

SVK Care Ltd

Caremark Leicester

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caremark Leicester is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the registered manager confirmed the service was providing personal care to 12 people.

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

Care plans and risk assessments to help ensure people were safe were not always in place to do this. People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Staff went through a recruitment process so that the provider only employed suitable staff.

People received their prescribed medicines, though there were a small number of gaps in medicine recording. People not been fully protected from the risk of infections through staff working practices. Staff undertook induction training that supported them to have the knowledge and skills to provide care to meet people's needs, though more specialist training was needed.

Staff knew people well. People had usually developed positive relationships with staff which helped to ensure support to meet their needs, though this was not always the case. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People or their representatives were involved and consulted when drawing up their care plans but not consistently consulted through care reviews when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely help to maintain their health and well-being. People did not always receive continuity of care which made them anxious about having too many different staff providing care to them.

People and relatives knew how to raise any concerns or make a complaint. The provider had a policy and procedure which involved investigation and solutions to put things right. This provided information about how these would be managed and responded to. However, it was not always clear that peoples' or relatives concerns had been recorded and acted on.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to make improvements in the service, though not all services had been quality assessed to ensure high quality care provision. Issues such as continuity of care and the length of call

times needed action.

Some people, relatives and staff spoke positively about the day-to-day management of the service, though this was not consistent. People said staff were usually friendly and caring, and they had good relationships with them, though this was not always the case. The service worked in partnership with external agencies to try to ensure people achieved good outcomes from their care and support.

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

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them to do this.

Rating at last inspection:

This is the first rating for the service under the new ownership.

Why we inspected:

This was a planned inspection based on our inspection timetable of inspecting new services.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not fully Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not fully Caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always Responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well Led.

Details are in our Well led findings below.

Requires Improvement ●

Caremark Leicester

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 an 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 homes.

The service had a manager registered with the Care Quality Commission. This means that when a registered manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that there would be staff in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the service was registered in November 2018. 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.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care

provided. We also spoke with three members of care staff, the registered manager and the care manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from management to validate evidence found, including amended procedures. We received this information.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- People and relatives said that staff provided safe care.
- Individual risks to people's safety had largely been assessed. Information was in place for staff of action that needed to be taken to reduce these risks. However, some risk assessments were not detailed including assessments for falls and catheter care. The absence of risk assessments to reduce risk could put people's safety at risk, though no person commented they had been at risk from the practices of staff.
 - An assessment of health and safety of premises had been carried out for people's homes. This was largely comprehensive though had not included information about evacuation in case of fire. The registered manager said this information would be put in place.
 - Staff members had a good understanding of people's needs in order to keep people safe. For example, assisting people to use equipment and removing tripping hazards.

Staffing and recruitment

- Prospective staff members suitability to work with vulnerable people was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.
- Two staff members said there were not enough staff to meet people's needs. This was because on some occasions when two staff were needed to provide safe care on a care call, only one staff was available. The registered manager investigated this situation and concluded that there was one situation where a staff member had not been able to get to the call, so another staff member was sent in their place. In the meantime, a family member had arrived to assist.
- A person said they had missed calls recently and had reported this to the office, which made them feel anxious. The registered manager said she was not aware of any missed calls. No one else said there have been any missed calls.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives confirmed that people felt safe with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. The whistleblowing procedure in the staff handbook did not have contact details of relevant agencies for staff to contact in the event of an incident. This was swiftly rectified by the registered manager submitting the amended procedure to us and stated this would be shared with staff.
- Staff had safeguarding training to know how to safeguard people in the event of an incident.

Using medicines safely

- A person said they were prompted by staff to take their medicines when prescribed. Records showed that people had received their medicines, though there were a small number of gaps in medicine administration records. The registered manager said this issue would be followed up.
- The provider had a policy and procedure for the receipt and administration of medicines so that medicines could be supplied safely to people.
- Staff were aware of the procedure to support people with their medicines.

Preventing and controlling infection

- Staff did not always follow practices to prevent and control infection. People and relatives said that staff wore gloves to ensure infections were not passed on although no one could remember staff wearing aprons. This was also confirmed by two staff who said that some colleagues wore gloves but not aprons when supplying personal care. This meant there was a risk that infections might be passed on. The registered manager said she was surprised by these comments, as staff had infection control training and they were supplied with proper equipment and reminded to use it, though this would be checked with staff.
- Staff had been trained on maintaining infection control. This was highlighted in a poster displayed in the training room of the provider. Staff were aware of the need to wash their hands thoroughly after completing a task, to prevent infections being passed to people.

Learning lessons when things go wrong

- The registered manager said that the service was aware of the need to learn if situations had gone wrong. This had included amending the medicine recording sheet so that staff did not inadvertently record that medicine had been supplied on the wrong date. This showed action to try to ensure this type of incident was prevented from happening again.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that care plans usually made sure they were able to provide care that met people's needs, although some staff said people did not have care plans. This was disputed by the registered manager, who said care plans were in place for everyone who used the service.
- Timely care had not always been provided. People and relatives said needs were usually met by staff. Records showed some calls were up to 30 minutes early or late. People said that at times calls had been shortened by 15 to 20 minutes. Two staff members confirmed that at times they did not receive adequate travelling time between calls which meant they were late. The registered manager said she was surprised to hear this and it would be investigated. She concluded this issue had been addressed with staff to ensure calls were of the agreed times. Also, adequate travel time was allocated.

Staff support: induction, training, skills and experience

- People thought that staff had enough training to meet their needs. However, relatives thought that specialist training would be helpful such as training in dementia, autism, and stroke care. A relative said a regular staff member understood her family member's dementia but new staff did not appear to understand how best to support a person living with dementia.
- People were supported by staff who had received relevant training. Additional guidance and information was available to staff for health conditions to assist staff to understand people's conditions. The registered manager said more specialist training was to be provided to staff in issues such as training in autism and Multiple Sclerosis. Evidence of this was submitted after the inspection visit.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- There was evidence that staff were given opportunities to review their individual work and development needs in supervision sessions. However, these sessions were infrequent. One staff member who had been recruited in 2019 had not yet received a supervision session. The registered manager said this would be reviewed and organised to ensure staff were better supported to carry out their care roles.

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

- Nobody had concerns about nutrition or hydration issues. People who had their meals or snacks prepared by staff were involved in discussions about what they wanted to eat and drink.
- Staff were aware of people's dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting their health and social care needs.
- Staff members told us that if people needed additional equipment, they or office staff would contact relevant agencies to organise this. For example, a staff member said they had contacted occupational therapists to review a person's bed.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives said staff noticed if they were unwell and requested medical assistance. A person told us that staff had looked after them when they were not feeling well and had called an ambulance for her.
- People's health and wellbeing was supported by staff and their care showed this happened.
- Relatives told us that they would be notified if their family member was poorly and needed medical help.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA. We found that it was.

- Mental capacity assessments had been carried out.
- People confirmed staff asked for their consent when providing support to them. Care plans indicated that staff should always ask people for consent before providing personal care.
- Staff told us they always asked people's consent in providing personal care to them and there were no restrictions on people's lifestyles.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- There were positive comments about the attitudes of most of the care staff. However, one person who said a staff member had worn headphones and spoke on the phone to their friends rather than with them. The registered manager said she had not been informed about this issue, but it would be investigated. Two people felt staff did not have enough time to show that they were caring.
- In contrast, a relative said that staff took the time to communicate with their family member even though the family member had communication needs. They said, "I am full of praise for them. They are patient and caring." Another relative said that staff talked to her family member and laughed and joked with her, which her family member enjoyed.
- A relative said they were grateful that their family member's cultural wishes had been met by staff.

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

- People and relatives told us that they had been involved in care planning at the beginning of their involvement with the service. They agreed with the care plan that had been drawn up for them. This was documented in the records.
- However, people and relatives said that they had not felt regularly consulted about whether care provided still met people's needs as there had been a lack of reviews. The registered manager stated this was on her agenda and would be followed up.
- The service user's guide included information on people's rights to be treated with dignity but did not include a statement about people not being discriminated against due to issues such as race, religion and sexual orientation. The registered manager swiftly amended this information and sent it to us after the inspection visit. This will then give a positive message to all people using the service, or thinking about using the service, that they would be well treated and supported.
- The service user handbook stated that staff should treat people equally whatever their backgrounds. This gave a positive signal to staff on treating people well.

Respecting and promoting people's privacy, dignity and independence

- Some people felt that they were encouraged to be independent. One relative said care staff would do things for their family member, when they could do these things for themselves. The registered manager said this issue would be followed up as care plans included this encouragement and direction for staff to follow.
- Everyone said that staff showed respect to people when providing care. They thought people's privacy and dignity were maintained. A person said that they were able to have a shower in privacy and staff were

available when they had finished. Another person said that staff closed blinds and the bedroom door to maintain their privacy.

- People said staff ensured they always chose their lifestyles, such as for food, clothes and personal care. Staff were aware of the need to ask and follow people's choices.
- Staff provided examples of how they encouraged people to do as much as they could for themselves to promote and maintain their independence.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said staff mostly arrived on time to provide personal care. However, they sometimes did not stay the full time of the call. One relative said, "The call is meant to be 30 minutes for both morning and evening." However, they told us that at times care had only been for 15 minutes. One person said this meant they sometimes felt rushed when having a shower. The registered manager said staff had been reminded to stay for the agreed time and technology was to be introduced to monitor and ensure this in the near future.
- People said they had regular staff for one call, but on other calls there were frequent changes in staff which didn't suit them. One person said, "It's such a load of carers." Another person told us, "I've no idea who is coming and then I don't know them when they get here." Another person said having different staff made her feel anxious. The registered manager said it was sometimes unavoidable to use different staff, but this would be looked into.
- A relative said that new staff were not introduced to them or informed of what needs doing; "The other week they sent a new one [staff member]. She didn't have a clue what to do or where anything is .. it isn't helpful for [family member] as [they] need to have regular faces to get to know them." The registered manager said that new staff were only sent out if there was another staff member known to the person, to introduce them. A system would be put in place where people would have information about care staff, so that the staff member would be more familiar to them.
- Care plans had some information about people's preferences and their life histories, though did not have a lot of information about their hobbies, preferences likes and dislikes. The registered manager said that the form to include that information was in place and would be checked. This will ensure more information is available to staff to support people with all their individual needs.

Improving care quality in response to complaints or concerns

- There was a mixed response to how the agency responds to people relative raising issues or making a complaint. A person said they had complained about a staff member not taking care to warn them that food was very hot. They said the registered manager had not made contact about the incident and there had been no response to the complainant. The registered manager strongly disputed this and said the issue had not been reported to her but when she saw the person, this issue had then been discussed and actioned.
- A relative said it caused anxiety that new staff didn't shadow experienced staff or be introduced to their family member and find out what they had to do to meet care needs. They contacted the provider and insisted the registered manager came out to meet her family member. The relative was then satisfied with the action the registered manager took.
- A person said there had been an argument with a staff member. They said when they contacted the agency

their complaint was not taken seriously. The registered manager again disputed they had been contacted about this and said the issue would be followed up and investigated.

- There were no written complaints recorded as received since the registration of the provider. The registered manager stated that she would be following up the issues raised, but no formal complaints had been received.
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated. The procedure included helpful information that people could refer their complaint to relevant outside agencies such as the local authority and the local government ombudsman.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- Documents were available in people's first languages. There was awareness of other communication methods which could be used in the future to help people who needed support to communicate.

End of life care and support

- End of life care and support was not needed at the time of the inspection visit. Staff training was to be put in place to ensure this support was personalised and based on people's wishes.
- The registered manager indicated that people would be consulted about their end-of-life wishes, if they wanted to discuss this issue.

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. At this inspection this key question has been rated requires improvement. This meant leaders and the culture they created did not assure the delivery of high-quality care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us that individual care was not always provided to meet needs and preferences. This was because some calls not of the agreed length, some people felt rushed because of this, and new staff were not always introduced to people. The registered manager said that systems had been reviewed and would be improved further.
- The management worked with healthcare professionals to improve people's health when needed.
- The registered manager was aware about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service and the duty of candour responsibility.

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

- People and relatives said they did not have opportunities to share their views about the service through reviews and surveys. The registered manager said that surveys had just gone out people to see what action needed to be taken on any identified issues.
- Staff said they could to share their views about people's care directly with management and in staff meetings, but action had not always been taken. For example, in relation to call times being at agreed length. In contrast, one staff member said they felt encouraged to share ideas to further improve the service.
- There was not always effective communication and consistency in the care and support people received. For example, staff member said that they had raised the issue of new staff being introduced to people before they provided personal care to them, and people getting their preferred call times. Management said they would look into this, but they had not seen any tangible action that had been taken.
- Management provided thank you cards and vouchers to staff to acknowledge the hard work and commitment of staff. This showed encouragement to staff to provide a quality service.

Continuous learning and improving care

- The registered manager had made improvements to the care and support provided, but this had not been the case for all issues raised by people and relatives.
- Regular reviews of people's needs to ensure the care provided was appropriate had not been undertaken. The registered manager acknowledged this and said this would be carried out in the near future.

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

- There was a registered manager in place, registered with CQC. However, they were not visible to people and relatives. This was probably because the care manager carried out the day-to-day running of the service.
- Some quality audits were carried out to drive improvement of the service. Some needed to be more comprehensive to ensure all aspects were audited. The registered manager said that more audits were planned and head office would be carrying out an audit of the service in early 2020.
- There were mixed views amongst people, relatives and staff about whether management were consistently positive. Staff said there had been too much staff turnover and this was reflected in the inconsistent continuity of care provided to people. A staff member said that a field supervisor was needed to support staff on the frontline, rather than just having advice from office staff. The registered manager said that a fieldwork supervisor had been recruited to provide this support.

Working in partnership with others

- The service worked with health and social care professionals to ensure people's needs were met.
- People were supported to use local services if this is what they wanted.