

Caremax Homecare Services Limited

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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: Caremax Homecare Services Limited provides personal care and support to people who require assistance in their own home.

People's experience of using this service: People were very complimentary of the staff and the service they received. A relative told us, "They are a brilliant service, I would recommend them to anyone."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training. Staff were employed following the appropriate recruitment checks. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medication procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence.

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.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies in place to respond to complaints. Support could be provided to people at the end of their life.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: The last rating for this service was Good. (last report published 22 April 2017).

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

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

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 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.

Caremax Homecare Services Limited

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 was planned to check 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.

Inspection Team:

The inspection was carried out by one inspector.

Service and service type:

Caremax Homecare Services Limited is a domiciliary care agency. It provides personal care and support to people in their own home. At the time of our inspection they were providing approximately 500 care hours a week to 43 people.

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 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.

Inspection activity started on 15 January 2020 and ended on 16 January 2020. We visited the office location on 15 January 2020.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with six people and one relative. We spoke with the registered manager and three care workers. We reviewed four care files, two staff files and records held in relation to the running of the service. We also contacted the local authority for their feedback.

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 told us they felt safe using the service. One person said, "I always look forward to the staff coming in."
- Staff knew how to safeguard people from the risk of abuse. A member of staff told us, "I would speak with them and a family member and get advice from a senior and report my concerns to the manager. If nothing was done I would contact the CQC."
- The registered manager had policies in place to guide staff if they had any safeguarding concerns. The registered manager had raised safeguarding concerns appropriately and worked with the local authority to investigate these and put measures in place to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments were person centred to match their needs. For example, to assist people's mobility and to safely support their personal care.
- The registered manager completed detailed risk assessments for staff to follow to minimise risks to people. These included risks identified in people's home environments.
- Risk assessments were reviewed regularly to ensure people remained safe.
- Staff knew what to do in an emergency and we saw people had emergency contingency care plans in place for staff to follow.

Staffing and recruitment

- People told us they received support from a regular staff team. One person told us, "I have three or four regular girls who come in four times a day to see me."
- The registered manager told us they only agreed to take on care packages if they had the staffing capacity to do so.
- Checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure that only people of a suitable character were employed.

Using medicines safely

- There were clear care plans and risk assessments in place to guide staff in how to best support people with their medication. Staff received training in how to support people with their medication.
- Audits were in place to check medication was supported appropriately. Medication records we reviewed were clear and in good order.

Preventing and controlling infection

- Staff had received training in infection control and told us they were provided with the appropriate personal protection equipment.
- Staff were monitored during spot checks to ensure they were adhering to best practice. Staff we spoke with had good knowledge of how to manage and prevent the spread of infections.

Learning lessons when things go wrong

- The registered manager learns lessons when things went wrong. Learning points were discussed at meetings and shared with staff.
- We saw there were good communication systems in place to share information and keep management up to date with any accident, incidents or untoward events in people's homes.

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

- The registered manager met with people to discuss their care needs and identified their choices for care and support before care packages were agreed.
- Care was delivered in line with best practice guidance and standards. The registered manager kept themselves up to date with any changes in law and employed a business consultant to guide them with best practice.

Staff support: induction, training, skills and experience

- New staff were supported with a full induction, which included training and working with more experienced staff. Any staff new to care were commenced on the Care Certificate, an industry recognised induction and training course.
- Staff were supported to complete training courses relevant to the care they were delivering. One member of staff said, "I have completed training on catheter care." Another member of staff said, "I have just finished my NVQ level 3, it was really interesting as it went more in depth on the legal side of things."
- Senior staff completed spot checks on staff as an opportunity to review their practice and to give them support. Staff also received regular supervision and had a yearly appraisal.

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

- Some people required support with eating and drinking. Staff had received training in the safe handling of food.
- One person told us, "The staff help me with my breakfast and usually leave me a sandwich for lunch and come back to help cook my tea." Another person said, "The staff usually get my food out for me and I just need to put it in the microwave and push a button."
- Where appropriate staff had nutritional information for people and kept records of food and drink. A member of staff said, "We always make sure people have a fresh drink with them when we leave."

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

- Staff worked in partnership with other agencies, for example they liaised with district nurses, occupational therapist and social workers to ensure people had all the equipment and support they needed to receive care at home.
- If necessary staff could support people to attend health appointments and would liaise with people's GPs if required.
- One person told us, "I had a mark on my leg, the staff called a district nurse who came and put a patch on

it for me and made it feel more comfortable."

- A relative told us, "The staff are very good at noticing anything like a red mark or bruise and let me know."

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.

- The registered manager worked within the principles of the MCA. Staff knew how to support people to make choices and these were clearly identified in care plans.
- People's consent was clearly documented, and relatives and other care professionals were involved where appropriate with decisions on care and support.

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 of the staff and the relationships they have with them. One person said, "The staff are very good very pleasant." Another person said, "I can't fault the staff they are 100% good, like family to me."
- People were consistently supported by the same care workers so that they got to know them well and developed good relationships with them.
- Equality and diversity needs were assessed during the assessment process and recorded in care plans.

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

- The registered manager completed a full assessment with people, relatives and other healthcare professionals. During this assessment the registered manager recorded people's views and preferences for care.
- Care packages were regularly reviewed with people and relatives to ensure they were still meeting their needs and requirements. One person said, "The senior comes around and updates my care folder and the manager has been around to see me."
- People told us when they have asked, staff have been flexible about supporting them. One person told us, "I needed to change my time so that I could go out to a meeting and the staff arranged to come and see me earlier, which was really good."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "The senior comes around and does spot checks on staff, but they all treat me with respect."
- Staff supported people's independence to enable them to stay living in their own homes. One person told us, "The staff have helped me get a new walking frame and I have a call line pendant for emergencies."
- One member of staff said, "We want people to maintain their independence, so they can remain in their own home for as long as possible."
- People were supported to make choices about the kind of support they wished to receive and who they wanted to deliver this support. We saw people were asked which gender of staff they preferred to support them. Staff told us, "We are always introduced to people so that they never have a strange face turn up." The registered manager told us some people have photographs of the staff who are coming to support them.

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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- The registered manager told us they made sure the service could meet people's needs including the times people would like staff to visit. Once care had commenced this was reviewed and followed up to make sure people were happy with the service they were receiving.
- Care plans were kept up to date and any changes notified to staff. Daily records were maintained which outlined the care provided on each visit in detail.

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 needs were assessed, and this was recorded in care plans so that staff knew the preferred way to communicate with people.
- Where people had specific communication difficulties staff were aware of this and how to support them.
- Staff had supported people to make adaptations to their equipment to aid their visual impairment. For example, they had applied brightly coloured stickers for one person to be able to identify different remote-control functions on their bed. They had also adapted other equipment for people such as washing machines and microwaves with brightly visible stickers.

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

- Staff told us they had supported people with social activities and could act as companions for people if required to keep them company or to go on outings together.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure and we saw if complaints or concerns had been made these were fully investigated and responded to.
- People we spoke with told us they generally did not have any complaints but were confident if they did make a complaint the registered manager would deal with this. One person told us, "I have no complaints but if I did I will call the office and speak with the manager." A relative told us, "Whenever I have called the office they have always responded promptly."

End of life care and support

- Staff worked together with other healthcare professionals such as the palliative care team or district nurses and the local hospice to support people at the end of their life.
- Staff had received training in end of life care. One member of staff said, "I was with a person when they died, and the family were so grateful they were not on their own."

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; 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

- All the feedback we got from people and relatives was complimentary of the service. One person said, "The staff are very good, I am very pleased with everything they do." A relative told us, "I can't praise the staff highly enough, they calmly meet needs whilst interacting nicely."
- The Registered manager was committed to providing good outcomes for people and ensuring they had the service and support they wanted. A relative told us, "The manager has collaborated on care needs and has been flexible and cooperative to provide the care we need."
- The registered manager fully understood their responsibility to say when things went wrong to investigate these fully, and to learn from these and take steps to put right. This is known as 'duty of candour.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had oversight of the service, on a day to day basis. This included systems in place to monitor quality performance and regulatory requirements.
- Staff were clear about their roles and told us they felt well supported by the management team. One member of staff said, "We are very well supported, we communicate well, and we can always call the manager." Staff told us they also had regular meetings often at a location in the community near to their work rounds.
- The registered manager had a number of ways of engaging with people who used the service. There were regular reviews of care packages, through face to face meetings, telephone contact and they also sent out a survey every six months to people to get their feedback on the service they were receiving. We saw where any issues were raised these were addressed and people received a written response.

Continuous learning and improving care; Working in partnership with others

- The registered manager provided learning opportunities for staff and supported them to develop their skills. In addition, they kept themselves up to date.
- There were governance systems in place to monitor the effectiveness of the service.
- The registered manager worked in partnership with other healthcare professionals such as social workers and district nurses.

