

SM Homecare Services Ltd

Caremark (Coventry)

Inspection report

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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 (Coventry) is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the service supported 234 people living in Coventry and Warwickshire. CQC only inspects the service being received by people provided with 'personal care': help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People's experience of using this service and what we found

People and relatives spoke positively about the service they received. People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with care, commitment, kindness and compassion.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff were trained in medicine management and supported people to take medicines safely.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. There were sufficient numbers of trained, experienced staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a system of ongoing monitoring through audits and spot checks to review the quality of the service provided.

People, staff and relatives expressed confidence in the management team and felt the service had a clear management structure and an open and supportive culture.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 03 March 2020).

Why we inspected

We carried out an announced comprehensive inspection of this service on 10 January 2020 and we identified improvements were needed.

We undertook this focused inspection to check improvements had been made and sustained. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service changed from Requires Improvement to 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 (Coventry) 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.

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 (Coventry)

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

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both inspectors visited the service and the Expert by Experience gathered feedback about the service from people and their relatives via the telephone. Following the visit to the service one inspector gathered additional feedback from members of care workers via the telephone.

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 24 hours' 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 07 June 2021 and ended on 11 June 2021. We visited the office location on 10 May 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission services from 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 13 relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to their recruitment and training. 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 staff 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with care staff. One person told us "I do feel safe. It's their cheerful way, it doesn't matter what I ask them they have that little bit of time for me. I always know who is coming I have the same people." A second person said, "I look forward to seeing them, I couldn't manage without them, I need their help and that makes me safe." A relative told us "[Name] is definitely safe, they do everything she asks and more. They take her downstairs make sure she is ok before they go."
- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults. Care staff told us if they had any concerns about a person they would report this to the office immediately who would make referrals to appropriate agencies such as the Local Authority.
- The registered manager and care staff had a good knowledge of safeguarding and understood how to raise concerns with the local authority.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
- Risks for people were individually assessed and managed. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- There was a contingency plan in place in case of events that affected the service running safely, such as premises' problems, adverse weather or reduced staffing due to the pressures of the pandemic.

Staffing and recruitment

- At our last inspection we found that people did not always receive their calls at the arranged times. At this inspection we found the provider had made improvements to how care calls were planned and monitored.
- The provider had an electronic system in place for call scheduling. This was used to monitor the time staff arrived and left people's homes. This was monitored by staff in the office to ensure calls were not missed and people received care at the times they wanted.
- Recruitment practices were safe. The relevant pre-employment checks had been completed before staff worked with people in their homes.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care.
- Rotas showed suitable times for travelling between visits was included. Staff confirmed they were able to request additional travel time if this wasn't the case.

Using medicines safely

- People received their medicines when they were needed and in ways they preferred. There were systems in place to ensure this was done safely. One relative said, "Medication is fine and it's all always entered on the Medicine Administration Record."
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to follow to ensure those medicines were administered safely.

Preventing and controlling infection

- A relative told us, "They always wear all the protective things and they wash their hands – it makes it safe."
- People were protected from the risk of infection because staff were trained in infection control.
- Staff told us they were supplied with personal protective equipment (PPE) to prevent the spread of infections and were clear on their responsibilities with regards to infection prevention and control. Staff were able to collect PPE from a stock held at the office.
- Staff told us they had completed infection control training and had received refresher training during the COVID-19 pandemic. Staff told us this included training on donning and doffing PPE.

Learning lessons when things go wrong

- The provider had taken on board feedback from us and the Local Authority following our last inspection and had taken action to make improvements to how the service was delivered.
- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we identified that the provider's quality assurance checks were not always effective at identifying areas for improvement. The provider and registered manager had created new systems to assess the quality of care provided. These had helped to identify potential risks and where action was necessary to improve the care provided.
- There was a process of continual improvement and quality assurance in place. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.
- Audits were completed on care plans, medicines, infection control, health and safety and premises checks to monitor the quality of service being provided.
- People and staff told us the provider, registered manager and team leaders were knowledgeable and supportive and they would have no hesitation in raising concerns or making suggestions.
- The registered manager understood the requirement to notify CQC of significant incidents and events.

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

- People, relatives and staff expressed confidence that the service was well run. Communication systems were robust, and staff felt comfortable to raise any concerns or ideas and were confident they would be listened to and actions taken as required.
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One member of staff said, "The management team are all supportive. I think they are a good company to work for."

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 duty of candour was understood by staff and managers. The registered manager promoted a culture of openness and learning. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment

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

- People were encouraged to express their views and suggestions about the service via face to face

meetings with staff, surveys and reviews of their care. This information was used to improve the service and to highlight good practice or care.

- People and staff felt valued and confident their views would be listened to and acted upon.
- Regular staff meetings were held to keep staff up to date with changes and development within the service. Meeting minutes were clear, detailed and made available for all. This ensured any person that had been unable to attend were aware of the discussions that had taken place. Due to the COVID-19 pandemic some of these meetings were held using videocalls.
- Staff spoke positively about teamwork. Staff had received gifts of flowers and ice cream in the summer as recognition to thank them for their work during the COVID-19 pandemic. A member of staff told us, "It's the little things that mean a lot."
- Staff had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.

Working in partnership with others

- The registered manager had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.