

James Sanderson Limited

Caremark (Bromley)

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 (Bromley) provides personal care people living in their own homes. At the time of our inspection, the service provided personal care to 120 people. 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.

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

People and relatives told us the service was safe. There were procedures to protect people from abuse. Risks associated with their needs were assessed and managed. People were supported with taking their medicines by staff. There were enough staff in the service. The management team were revising where staff were deployed to ensure they had enough time to travel between visits to people. We have made a recommendation about call monitoring systems because not all office staff knew how to access the system being used.

Accidents and incidents in the service were analysed to prevent reoccurrence. Staff followed safe practices to prevent and control infections. Staff were recruited safely and their backgrounds checked before they started working for the service.

Staff were supported with training to ensure their skills and knowledge were up to date. 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 supported this practice. People were supported with maintaining their health and nutrition. The service worked with health care professionals, to ensure their health needs were met.

Staff were respectful and caring towards people. Staff understood the importance of promoting equality and diversity. People were supported to maintain their independence. Staff communicated with people appropriately, according to their communication needs.

Care plans were personalised. People were encouraged to attend community events or activities that were arranged by the provider. People knew how to make complaints about the service. Complaints were investigated by the registered manager.

Staff felt supported by the management team. Quality assurance systems included obtaining feedback from people and relatives. Spot checks took place to check staff followed safe procedures. The registered manager was committed to making continual improvements to the service.

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 good (report published 1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received 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 (Bromley)

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 was carried out by one inspector and two Experts 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

Our inspection was announced. We gave the provider 48 hours' notice because we needed to be sure that the provider or registered manager would be in the office to support our inspection.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report.

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 the registered manager, a nominated individual who represented the provider organisation, a field care supervisor, a training manager, an administrator and four care staff.

We reviewed documents and records that related to people's care and the management of the service. We reviewed nine care plans and seven staff recruitment files. We also looked at staff training records, audits, rotas, complaint and incident records.

After the inspection

We spoke with 14 people and 10 relatives by telephone to obtain their feedback about the service. We continued to seek further evidence and clarification from the provider, which we have included in the report. We requested feedback from social care professionals.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection in February 2017, we found that people's medicine records were not completed or signed for appropriately by staff. We made a recommendation for the provider to follow good practice guidelines and processes for the administration and recording of medicines.

At this inspection, we found this issue had been sufficiently addressed and there was improvement in the recording and signing off of medicines that were administered to people.

- The provider had safe procedures for medicine administration. Where required, staff supported people with taking their medicines. People told us staff supported them with taking their medicines in a safe way. One person said, "They make sure I take my medicines and note everything they do down in the book in the house." A relative told us, "They give [family member] medicines from a blister pack and it's recorded every morning and evening."
- After medicines were administered, staff recorded they had been taken on Medicine Administration Records (MARs). Medicine records we checked were accurate and up to date.
- We noted that audits had identified some unexplained gaps in records. We discussed this with the management team who told us they were planning to introduce technology to help staff record medicines more thoroughly. The nominated individual said, "Medicines have improved massively, however we do occasionally have recording errors. We are moving to an electronic management system for medication in September 2019 which will remove all recording errors."
- Staff had received training in medicine administration and they were monitored during spot checks by senior staff to ensure they were carrying out safe medicine practice.
- A staff member said, "I make sure medicine is put in a cup and I give [person] some water to take it with. We have a MAR sheet and log medicines once they're taken. I am confident with medicines and we do get spot checks from the field care supervisor."

Staffing and recruitment

- There were enough staff working in the service. Staff told us there were no issues with the numbers of staff and they were able to cover each other when staff were on leave.
- People and relatives we spoke with told us staff were punctual and stayed for the correct length of time. One relative said, "The carers are always on time and [family member] has got used to them." If staff were running late, people and relatives were notified to reassure them they would be attending as soon as possible. Senior staff also covered calls in case of emergency.
- Staff were monitored through an online system. They were required to log in to their visits to people using a

free phone number. During our inspection we noted that some senior staff in the office were unable to log in to the system to show us how it worked. This was because the staff member responsible for using the system was unavailable.

We recommended all members of the management team have an understanding of how to access the system in case of emergency.

- Office staff checked staff had arrived for their calls. We looked at call records and saw that visits were completed within timeframes as specified in people's care plans. However, records showed that staff were not always given adequate time to travel in between their visits to ensure they were able to get to the next person on time. One person commented, "They could do with giving [staff] travelling time. They have no travelling time and some have to use public transport."
- This issue was being addressed by the registered manager and care coordinators were now planning staff rotas with more travel time included. Staff we spoke with told us they had enough travel time and did not have any concerns. A staff member said, "I am always on time, including for time critical clients where you have to be there at a specific time. I am happy with my rota schedule."
- There were safe staff recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Two references and proof of identity were obtained, as well as details of their employment history. This meant staff were suitable to provide safe care and support to people.

Systems and processes to safeguard people from the risk of abuse

- There were suitable procedures to protect people from abuse. People told us the service was safe. One person said, "It is lovely to feel so well cared for after being so unwell. It makes me feel very safe." A relative told us, "Yes [family member] is safe because they've had the same carer."
- Staff had received training in safeguarding adults and told us they understood different forms of abuse, such as physical and sexual abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to the management team and other authorities, such as the police and safeguarding teams.
- Records showed that safeguarding concerns were reported to local safeguarding teams and investigated.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around their physical health or medical conditions, their medicines, mobility, skin integrity and home environment.
- Guidance was in place for staff to reduce these risks. For example, there was guidance for staff for people with dysphagia, which meant they had difficulty swallowing food. Staff were required to "Encourage person not to lie down after eating as food residue in their throat could fall into the airway." This showed how risks were assessed and actions were taken to mitigate these risks to keep people safe.
- Staff told us risk assessments provided them with sufficient information and guidance to help minimise risks. A staff member said, "The risk assessments are very good and detailed. Very helpful for us to look after our clients."

Preventing and controlling infection

- The service had procedures to ensure the spread of infections were minimised. Staff followed these procedures and were provided with personal protective equipment, such as disposable gloves, shoe protectors and anti-bacterial hand gels. Staff told us they washed their hands thoroughly before and after providing personal care to help contain possible spreading of infection.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents. Staff had an understanding of how to report incidents and respond to emergencies.

- Incidents were analysed by the registered manager. Trends or patterns of incidents were identified to ensure these were learned from to prevent re-occurrence.

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

- An assessment of people's needs was carried out prior to them using the service to determine if the service was able to support them. Assessments of the person's health conditions, home environment and mobility needs were undertaken.

Staff support: induction, training, skills and experience

- People and relatives felt staff delivered a good level of care and understood their support needs. They told us staff were well trained. One person said, "The staff are very well-trained, they know all about the right way to do things, like helping me when I'm moving around."
- There was a two-week induction process for new staff to receive training. This included completing the Care Certificate, which is a set of 15 standards that health and social care staff work towards and comply with in their careers. Staff also shadowed other staff to help them understand people's support needs as part of their induction. A staff member said, "Training and induction was really good. I really enjoyed shadowing other carers."
- Staff received training in topics such as safeguarding adults, moving and handling, medicine administration and infection control. They told us they were happy with their training and the support they received. A staff member said, "The training was excellent."
- Staff received supervision from senior staff to identify any further training they needed and discuss concerns they had. Annual appraisals were undertaken to review their performance and discuss their development.

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.

- Assessments of people's capacity to make decisions was undertaken. People that lacked capacity were

supported to make decisions in their best interests by family members or representatives.

- Staff had received training on the MCA and understood its principles. They told us they sought consent from people before providing personal care to them. A staff member said, "I always give people a choice. For example with what to wear or what to eat."

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

- People were supported to eat and drink to maintain their health. One person said, "Occasionally [staff] do food preparation according to my choice and is very good in this respect." Another person told us, "They [staff] do my meals for me and if I don't fancy what is in the fridge they will offer to do something else."
- People's food and drink preferences were recorded in care plans and they were supported to have a balanced diet.

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

- People's specific health needs were monitored. Their care plans included contact details of health professionals such as GPs, district nurses and speech and language therapists (SALT). Staff told us they could contact them if they had concerns about a person's health.
- The service worked with other agencies to provide effective and timely care to people to ensure they were in the best of health. A staff member said, "We communicate very well with district nurses and keep each other updated with concerns."

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; equality and diversity

- People told us staff were kind and compassionate towards them. They felt staff were respectful and supported them in a caring and professional manner. One person said, "They are wonderfully kind, I am lucky to be looked after by them." Another person told us, "They are very caring, very concerned. Whatever they do, they check whether it's the way I wanted it done. They know me well and are very respectful and kind."
- Staff understood that all people had equal rights to good care. They had an awareness of protected characteristics such as age, race, disability, gender and sexual orientation. One member of staff told us, "I look after people from all different cultures and religions. It doesn't matter to me, all people deserve to get good care."

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

- People were supported by relatives to make decisions about their care and express their wishes. This helped them to retain choice and control over how their care and support was delivered.
- They and their relatives were consulted and agreed the contents of care plans. One relative said, "Yes of course I was involved with the care plan for [family member]. I was doing the translating and [family member] signed."
- Staff told us they were familiar with people's likes and dislikes, and how they preferred their needs met.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "I close the door for my client's privacy." A relative said, "[Staff] always covers [family member] to maintain their dignity."
- Staff encouraged people to maintain their independence as much as possible. Their level of independence was detailed in their care plans, such as their ability to walk or eat independently. A relative said, "[Carer] is kind and gentle with her and helps her to do whatever she can for her independence."
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons.

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's care plans detailed their needs, abilities and preferences for their care. They were person-centred and contained details about their interests, personalities and histories.
- Care plans were reviewed regularly or as and when people's needs changed.
- Staff completed daily notes about each person to share important information that required attention or following up. One relative told us, "The manager spot checks staff and does a six monthly review but if you need anything changed between reviews they'd do it." This ensured people's needs continued to be met.

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.

- The nominated individual told us they arranged community events and invited people to attend them. Records showed these took place regularly and were popular with people.
- These included cake sales, befriending hubs, exercise classes and art classes. Information about these events was sent to people via a newsletter. The nominated individual said, "We really like to engage with our service users and not just provide care. We like to see them enjoy themselves and have fun."
- The service provided free travel arrangements to people if required, to encourage them to participate in community events hosted by the provider.
- This showed how the provider helped and encouraged people to take part in activities and meet other people, as well as providing them with the care they needed. This prevented social isolation.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS and people received information from the service in a suitable format.
- People's communication needs were documented in their care plan and provided information to staff on how to communicate with them effectively, should the person have difficulty speaking or hearing. For example, staff used pictures, signs and symbols to enable people and staff to communicate with each other.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy with the service. For example, if they had concerns about a lack of communication and timekeeping.
- People and relatives told us they knew how to make a complaint and that if they had concerns, they were confident the management team would listen to them and attempt to resolve their complaint. One person said, "Yes I do know about how to complain. I've complained about care staff in the past and they [provider] responded well to my complaints."
- Complaints that were received were investigated by the registered manager or nominated individual. They sent a response with an outcome and apology to the complainant within the timescales set out in their complaints policy.

End of life care and support

- The service did not support anyone receiving end of life care at the time of inspection. However, systems were in place for people's end of life wishes to be recorded and acted upon.
- The management team told us they would work with specialist end of life care professionals to ensure people's end of life needs were met.

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.

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

- The service was managed by the registered manager and the nominated individual. Senior staff supported and supervised care staff. They carried out spot checks of staff performance and work practices to ensure they provided safe care.
- Quality assurance systems involved audits of medicine records and daily logs. These were quality checked by senior staff and the registered manager to ensure staff were completing them as expected.
- Staff told us they were clear about their roles and responsibilities to ensure people received good quality care and support.

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

- People were supported to obtain positive outcomes for their care. For example, they were supported to maintain their health and access community events and activities, where they were able. People were very complimentary of the attitude of staff. One person said, "Training can't make someone kind and caring. That's inbuilt and the staff have all got it."
- People and relatives were satisfied with the service and told us they received good care. One person said, "They are a very good company judging by my experience and I can't think of anything that needs improving." Another person said, "10 out of 10 for kindness and consideration. This is the sort of care everyone hopes for. It's all the little ordinary things they do, willingly."
- Staff told us there was a positive culture and told us they enjoyed working for the provider organisation. A staff member said, "It's a good company and we are well looked after. There's no grumbles or animosity. I felt very welcomed."

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest with people who used the service.
- Records showed the management team took action to address concerns people had and with staff performance. For example, by reminding staff of their responsibilities to ensure incident records were completed thoroughly.
- The registered manager had developed an action plan after issues were identified following a visit from the local authority. These included minor improvements to risk assessments, recruitment records, training, medicine and call scheduling records. We saw they were complying with recommendations made and this

enabled continuous learning and improvement in the service.

- The registered manager notified the Care Quality Commission of serious incidents that occurred in the service which was their legal responsibility to do so. The provider's procedures were compiled according to the five key questions we inspect under, to ensure health and social care regulations were followed.

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

- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that feedback was positive. One person told us, "I have had feedback forms which I have filled in and send back but I think they do a first-class job."
- Newsletters with information and updates about the service were distributed to people to help them feel engaged and involved in the service.
- Written compliments were received by the service from people and relatives. One relative had written, "I cannot thank Caremark enough for the love and devotion [family member] receives from every carer and the staff in the office need praise too."
- Staff felt engaged with the service and were encouraged to deliver a good standard of care. A staff member said, "[Nominated individual] and [registered manager] are really great. They are easy to talk to and very approachable." Staff attended meetings to discuss issues and share important information. There were incentives such as Carer of the Month awards to reward staff who performed well.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs.
- The service established strong links in the local community, including with voluntary organisations and day centres to help maintain people's wellbeing.
- We did not receive any concerns from health and social care professionals we contacted.