

GG Total Care Ltd

Caremark (Redditch and Bromsgrove)

Inspection report

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09 May 2023

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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 (Redditch and Bromsgrove) is a domiciliary care service providing personal care to people in their own homes. The service provides support to people who may have dementia, people who may have an eating disorder, people who may misuse drugs and alcohol, people who may have mental health needs and people who may have a learning disability or autistic spectrum disorder. At the time of our inspection there were 57 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence

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 were recruited in line with the provider's policy with pre-employment checks completed. Staff had been trained and had the skills to support people. However, further training was needed in specific areas, such as textured modified diets. Staff had received training to support people with learning disabilities and/or autistic spectrum disorders, however the provider acknowledged this was basic training and more in-depth training would be given.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

People told us they felt safe and supported by the staff who cared for them. People said they felt safe with staff in their homes. Staff understood how to protect people from the risks of abuse and how to report any concerns. People's care, treatment and support plans gave staff the information they needed to provide safe care. People's care plans provided detail on how staff should support people in the right way to keep them safe. Staff ensured people's rights and dignity were promoted and protected within the agreed risk management plans of care. Infection, prevention and control was managed well.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The provider had good oversight of the service. Quality checks took place and identified where improvements were needed and actions were taken. The provider had ensured we (CQC) were informed about incidents we should be legally told about. Feedback was sought from people, relatives and staff about how they felt about the service they received. This feedback was positive about the hands-on caring approach by staff. The provider was open to feedback and was willing to learn lessons and make further improvements to strengthen the quality of the service. Staff felt valued and said they felt supported by the provider and manager.

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 the service under the previous provider was Good, published on 12 June 2019.

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 (Redditch and Bromsgrove)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in place 1 month prior to our inspection. They told us they would be applying to become the registered manager.

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 04 May 2023 and ended on 19 May 2023. We visited the location's office on 09 May 2023.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care and support provided. We spoke with 11 staff, which included the nominated individual, the manager, a field supervisor, a care coordinator and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed aspects of 6 people's care records, 4 staff recruitment records, training records, staff rotas and documents in relation to the governance of the service.

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 of 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

- Systems were in place to protect people from risk of abuse.
- People told us they felt safe by the staff who supported them. One person said, "I feel very safe, I have regular carers and I don't know what I'd do without them." While a relative told us, "I'm sure [person's name] feels safe. [They] kiss carers on the arm if [they] like them."
- Staff protected people from abuse, and understood the providers safeguarding procedures to keep people safe from harm.
- The nominated individual and manager understood their responsibilities regarding the action to take to protect people from harm.

Assessing risk, safety monitoring and management

- People's care needs had been assessed, monitored and managed. Identified risks had been mitigated as far as reasonably possible. However full reviews of people's care was required.
- The provider was aware that people who had been with the service for some time required a full review of their care. The provider had prioritised this based on people's individual needs. The new manager had started this process. Where people had received recent reviews, plans had been put in place to ensure risks were managed safely.
- Staff supported people in line with their care plans. Staff understood people's individual risks and how to mitigate these. Where there were changes in people's care needs, these were escalated and care plans were updated to reflect people's most up to date care needs.
- People and relatives told us they had access to their care plans and notes within a documents folder, should they wish to read this.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and keep them safe.
- People and relatives told us the right number of staff supported them with their care, they had not missed a call and if staff were running late they were notified. Most people felt that staff had sufficient time to support them, and they did not feel rushed. However, all people we spoke with were unsure how long staff should stay with them but did not feel this impacted negatively on the support given.
- Staff told us they had their schedule in advance, had regular rounds and on the whole supported the same people. Staff told us they had enough time to get to between calls and did not feel rushed.
- Staff were recruited safely prior to starting their role. Relevant and appropriate recruitment checks, such as the Disclosure and Barring Service (DBS) were in place. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps

employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in line with their prescription by staff who were trained to do so.
- The provider completed spot checks of their staff to ensure they followed safe administration practice.

Preventing and controlling infection

- People told us staff kept their homes clean and used personal protective equipment (PPE), such as face masks where needed.
- Staff followed their infection control training to reduce the likelihood of the spread of infections to people.

Learning lessons when things go wrong

- Staff communicated information about incidents and accidents to the nominated individual, who investigated and reviewed these events and used reflective practice to identify any learning that could then be shared with the staff to help prevent further occurrences. The provider used these opportunities to improve the service provision.

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.

Staff support: induction, training, skills and experience

- Staff received training in core subjects relating to health and social care. However, the provider needs to ensure staff are trained in specific areas of care to meet people's individual needs. For example, where people have textured modified diets, staff had not received this training. We did not identify people had been harmed due to this, however it may improve people's overall care experience. We signposted the provider for training in this area.
- People and relatives told us staff were confident in their skills and abilities to provide care and support. One person said, "I know that they have had training with the hoist, and I feel that carers are well trained."
- Staff who were new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were supported in their role, through induction training, attending calls with experienced staff member and regular spot checks. Staff told us they did not work alone until they felt ready to do so.
- Regular spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-service assessments had been carried out, which included information about people's medical history, healthcare conditions and their care needs. This helped the service to plan and deliver the care and support people required.
- One person told us, "The [nominated individual] is good, he knows me and my routine and knows that I like to vet who comes to me. He has been out to see me. I have a care plan and was assessed to see what was needed."

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

- Not all people we spoke with required support with meal preparation or assistance to eat. Where this support was offered, people felt staff supported them well.
- People told us they were given a choice of food to eat during their visits and staff always ensured they had access to drinks and snacks before they left. One person said, "All the carers always make sure that I have a drink within reach and replace the water when they come. They always ask me if there is anything else I need before they go." While a relative told us how they were supported by staff to do the online shopping, as care staff understood the food their family member enjoyed.

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

- All people and relatives felt staff worked with other agencies to provide them with the right care and support.
- People and relatives shared examples with us of how staff had supported them when they had needed additional support. One relative said, "The carers advised me to phone the district nurses." While another relative said, "They will phone up the GP if they think my [family member] is unwell."

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 MCA 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.

- People were supported by staff in line with their consent.
- People told us staff sought consent prior to providing any care and support. All people we spoke with felt staff respected their wishes and listened to them. One person said, "My regular carer is very courteous and respectful, sometimes carers ask for consent but when they get to know me and my routine, they don't need to keep asking me."
- Staff understood the Mental Capacity Act principles in the way they supported people.

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 relatives were complimentary about the staff who supported them. One person told us, "There are 3 people in the company that come to me, and I can't rate them highly enough. One of the owners came out to do a care call and he asked me if I wanted a chippy dinner, he went down and queued up and brought it back and wouldn't let me pay for it." While a relative said, "[Person's name] likes the carers, there are a few carers who [they] really like and they do try and send the same carers. They always chat, and if there are any issues, they always call me."
- Staff spoke about people respectfully and shared examples of how they had got to know people and their individual preferences.
- The nominated individual told us they were confident people were supported by caring staff as this was discussed with people and their relatives.

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

- People and their relatives confirmed they were involved in making decisions about their care including choices about time of their calls, and what level of support they felt they needed. One person told us, "The carers are good. They know I'm a stickler for routine, and I get all the care I need."
- Staff understood the importance of giving people time to express their views and make decisions about their care. For example, what food they may want to eat that day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "The carers are friendly, respectful and seem well trained."
- People's independence was promoted by staff. One relative told us, "The carer encourages [person's name] to retain [their] independence by trying to encourage [them] to go for walks."
- Staff spoke compassionately about people and were respectful when discussing their needs and support.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.

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's day to day care and support was tailored to meet people's individual needs and preferences. People told us staff listened and responded to their requests, and felt staff understood how to support them in the right way.
- People told us that communication via the telephone was good, but improvements were needed in their response to emails. We raised this with the provider, so they could review how emails were responded to. Staff told us the office staff kept them up to date through messages and updating records, if there were any changes in people's care they needed to be aware of.
- The provider had developed systems to ensure that messages were reviewed and responded to, so that important information was not missed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and information needs had been assessed by the provider. The provider had considered how a range of communication tools and aids were to be used to support effective communication with individuals and ensure they had information in a way they could understand.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint if they needed to but had not done so.
- The provider had a complaints procedure in place. Where complaints had been raised these had been responded to in line with the provider's complaints policy.
- The provider had a positive outlook for complaints that were received, so that learning could be explored to improve the quality of care for people. For example, where a person had raised a concern about a staff member, the provider ensured they did not return to support them.

End of life care and support

- Staff were trained to support people with their end of life care. Staff told us they had received training for this. There was no person receiving end of life care at the time of this inspection.

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

- People were mostly positive about the management team and the way the service was run. There had been some concerns raised with us about people not having their weekly schedule so they could better plan their day. However, we did recognise that the provider had been through a difficult period with the cyber-attack which had impacted coordination and monitoring of care calls to ensure these were not missed. The provider had recruited additional office staff to manage the increased workload. Plans were in place to change to a different system, so people could receive their schedules again, and staff scheduling and monitoring of calls would be clearer.
- People told us they could contact the provider at any time. They told us telephone calls were more responsive than emails. We saw a call monitoring system in place, which meant that all call communication was logged and responded to in a timely way.
- People and relatives told us they felt the care received was good and the care staff employed were caring. One person said, "I would recommend the company and I feel valued by them." While another person said, "I would recommend Caremark as they provide me with a high range of carers who make me feel warm and welcome."
- Staff spoke positively about the company they worked for. Staff told us how they had been made to feel welcome and felt very supported by the provider. Staff shared examples where the provider had supported them beyond an employer's usual responsibilities, for example, providing them with a car, when theirs needed repair.
- The provider recognised that people's views and feedback had not been consistently sought over the last 12-18 months. The new manager was completing reviews of all people, to ensure they were happy with the care they received. Feedback given to us from people who had received a review from the new manager was very positive.
- All people, relatives and staff we spoke with were positive about the new manager. They shared examples of positive changes they had made, for example, one person told us how they were supported with understanding which staff would be supporting them; while a staff member told us how they were supported with better travel times between their calls.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour and could demonstrate how they

would be open and honest with people if something went wrong. The provider communicated with the appropriate people and external agencies where necessary.

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

- There was not a registered manager in place at the time of the inspection. The provider had made attempts to find a suitable manager since the last registered manager left in June 2022. The provider told us it had been a challenge to find someone who had the skills and ability but felt they had found the right person for the role. The new manager had been in place for 1 month and told us they would be applying for their registration.
- The provider was motivated to provide people with a good service. They had systems and processes in place to monitor the quality performance and requirements of the service. Where the provider had identified areas for improvement, they had actions in place to demonstrate how these would be achieved. For example, where people required a full review of their care, this had been prioritised based on people's level of identified potential risks.
- Staff understood their roles and responsibilities and were motivated to provide good support and care to people. All staff we spoke with had confidence in the provider and the new manager and spoke highly of them all.
- The provider understood their responsibilities for notifying the CQC for other events, such as deaths, serious injuries or DoLS authorisations.

Continuous learning and improving care

- Spot checks of staff's approach was taken to understand where improvements were needed. Regular conversations with people who used the service also took place. Where feedback was given, actions were taken in a timely way.
- The provider had plans in place to improve their training program for staff. They showed us their plans for what this involved.

Working in partnership with others

- The provider worked in a transparent, collaborative and open way with external stakeholders and agencies.
- The provider told us how they had worked with a local authority and were now providing a specific re-enablement contract, to support people who were recently discharged from hospital. They told us that this would help support the hospitals so that more beds would be available for those who needed them, while also promoting people's independence to return to their homes. The provider advised they were working with the hospital, and occupational therapist, to ensure the right equipment was in place prior to the person being discharged home, so they could provide safe care.