

Costain Care (Dover) Limited

Caremark (Dover)

Inspection report

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Website: www.caremark.co.uk/dover

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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 (Dover) is a domiciliary care agency which provides care and support to people living in their own homes. 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. At the time of the inspection 11 people were receiving personal care.

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

People and their relatives spoke positively about the support they received. Comments included, "It is great to have dedicated carers" and "They have bent over backwards to accommodate [my loved one's] needs."

People were protected from the risks of abuse, discrimination and avoidable harm. People told us they were supported by regular staff who arrived on time and stayed the required time. People were supported by staff who had been recruited safely. Staff understood how to keep people safe and followed detailed guidance when using specialist equipment, such as hoists.

Staff wore personal protective equipment and had access to stock when needed. Staff completed training about infection prevention and control. People were supported to have their medicines safely.

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. Staff had information about how people preferred to be supported and told us they offered people choices.

People were supported by staff who completed regular training to keep their skills and knowledge up to date. Staff undertook an induction when they began working at the service and met with their line manager for regular supervision.

People's physical, mental health and emotional needs were assessed before they began using the service. Care plans were written with people and their relatives and gave staff detailed information about the way they preferred to be supported. These were regularly reviewed and updated as required.

People and their relatives told us they did not have any complaints and were confident if they contacted the office any concerns would be addressed.

People, relatives and staff felt the service was well managed. Regular checks and audits were completed to monitor the quality of the service delivered.

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

Rating at last inspection

This service was registered with us on 15/10/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service registered with CQC.

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 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.

Caremark (Dover)

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.

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 (CQC). 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 short 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 07 June 2021 and ended on 10 June 2021. We visited the office location on 09 June 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the nominated individual. They are responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager, three directors and the co-ordinator. We reviewed a range of records. This included three people's care records, associated risk assessments and multiple medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with one person and two relatives about their experience of the care provided. We spoke with three members of staff. We continued to seek clarification from the provider to validate the 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm. Staff wore uniforms and ID badges to make sure people knew who they were when they visited their homes.
- Staff completed safeguarding training, understood there were different types of abuse and felt confident to raise any concerns. Staff said, "I wouldn't think twice about letting someone know if I thought something was wrong. Sometimes it can be subtle changes in a person that makes you think there may be a problem."
- There were processes in place to report concerns which were followed by staff. The registered manager understood their responsibilities to report concerns to the local authority safeguarding team and had raised concerns in line with guidance.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe being supported by Caremark (Dover). Risks to people's health, safety and welfare were assessed, monitored, managed and reviewed.
- Some people needed special equipment to help them move from bed to a chair, such as a hoist. There was detailed guidance for staff on how to use this. For example, there were instructions about the colour of loops, which part of the body they were used for and where to attach them. This helped make sure people were moved safely.
- When people lived with epilepsy, staff had clear guidance about how seizures may present and what action may be needed. Staff recorded when people had a seizure, how it presented and how long it lasted. This information was available to be shared with health care professionals as needed.
- People's home environments were assessed to make sure they were safe for staff to work in. Staff used a key safe to access people's homes safely. When people wore a lifeline, there were reminders for staff to check these were in place before they finished the call.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Checks had been completed, including references and a full employment history. Disclosure and Barring Service (DBS) criminal record checks were completed. DBS helps employers make safer recruitment decisions.
- New staff completed an induction, training and competency checks before they began to support people.
- People told us they were supported by regular carers who arrived on time and stayed the required length of time. People and their relatives felt staff did not rush. Staff confirmed they had time to support people as needed and that travel time was allocated in between calls. One staff commented, "They give me enough time to get from one call to the next. If I have a half hour call, then I spend half an hour with them. For some people the carer is the only person they see. It is really important to just be with them and have that chatting

time."

- People received a copy of the rota to make sure they knew who would be providing their support. There had not been any missed calls. There was a process to record if this happened to make sure the registered manager could check for any pattern and take action to address it.

Using medicines safely

- People and relatives told us their medication was given safely and on time.
- An electronic care system was used and if a medicine had not been signed as being given, an alert was raised with the office staff. They were able to check immediately to ensure people received their medicines safely.
- Some people needed prescribed creams to help keep their skin healthy. There was a body map in people's electronic care plan to show staff where the cream needed to be applied.
- Staff completed training about how to administer medicines safely and their competency was assessed to ensure they followed best practice.

Preventing and controlling infection

- People and relatives told us staff wore personal protective equipment (PPE). Staff completed infection prevention and control training. They had received additional training due to Covid-19. They told us they had enough PPE and had been provided with training about how to put it on, take it off and dispose of it safely. There was plenty of PPE stock at the office and staff collected it whenever they needed to.
- Staff were regularly tested for Covid-19 and most staff had received their second vaccination. The registered manager maintained a record of test results and vaccines.
- The office was clean and office staff maintained social distance, wore face masks and regularly used hand sanitisers. The provider had a Covid-19 policy and risk assessments which were reviewed to keep up to date with current guidance.

Learning lessons when things go wrong

- There was a system to record and monitor any accidents or incidents. The registered manager reported concerns, when needed, to the Care Quality Commission and the local authority safeguarding team. They checked if people's care plans needed to be updated and ensured referrals had been made to health care professionals if needed.
- The registered manager was monitoring the timeliness of calls to make sure people were supported for the correct length of time. They had identified that in some geographical areas the electronic system had not captured the data correctly. For example, they received an alert to warn them a member of staff had not arrived at the call. They telephoned the member of staff and found they were with the person. They were in the process of investigating why this was happening.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's physical, mental health and social care needs were assessed with them and their relatives. The support people needed with oral care was also assessed. This information was used to develop a care plan focused on their individual needs and preferences. People and their relatives told us they were involved in the development of their care plans.
- Care plans were individual to people's diverse needs and preferences. People were given the opportunity to share information about protected characteristics under the Equality Act 2010, such as religion, sexuality and disability.
- Care plans included details of people's care and support needs, medical diagnosis, nutritional and fluid requirements, preferences and a comprehensive background history. This helped staff get to know people.

Staff support: induction, training, skills and experience

- People were supported by staff who had a comprehensive induction into the service and their role. Staff said, "The induction was good and done over a few days" and, "After the induction and training, I shadowed other carers to get to know people. I did quite a lot of shifts which was really helpful."
- New staff who had not previously worked in social care completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life.
- Staff kept up to date with best practice by completing training in topics, such as moving and handling, first aid and the signs of sepsis. Staff told us they completed training which was relevant to people's support needs. For example, some people received their meals, drinks and medicines through a percutaneous endoscopic gastrostomy (PEG). A PEG is a feeding tube through the skin into the stomach to give nutrients and fluids. Staff told us they received special training to do this. One staff commented, "The training and support is excellent and has really given me confidence."
- Staff told us they had regular supervision meetings with their line manager. Staff said, "Supervision is good. It is about developing. I really want to get on. For me this is a career."

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

- People were supported to eat healthily and drink plenty. Some people were supported to prepare their meals.
- When people needed support with meal preparation there was guidance for staff. This included people's preferences and any known allergies.
- Staff told us how they supported people to manage their nutritional risks, this information was detailed in people's care plans. For example, staff followed guidance to make sure people ate safely, by cutting up food into small pieces or using a straw to drink.

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

- People's physical, mental health and emotional needs were monitored and regularly reviewed.
- Some people were supported by staff to attend their local college and day centres. They worked alongside carers at the college to provide the support people needed.
- Staff liaised with health care professionals, such as the local authority, occupational therapists and community nursing teams, to deliver effective, joined-up care.
- Staff referred people to health care professionals when required.

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.

- People told us staff gained consent before they provided care and support.
- Staff and the registered manager had a good understanding of their responsibilities which ensured people were supported in their best interests and in line with the MCA.
- When people had a Lasting Power of Attorney (LPA) this was recorded in their care plan. LPA is a legal document that lets a person appoint someone to help them make decisions on their behalf.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives told us they were supported by regular, kind and caring staff. A relative said, "[The staff] are all very pleasant. One staff in particular is excellent. They engage [my loved one] in meaningful conversations. This is so good for their mental well-being."
- Staff knew people and their preferences well. One staff commented, "The electronic system is good. There is a list of tasks and the summary of the client is very detailed. I think the system works well. It goes into a lot of detail, for example, using a different coloured flannel for the top and private parts. Things like that are really important."
- Staff spoke with enthusiasm and compassion about their job. Staff told us the morale was good and that everyone worked as a team.

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

- People and their relatives were involved in developing their care plans. A relative told us, "They came and did a very thorough assessment with [my loved one] and me. He has a care plan which we all talked about together."
- People were asked what support they wanted and how they would like their care delivered. People were asked if they would prefer male or female carers. The registered manager tried as far as possible to match staff to people.
- When people needed support to help them make decisions about their care, the registered manager told us they would contact a local advocacy service if they did not have family to support them. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.
- People regularly met with staff to review their care and support. When needed, changes were made.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. Staff told us how they protected people's dignity by covering parts of their body whilst supporting them to wash and putting on a dressing gown when moving from a bathroom to a bedroom.
- People were encouraged to do as much for themselves as they were able to do to help maintain their independence. There was detailed guidance, which staff followed, which noted the things people could manage themselves. For example, one care plan noted a person could wash themselves but needed staff to pass them a flannel with soap on.
- People's confidential personal information was stored securely, in line with General Data Protection Regulations, to protect their confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives told us staff knew them well and were responsive to their needs. People's needs were regularly reviewed, and changes were made in the support they needed when required. One person said, "I appreciate all the help we are getting. It is wonderful to have the help with the things I couldn't do."
- People's care plans were individual to them and included details about people and things that were important to them. They were reviewed and updated to reflect any changes in a person's needs or preferences. People's cultural, diversity and spiritual needs were supported. A person told staff having them with them when they changed from attending college to going to a day centre 'will make the transition smoother'.

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 considered during the assessment process and reviewed as people's needs changed. Some people used special equipment to communicate their needs. For example, one person used laminated communication sheets with letters of the alphabet separated in different coloured blocks. Staff told us this worked well, and they were able to communicate well with the person.
- Staff told us important documents, such as a care plan or rota, could be provided in a larger print to make sure they were in a format that suited the person best.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints about the service they received. A relative said, "I would call the office if I wasn't happy or if I needed to change something."
- People were given a copy of the complaints process when they began using the service. Complaints, including minor issues, had been recorded and satisfactorily resolved.
- Compliments from people and their relatives were recorded and shared with staff.

End of life care and support

- Staff completed training to enable them to compassionately support people on palliative care. People's wishes for their end of life care, including any spiritual and cultural wishes, were discussed to make sure they could be respected.
- At the time of the inspection staff were not supporting anyone on end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People and their relatives felt the service was well-led and they would recommend it to others. The registered manager checked people were satisfied with the support they received.
- A relative had recently written to the service and noted, 'Hearing today that [registered manager] has visited and [my loved one] has been washed, cared for, clothes changed, and a list written of things she needs is like the sun coming out after a huge storm. I can't really put into words what a huge sense of relief this is. [Registered manager] is professional, caring and experienced. We have been lost in the sea of late stage dementia for the past year, with no idea of how to manage and make life better for [my loved ones]. [Registered manager] has thrown us a lifebelt. It actually feels like we can breathe again. Thank you.'
- The provider had a set of values and an ethos which was shared by staff. This included, 'We believe that our customers are the most important people for our business; that our care and support workers are the most important people in our business; that a socially responsible business is most important to everyone'. Caremark (Dover)'s vision is 'To be the first-choice private care provider in Dover'.
- The registered manager mentored staff. Staff spoke passionately about having a career with the service. The nominated individual said, "There is clear career progression. I follow their journey from the start. Staff have a voice. Without them we have nothing. It is important they know how important they are."

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

- Checks and audits on the quality of service provided were carried out regularly. The service used an electronic care planning system which staff said meant they could easily access up to date information about the people they supported.
- The management team had an open-door policy. There was an open and transparent culture where incidents were discussed with staff to check if any lessons could be learned.
- The registered manager understood their regulatory responsibilities, including in relation to duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment.
- The registered manager understood when they needed to notify the Care Quality Commission or local safeguarding authority of incidents or concerns.

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

- People and their relatives told us they met with staff regularly to check they were happy with the support they received. Relatives said, "I had an issue once and it was resolved immediately" and "I am perfectly satisfied with all the care we have."
- A quality assurance annual survey had been designed and was due to be sent to people, relatives, health care professionals and staff later this year. The registered manager told us they would collate the responses to identify and areas for improvement and to celebrate the things that had been done well.
- People, relatives and staff said communication was good. A relative commented, "[The registered manager] has been superb. They have sorted all the times out. I know there might be the odd time they are running late, and I expect that. I have been sent a schedule, so we know who is coming." Staff told us, "Contact and communication with the office is good. I am happy to pick up the phone at any time. I know they will be there and help if I need it. I think the office communicate well with carers."
- Staff told us they felt valued by the service. Their comments included, "Caremark are a really good company to work for" and "Caremark is the best company I have worked for. The support network is excellent. I don't feel worried about asking a question."