

McCallum Care Limited

Caremark (Wandsworth)

Inspection report

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Date of inspection visit:
06 April 2022

Date of publication:
03 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caremark Wandsworth is a domiciliary care agency providing care and support to 40 people living in their own homes and flats. At the time of the inspection 23 people using the service were receiving personal care. Not everyone who used the service received personal care. The Care Quality Commission (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

A safe service was provided for people to use and staff to work in. There were enough appropriately recruited staff to meet people's needs. This enabled people to enjoy their lives and live safely. The provider assessed and recorded risks to people and staff, and monitored and updated them as required. Accidents, incidents and safeguarding concerns were reported, investigated and recorded appropriately. Medicines were safely administered, and people prompted to take their medicines. Shielding and social distancing guidance was followed, and Personal Protection Equipment (PPE) used safely and effectively. There was an up to date infection prevention and control policy.

The provider's culture was open, honest, and positive with transparent leadership and management. The statement of purpose clearly defined the provider's vision and values. Staff understood and followed the vision and values and their responsibilities and accountability. They were prepared to take responsibility and raise any concerns they may have with the provider. Service quality was regularly reviewed and changes made to improve the care and support people received accordingly. This was in a way that best suited people. The provider established effective working partnerships that promoted the needs of people being met outside its remit to reduce social isolation. Registration requirements were met.

Rating at last inspection

The last rating for this service was good (published 30 October 2018) and there were no breaches of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

CQC has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns. We undertook a focused inspection approach to review the key questions of Safe, and Well-led.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark (Wandsworth) on our website at www.cqc.org.uk.

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.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caremark (Wandsworth)

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. This includes people with dementia, people who misuse drugs or alcohol and children.

The service did not have a manager registered with the Care Quality Commission. The manager had submitted an application to become registered. 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

This inspection was announced and took place on 6 April 2022. The service was given 48 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 all the information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke in person with the manager. We contacted 14 people and their relatives, 23 staff and three health

care professionals, to get their experience and views about the care provided. We reviewed a range of records. This included five people's care and medicine records. We looked at six staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff rotas, spot checks, observations and audits. We received the information which was used as part of our inspection.

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

- The provider systems and processes safeguarded people from the risk of abuse.
- People and their relatives told us they thought the service was safe. One relative told us, "I have no worries, everything is run smoothly, and I am very grateful for the kind and caring ladies [Staff] that call to see [Person using the service]." Another relative commented, "A resounding yes regarding safety and effectiveness and inviting comments on the service."
- Staff were provided with training that enabled them to identify possible abuse and the action to take, if encountered. They were aware of how to raise a safeguarding alert and when this was required. There was no safeguarding activity taking place during the inspection. The provider gave staff access to safeguarding, prevention and protection of people from abuse policies and procedures.
- Staff explained to people how to keep safe, encouraged them to do so and specific concerns about people were recorded in their care plans.
- The provider gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport. A staff member told us, "Training is very good helping me to carry out my role and my responsibilities for our clients [people using the service]. I received suitable induction before I started work with clients [people using the service] and we always read care plans before we start work."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- People were supported by staff who followed their risk assessments and care plans. This meant people were able to take acceptable risks and enjoy their lives in a safe way.
- Things that were important to people were covered in risk assessments and included health, activities and daily living. As people's needs changed, their risk assessments were reviewed and updated. This took place regularly. Staff knew people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks. A relative told us, "A very good, very safe service." Another relative said, "They [staff] are punctual, treat my mother with respect, and carry out the various required duties. Caremark has always provided alternative care when regular carers are unable to attend. They have been pleasant to deal with and efficient in responding to variations in care when required."
- The provider policies and procedures set out how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff understood the lone working policy regarding keeping themselves safe.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents, plans in place to reduce those incidences and staff were trained in de-escalation techniques.

Records showed that action was taken, as required and the advice of specialist professionals sought when necessary.

Staffing and recruitment

- There were appropriate numbers of staff who were suitably recruited.
- There was a recruitment procedure that records demonstrated was followed. The interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before commencing employment, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. The DBS helps employers make safer recruitment decisions. There was a probationary period of three months with a review and an introduction to people using the service for new staff, before commencing work. People and their relatives said that the provider met needs in a flexible way by providing trained staff in suitable numbers. This was demonstrated by staff rotas and the way they were managed. One relative said, "There is very good communication with carers [staff] letting us know if they are running late even before they are late."
- Staff files showed that the recruitment process and training were completed. Staff were given information that explained their responsibilities and the provider's expectations of them.
- Staff supported people in small hubs with one main staff carer and two supporting backup staff carers, to promote continuity of care. During handovers the provider facilitated discussions that identified best outcomes for each person, including things that didn't work.
- Staff records showed that staff received three monthly supervision and an annual appraisal.
- Staff confirmed that they received regular supervision.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to administer their own medicine.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "Caremark provides a safe environment to work in because they provide enough PPE needed and they have been very supportive during the COVID pandemic."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

We have also signposted the provider to resources to develop their approach good infection, prevention and control (IPC) from the NHS.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been

identified and any necessary action taken.

- The healthcare professionals that responded felt the service provided was safe.

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

- The provider's culture was open, inclusive and positive. People and their relatives found the manager and staff approachable, attentive, felt they listened to them and did their best to meet people's needs. A relative commented, "They are absolutely excellent." One person told us, "I think the staff are really compassionate, professional and I have found that nothing is too much for the staff." A member of staff told us, "There is an open culture with a good, diverse work force and I feel very supported."
- People and their relatives had the available services explained to them so that they were clear about what they could and could not expect from the provider and staff. Field staff told us they were well supported by the manager, office staff and each other. There was also a staff what's up app to promote inclusiveness and teamwork. A staff member said, "Yes a very good agency to work for."
- There was a clear vision and values, that staff understood, and people said were demonstrated by their working practices. The vision and values were explained at induction training and revisited during mandatory training. The statement of purpose was regularly reviewed.
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.
- The healthcare professionals that responded felt the service provided was well-led. One told us, "A very good service with conscientious management."

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 aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the manager and office staff made themselves available to field staff for support.

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

- The manager and staff were clear about their roles and its importance. One staff member said, "I've worked for Caremark for nearly ten years now and have found the agency and its staff nothing but helpful, hard-working and caring."
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission (CQC) as required.
- The provider had a system which stored people's details, appointment schedules, if visits and tasks were

completed, care plans and rotas. They were in the process of moving to an electronic care planning system that would give direct access to people who use the service, their relatives and staff using a portal meaning they would have access to information in real time. Staff who require them were all provided with laptops and phones. Data collated was used to update and improve services. One person said, "Excellent communication with the staff that visit and the office." A relative told us, "I don't know about timekeeping specifically but I am sent a weekly plan of what carer [Staff] is due when and if I phone when I need to speak to the carer [Staff], which is rarely, they are always there when they should be."

- The manager and co-ordinators regularly contacted staff in the field to provide support and this enabled staff to provide people with the service that they needed. Staff welfare checks were carried out as part of supervision and there were weekly staff meetings where issues that arose and other information was discussed. This included where staff were not able to attend calls, any tasks that were not completed and why. A staff member said, "I've always felt well supported and have had no problem accessing staff in the office, who are always responsive to any issues or problems I encounter."
- The provider quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included people's daily care logs, care plans, risk assessments, medicine administration records, complaints and staff files. Any missed calls were also recorded on the system and analysed to prevent them being repeated. Staff files and the data base contained recruitment, training, performance and development information. Any missed calls were also recorded on the system and analysed to prevent them being repeated.
- The provider identified areas for improvement to progress the quality of services people received, by working with them and healthcare professional partners, to meet needs and priorities. The provider integrated feedback from organisations and used it to ensure the support provided was what people needed. This was with people's consent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider enabled people and their relatives and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, visits to people, three monthly spot checks and feedback questionnaires and surveys.
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Staff received annual reviews, regular supervision and there were staff meetings that covered priorities such as COVID-19 and PPE training including infection control, high-risk health and risk assessments. A staff member told us, "I have been with Caremark for almost six years and I am quite happy with the way I have been supported with my job. The senior staff are very supportive and responsive if a need arises."
- The provider policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as district nurses, GPs and other health care professionals.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service supported people to contact organisations who provided services outside their remit to enhance their quality of life. The manager gave an example of one person being put in contact with a day centre to reduce their social isolation. Two people who had a shared interest in art were also put in contact with each other with their permission.
- People, their relatives and staff were kept informed, by the provider, of updated practical information such as keeping safe guidance and PPE good practice and changes.
- Audits identified any performance shortfalls that required attention and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.