider held open discussions, in person and on the phone, with people and their families to make sure they were receiving the right support in the way that suited them and met their preferences. This was recorded through feedback forms and analysed by the provider.

- The provider met with staff on a regular basis to maintain open lines of communication. Staff were encouraged to share ideas and told us they felt supported and listened to. Staff said, "I have total faith in the management supporting me with any concerns and acting appropriately."

I came from a bigger company – this is a lot nicer company to work for. Better position to deliver tailored care to our clients as they have more time to really focus on the 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by a registered manager, and people received support from a small staffing team that knew them well. Staff were clear about their roles and what was expected of them.

- The provider understood their regulatory responsibilities. Services that provide health and social care are required to inform the Care Quality Commission (CQC) of important events that happen, the provider had complied with this.

- The rating from the last inspection was displayed, this is also a further requirement made by the CQC.

- The registered manager ensured their quality assurance system remained effective. They regularly monitored a number of areas. This included regular phone calls to the people using the service and their family to seek their feedback.

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

- The provider insured people were able to feedback about the support they received. There was an open-door policy at the office base, phone calls were regularly received by the office from people using the service. Also regular spot checks and reviews took place, this checked the competency of staff and ensured

the people using the service were happy with the care and support they were receiving.

- There were regular staff meetings where staff members could have the opportunity to put forward any ideas that could improve the service. Staff confirmed they were confident that any suggestions would be considered by the provider and the management as they were passionate about improving the service.

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous improvement. The provider was in the final stages of sourcing an electronic system for care planning, daily notes and staff login. A demonstration for the registered manager and the director was planned for the day of inspection. The hope was to introduce this new system before the end of the year which would reduce the need for paper documentation and allow for immediate monitoring of the records.
- The provider sought information from organisations such as Skills for Care, CQC and the NHS to ensure they were up to date with the latest changes in legislation.
- The provider completed effective checks and audits on all aspects of the service delivered. If any shortfalls were identified action was taken to address this and reduce the risk of it happening again.