A.I. Care Services Ltd

# Caremark Kensington

## 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

We carried out this announced inspection on 9 October 2018. This was the first inspection for this service since the provider registered with the Care Quality Commission (CQC) in December 2016. We rated the service 'Good'.

Caremark Kensington is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The provider is a franchisee of Caremark. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to two people.

The service had a registered manager who had been in post since December 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of their responsibilities to report suspected abuse and there were processes in place to safeguard people using the service. People told us that their care workers were caring and that they could always talk to a manager if they had concerns.

The provider carried out assessments of risks to people who used the service, including falls management plans which were reviewed as people's needs changed. Care workers ensured that people were protected from the risk of hot water and that money was handled safely.

The provider operated safer recruitment measures to ensure that care workers were suitable for their roles. Care worker's skills and knowledge were assessed during recruitment and staff received suitable training which was reviewed regularly. Managers carried out regular checks to make sure that care workers were carrying out tasks appropriately and that people were happy with their care, but care workers did not receive formal supervision.

Managers maintained audits and checks to ensure that they held that right information on people. Care workers told us that they maintained good contact with the office but there were no formal processes to record this. Care workers ensured that people received their medicines safely. The provider had assessed people's health needs and how they could receive support to eat and drink safely.

Care was delivered in a safe and appropriate manner. Assessments were carried out of people's care needs and plans were drawn up to meet these. Plans were detailed about the care people had and how this could be carried out in line with people's wishes. People had consented to their care. Care workers ensured that

people received the care they needed and were confident at highlighting issues of concern with managers so that these could be acted on.

We have rated this service 'Good'. Where services are rated 'Good' we aim to return to carry out a further inspection within 30 months. We will continue to monitor this service and will return before this time if we think the quality of the service has changed.

## 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.

There were processes in place to safeguard people from abuse.

Risks to people using the service were assessed with suitable management plans in place.

The provider followed safer recruitment measures to help ensure staff were suitable for their roles.

People received support to receive their medicines safely.

### Is the service effective?

Good

The service was effective.

The provider carried out assessments of people's care needs.

Care workers received suitable training and oversight from managers to ensure they had the right skills to carry out their roles.

People had consented to their care and the service was able to assess people's capacity to make decisions.

People received the right support to eat and drink.

### Is the service caring?

Good

The service was caring.

People told us they were treated with kindness by care workers. People's independence was promoted.

The provider assessed how people communicated.

There were processes for recording people's views and meeting their preferences for care.

### Is the service responsive?

Good

The service was responsive.

People's care was planned in a way which met their needs.

Care workers recorded how they had provided care and responded to changes in people's needs.

There were processes for recording and responding to complaints.

## Is the service well-led?

Good

The service was well led.

People using the service told us they found managers helpful and responsive.

Managers carried out audits to ensure good standards of care. There was regular telephone monitoring of people to ensure they were satisfied.

# Caremark Kensington

**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.

Why we inspected- This was a routine inspection as the service had registered in December 2016. New services are inspected within 12 months of registration. In January 2018 we visited the service but were unable to carry out an inspection as the provider was not carrying out a regulated activity at the time. We maintained contact with the provider to monitor changes to their business. We did not have any information of concern about this service.

Prior to carrying out this inspection we reviewed information we held about the service, such as records of significant incidents that the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a document which asks the provider what they think is working well in the service and their plans to improve.

This inspection took place on 9 October 2018 and was carried out by one adult social care inspector. We gave the provider two working days' notice of the inspection. This is because this is a small agency supporting people in the community; we needed to be sure someone would be in.

In carrying out the inspection we looked at records of care and support for two people using the service and one person who received support with medicines. We looked at records of recruitment, supervision and training for four care workers. We also looked at records relating to the management of the service such as incidents records and policies and procedures.

We met with the managing director, registered manager and three care workers. After the inspection we made calls to two people who used the service, an advocate and a family member.

Good

# Is the service safe?

## Our findings

People were safeguarded from abuse. The provider had a suitable safeguarding policy which outlined people's responsibility to report abuse, and care workers received training in this. Care workers we spoke with were confident in recognising the signs of abuse and that concerns would be taken seriously by managers. Comments included, "They've always responded when I've been worried" and "They take it seriously."

Where a person had made an allegation against a staff member the provider acted to safeguard the person and reported the concern to the local authority, but this allegation was not substantiated and no further action was required.

People were protected against financial loss or abuse. Where care workers handled money on behalf of people they kept records of the money they had taken and brought back and retained receipts of the shopping. These records were signed by care workers and the person.

Processes for assessing people's care needs highlighted when risk management plans were required. This included those relating to people's living environments and access to people's homes. The provider had assessed people's needs relating to mobility and whether there was a recent history of falls. Where appropriate, these were used to produce a mobility risk management plan and falls prevention plan. These included detailed information on how people could be supported to mobilise and the mobility aids they used. There was information on specific factors, conditions or environments which could affect a person's risk of falls.

Risk assessments for personal care also addressed the risks from hot water and care workers measured the temperature of water to ensure it was safe for bathing.

The provider had taken prompt action when people had fallen. This had required contacting emergency services where necessary to get people medical attention. Falls risk assessments were reviewed following accidents.

People received support from suitable care workers as the provider operated safer recruitment measures. This included obtaining references and evidence of satisfactory conduct in previous health and social care employment. The provider had verified people's addresses, identification and proof of the right to work in the UK. Before people started work the provider had carried out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

The provider told us that they were not currently using an Electronic Call Monitoring system due to the small size of the service, but that they had access to such a system should the business increase in size. There was a rostering system which enabled rotas to be sent out to care workers. People's plans indicated the number of staffing hours they had been allocated and staff had recorded they had stayed for that time.

At the time of our inspection only one person received a low level of support with medicines. These were managed safely. The provider assessed the level of support people required and the reasons why they took each medicine. These were detailed about exactly what care workers should do to support the person. Where a person was prompted to take medicines each day, care workers maintained a clear record of what they had prompted. These had not been audited, but there were no gaps or errors in recording this person's medicines support. There were frameworks of audit for checking the support people had received with medicines. A person's medicines plan had been reviewed by the provider as the person's needs had changed and they had requested more support.

The provider had systems for recording when incidents and accidents happened, such as falls had taken place. This involved recording details of the incident, immediate actions which were taken as a result and whether further action or reporting of the incident was requited. For example, when a person had fallen care workers contacted emergency services and gave first aid, and managers arranged to review the person's falls assessment and care plan as a result.

Good

# Is the service effective?

## Our findings

Before providing care, the provider carried out detailed assessments of people's needs and objectives for their care. This included obtaining information from several sources, including the initial referral, and checking people's support needs in areas of daily living such as mobility, communication and personal care. The assessment included checking how much support people required with tasks such as using the toilet, washing, shaving, choosing clothes and going to bed. This was used to highlight what information needed to be recorded in the care plan for the person and identify areas of possible risk to be assessed in more detail.

People received support from staff with the right skills to meet their needs. Comments from care workers included, "They gave us a comprehensive training", "They will never ask us to do anything we are not comfortable with or have no idea of what to do" and "I'm sure if there's anything I struggle with I can ask them and they will be able to help me."

People's skills and experience were assessed during the recruitment process. This included checking people's experience in certain areas of care and support and assessing people's comprehension skills and going through scenarios relating to safeguarding and professional boundaries.

Care workers received an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out 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 be covered if a worker is 'new to care' and should form part of a robust induction programme. This included mandatory training in areas such as moving and handling, managing medicines, safeguarding adults, infection control, fire safety and food hygiene. These trainings were repeated yearly. Care workers also had the opportunity to access nationally recognised vocational qualifications in care.

At the end of the induction care workers completed a workbook to demonstrate their knowledge. Managers met with care workers to check whether there was any part of the training the care worker was not comfortable with and whether any further training was needed.

Care workers received workplace supervision to ensure they were delivering care of a good standard. This involved carrying out spot checks several times a year to ensure that care workers were working in line with health and safety and infection control measures and whether any development actions were required. There was not a system of formal office based supervisions. The registered manager told us, "Because our service is small I don't often get people in, I check in with people several times a week. I bring them in if there is anything they need to discuss." A care worker told us, "They will do spot checks and check up on us as well and ask the clients how we are doing…if there's anything that needs to be changed or if we did good they will let us know."

There were assessments of people's health and wellbeing including any conditions that care workers should be aware of and how these may affect people. The provider had assessed the level of support people

required to prepare meals and to eat and drink, and this was clearly outlined in the care plan. This included identifying people's preferred meal choices. Care workers recorded people's nutritional support, including what people had chosen to eat for each meal. Records had shown when staff were concerned about people's nutrition and action that had been taken as a result. A care worker told us, "I was worried he/she was not eating enough food so they made sure he/she got evening visits."

People using the service were able to consent to their care and had signed the care plans to do so. The provider told us they had taken advice on how best to demonstrate consent in the event people were physically unable to sign. The provider had also discussed situations where they may discuss people's needs with other people identified in their contact list and obtained permission to do so.

There were processes in place in line with the Mental Capacity Act 2005 (MCA). The Act 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. The provider had assessed people's capacity to make decisions in line with the requirements of the Act.

Good

# Is the service caring?

## Our findings

People told us they felt well supported by their care workers. One person told us, "They certainly are giving good care; they're extremely nice people." A person's advocate told us, "[Person] was with a previous agency, but this has just been amazing." A person's relative told us, "They are so attentive, I'm very impressed. [My relative] reports they are very kind."

People's support plans included clear information on their living situation and what they enjoyed. There was brief information on people's life story and previous employment and military service. There was information for staff on specific measures a care worker should be aware of to make personal care more comfortable, such as highlighting when a person's health condition meant care workers needed to make an extra effort to keep them warm after bathing.

The provider had recorded the social interactions people had and the support people required to maintain these. This included a detailed plan for ensuring a person continued to access a day service. Plans also recorded people's preferences for their care, such as any religious or cultural needs staff needed to be aware of, their preferred names, gender of care workers and any house rules care workers needed to be aware of. One person had requested their care worker did not wear a uniform and there was evidence of this being respected.

The provider had assessed whether people could communicate effectively with care workers. Both people using the service were able to communicate without any support, but there were processes which could be followed for assessing people's needs in more detail, such as whether people required objects of reference, support with using the telephone or a communication passport.

Records of care showed that people consistently received support from the same person, with another person available to cover when the main care workers were off. A care worker told us, "It's quite important it's somebody regular…I thought it was very good of them to keep me with one client."

The provider had attended sessions on managing people's information in a way which complied with the General Data Protection Regulations. The provider told us, "We released a privacy statement to discuss how we would use their information and to let them know they can request any information as well."

People's independence was promoted. Plans were clear about what aspects of care people could do for themselves and how care workers could carry out care in a way which supported this.

Good

# Is the service responsive?

## Our findings

Visit plans were in place which clearly indicated the agreed visit times and the tasks that needed to be carried out at these times, such as those relating to personal care, meal preparation and domestic support. There was detailed information on what was required on each visit. Care staff had signed to indicate they had read and understood the contents of a person's plan. Care workers told us that these plans were useful. Comments included, "The care plan is really useful I need to know what I'm getting myself into before I start", "I got a chance to read the care plan, it was helpful" and "There's enough detail on care plans but I always ask them to double check in case they change their minds."

Care workers recorded that people received support as agreed. There was information about people's social activities, moods and wellbeing. Staff had highlighted possible issues of concern about people and action had been taken to address these. Assessors were prompted to record whether they felt there was enough time to meet people's needs and what actions they had taken to address this. A person's advocate told us, "It's the best care package that we've had in terms of being smooth running. There's no issues with the care."

People's plans were to be reviewed yearly, but at the time of our inspection neither person had been using the service that long. However, plans were reviewed if the provider thought a person's care needs had changed. For example, prior to a person coming out of hospital the provider had reviewed their support relating to mobility, personal care and nutrition. The plan for discharge including time of arriving home had been checked with the hospital social work team and the provider had arranged to have a care worker at the person's home to meet them.

The provider was meeting the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with the AIS. People using the service did not require any additional support with communication, but assessments were in place which could identify and flag the need for people to have information in other formats and other objects of reference which could help people access information. The provider told us, "We do have certain documents that are geared towards people with a learning disability. If the person contacted us directly I would encourage them to bring family or people who can help them communicate. People might not be able to express themselves so it can be helpful to speak to others and I can review the plan."

There was an accessible complaints format designed for people with learning disabilities and a clear process for addressing and responding to complaints. Quality assurance checks were used to check people knew how to make a complaint but there had been no complaints received at the time of our inspection. A person's relative told us, "Whenever I have said anything [the registered manager] has acted on it immediately."

Good

# Is the service well-led?

## Our findings

Care workers, people using the service and their families told us they felt well supported by managers. Comments from care workers included, "They've been quite good, you can call them at any time to clarify things and talk through things", "There have been issues and I've got through to the office right away" and "They're doing a good job is all I can say." A person's advocate told us, "We can get hold of a manager." A person's relative told us, "I was very impressed with the management. It's terribly important so I need to be able to trust them. They are small but perfectly formed."

There were regular meetings of the office team which discussed how responsibilities could be allocated to take pressure off individual team members and the promotion and growth of the business. There was not a formal system for meetings of the care workers or for recording communication, which meant it would be easier for issues to be overlooked in the event of the service growing. The provider told us, "We're a very tight knit team at the moment so it's easy to stay in contact. We're having discussions about what to do if we get bigger so that people don't fall down the cracks."

Managers told us they received support from the franchising company to stay up to date with current practice and maintain up to date policies. The care manager told us, "They update every year. Sometimes they look at best ways to break down policies and make them more accessible. They like to make the language very user friendly." Managers told us that they met frequently with other franchisees in the area and could access support and share advice. These forums were used to discuss issues of growth, marketing and data security which affected all franchisees. The provider also met with the regional manager to discuss issues which affect the business. The franchiser had recently appointed a compliance manager to visit franchisees and support improvements.

The provider used file checklists to ensure they were holding comprehensive information, including information relating to care and support, capacity, reviews and risk management plans. Quality assurance checks were used to ensure that records remained up to date, were consistent between the office and people's homes and to check people were happy with their service.

Managers carried out telephone monitoring with people every eight weeks. These were used to check whether people were happy with their care workers, whether they arrived on time and provided the support people needed in a caring and compassionate way. The provider recorded people's comments about their care and any individuals they were particularly pleased with, and whether any actions were needed. It was early in people's care packages, but comments from the monitoring were positive throughout.

The provider was meeting requirements to display their registration documents and had installed a widget on their website to display a rating when one was available. The provider was meeting requirements to inform us of serious events that had occurred.