

LME Investments Limited

# Caremark (Mid Surrey)

## Inspection report

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Date of inspection visit:

08 June 2018

13 June 2018

Date of publication:

26 July 2018

## 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

This was an announced inspection that took place on 8 and 13 June 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is located in the Leatherhead area and covers mid Surrey.

This was the first inspection since the service was registered.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People were satisfied with the care and support provided by the agency and were happy with the way staff performed their duties.

The agency kept up to date records that covered all aspects of the care and support people received, the support choices they had made and identified that they were being met. The records were clearly recorded, fully completed, and contained regularly reviewed information that enabled staff to perform their duties.

Staff were aware of their responsibilities regarding the people they supported, the tasks they performed and were aware of how people liked to receive support. Staff had appropriate skills and provided care and support in a professional, friendly and kind way.

Staff knew that they must treat people equally and respect their diversity and human rights. People said they felt fairly treated.

Staff received appropriate training and were accessible to people. They told us the organisation was good place to work for; they enjoyed working there and had access to good training and support.

The registered manager and staff encouraged people and their relatives to discuss health and other needs and passed on agreed information to community based health professionals, as required.

Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's likes, dislikes and preferences were met.

The agency was aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The registered manager was approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

The health care professionals that we contacted were happy with the support that the agency provided for people.

## 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.

People said they were safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

### Is the service effective?

Good ●

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and they were encouraged to eat healthily.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

The provider worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

Staff worked well together internally and across organisations.

### Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

## Is the service responsive?

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good 

## Is the service well-led?

The service was well-led.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

The manager, management team and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Good 

# Caremark (Mid Surrey)

## 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 checked 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.

This was an announced inspection and took place on 8 June 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 75 people receiving a service and 35 staff. During the inspection, we spoke with 20 people and their relatives' and six staff. We also contacted six healthcare professionals who had knowledge of the service. We spoke with the registered manager and management team during the office visit.

We looked at eight people's care plans and five staff files. We also checked records, policies and procedures and quality assurance systems.

# Is the service safe?

## Our findings

People and their relatives said the agency provided a safe service with enough staff to meet their needs. This was confirmed by the staff rota. One person told us, "I feel safe with [staff member]." A relative said, "My quality of life has been enhanced immensely, I can now go on holiday knowing [relative] is safe leaving [relative] with them [staff]." Another relative told us, "This is a safe service."

Staff knew what action to take if they encountered abuse. The agency had provided them with information regarding what abuse and harm was, policies and procedures to follow and training to protect people. There was also a lone working policy. The management team knew how to raise a safeguarding alert and when this was necessary. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

Staff recruitment followed a procedure that included an application form, job description, person specification and short-listing of prospective staff for interview. The interview contained scenario based questions to identify people's skills, experience, philosophy towards providing care and knowledge of domiciliary care. References were taken up and work history and disclosure and barring (DBS) security checks carried before people were employed. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was a three-month probationary period with regular reviews. Each stage of the process was recorded.

There were risk assessments that protected people and staff. People and their relatives were encouraged to contribute to these risks assessments. The risk assessments included situations in which people may display behaviour that others could interpret as challenging and could put themselves and staff at risk. They were monitored, reviewed and upgraded if people's needs changed. The risk assessments were carried out by trained staff. Staff told us that when they identified risks to people, they shared this information with the office and other members of the team if they had shared calls. They were familiar with the people they provided a service for, able to identify situations where people may be at risk and this enabled them to act to minimise the risk. Staff had also received training in non-abusive psychological and physical intervention. The agency kept records of accidents and incidents. Staff had also received infection control training and people said staff working practices reflected this during their visits.

The agency had disciplinary procedures that were followed if required.

Staff were trained to safely prompt or administer medicine to people as required. They also had access to updated guidance. The agency checked and monitored people's medicine and records.

The health care professionals we contacted had no concerns regarding the agency providing a safe service for people.

## Is the service effective?

### Our findings

The agency staff enabled and supported people and their relatives to make decisions about the how and when care and support would be provided and take place. People said staff understood their needs and met them skilfully using a patient and supportive approach. Staff told us they regularly checked with people that their care and support was meeting their needs. This was also monitored as part of the agency quality assurance system. Staff were suitably trained to complete the tasks that were required. One person told us, "They always turn up on time, very prompt." A relative said, "We are very pleased with them, they do a hard job very well as sometimes [relative] does not co-operate."

Staff received induction and mandatory annual training. This was delivered on-line, face to face and was based on the 'Care Certificate Common Standards'. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

Staff received specialist training that reflected the wide spectrum of people they supported. This included "Mental Health awareness training, learning disabilities, 'Stoma' care, dysphagia and epilepsy. The management team and senior members of staff attended a 'Mental Health' training day with Surrey skills academy. Dementia awareness training had been delivered and the registered manager was a dementia friend. Staff also received equality, diversity, inclusion and human rights training that enabled them to treat people equally and fairly whilst recognizing and respecting people's differences. This was confirmed by people and their relatives. The agency had an equality and diversity policy that staff were aware of and understood.

New staff were also given the opportunity to shadow more experienced ones and did not start working alone until they were comfortable and confident doing so and familiar with people and their needs. This was also part of the staff client handover process. Minimum three-monthly spot checks were conducted by the registered manager to monitor progress. Staff meetings, quarterly supervision and annual appraisals provided opportunities for identifying group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team.

People had care plans that included their health, nutrition and diet and if required staff monitored people's food and drink intake. Staff also advised and supported people to take healthy meal options and said that if they had any concerns they raised and discussed them with the office, person, their relatives and GP as appropriate. The agency records demonstrated that referrals were made to relevant community health services and they were regularly liaised with. These included local authority commissioners, hospital discharge teams and district nurses.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans.



We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Appropriate staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

The health care professionals we contacted had no concerns regarding the agency providing an effective service for people.

## Is the service caring?

### Our findings

People and their relatives confirmed that staff treated them with dignity and respect. They felt listened to and their opinions valued. This was enabled by the training staff received regarding people's rights to dignity and respect. It was reflected, in people's comments about the compassionate and respectful support they received from staff that was delivered in a friendly, helpful and professional way. These descriptions of care practices followed the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

People were very pleased with having consistent care staff who understood their needs and preferences. This demonstrated a person-centred approach to the care that was provided. Staff arrived on time, carried out required tasks and stayed the agreed time. They also recognised the importance of their roles in establishing relationships with people and enriching their lives, as for some people their visits maybe a large part of or the only point of contact for people. One person told us, "They [staff] are excellent." Another person said, "Always on time, friendly and caring." A relative said, "Can't speak highly enough, if I was running a care agency, I would poach the lot the managing director, [registered] manager and staff." Another relative told us, "Excellent and so courteous."

The management team and staff were knowledgeable about the people they supported. They were able to give us information about people's needs, interests and preferences that demonstrated they knew people well. One person popped into the agency during our visit for a chat and cup of tea. They were made very welcome and their familiarity with the office team and their inclusive approach made it obvious this was not a one-off visit and reflected the caring philosophy of the agency.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and ongoing training.

The health care professionals we contacted had no concerns regarding the agency providing a caring service for people.

## Is the service responsive?

### Our findings

People said they were asked for their views, by the agency and fully consulted and involved in the decision-making process before a service was provided. They received personalised care that corresponded to their needs and if there was a problem with staff or the timing of the support provided, the agency quickly resolved it. Staff also recognised the importance of understanding people's views so that the support they provided could be focused on people's individual needs. One person said, "There when you need them [staff]." A relative said, "If a carer goes sick, the [registered] manager comes in and if they are not available, the managing director covers the call." Another relative told us, "If [carer] is going to be late, the office always let us know."

People confirmed that the agency provided a welcome pack with suitable information regarding the service that was easily understandable and helped them decide if they wanted to use it. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

Having received an enquiry, the registered manager and senior staff would carry out an assessment visit. During the visit they would establish the care and tasks required, frequency of visits and timing and agree them with people, to ensure that they met the person's needs.

Each person had an individual care plan that was focused on the person and people were encouraged and supported to take ownership of the plans and contribute to them. People had their needs regularly reviewed, re-assessed with them and care plans changed to meet their needs. Any changes were recorded and updated in their care plans. Personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences and choices and respect them. The information gave staff the means to provide the care and support needed. The agency matched staff to the people they supported according to their language and other skills and the person's needs and preferences.

The agency did not provide end of life care, although they continued to provide a service for as long as people's needs could be met and worked in tandem with district nurses and the Princess Alice hospice. Staff had received training regarding death, dying and bereavement.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training.

The health care professionals we contacted had no concerns regarding the agency providing a responsive

service for people.

## Is the service well-led?

### Our findings

People and their relatives said they were equally happy and comfortable speaking with the registered manager and office staff and raising any concerns with them as they were with staff providing support. They told us there was frequent contact with the office and they liked that it was an organisation that made the service very personal. One person told us, "The office makes a point of making contact with you to keep you up to date." A relative said, "All the staff including the office are friendly and approachable."

The agency had a clearly set out vision and values that staff understood and followed. They were explained during induction training and regularly revisited at staff meetings. The registered manager described the agency vision as providing care and support to a standard that would be suitable for their own relatives.

The agency's culture was open and supportive with clear, honest and enabling leadership. This was also reflected in staff comments. One staff member said, "I really enjoy working here. It's a good company to work for and flexible to fit in with my needs such as child support." Another staff told us, "The [registered] manager is great and reason why I returned to work here."

The agency worked hard to establish links with the local community and enable people to be involved in the local community. This included being part of the Mole Valley 'Safe Place' initiative. This initiative supported anyone in crisis who was feeling unsafe and provided contact details for local support, registered charity support centres' and offered a friendly safe place with a drink to hand to support someone when needed. The agency also acted as an information point for residents with people regularly visited the office for help and advice.

The agency managing director has been a supporter of 'Challengers' for 6 years. This was a charity for local children who had learning and physical disabilities. They were part of the business networking group supporting the charity and assisting with fund-raising initiatives.

The company was working towards re-establishing strong links with QEF and had supported the Clink rehabilitation prison charity at HMP High Down. As a team, the agency staff had raised funds for Alzheimer's Society, Macmillan, Sepsis Trust and Help for Heroes.

The agency provides a building in Cranleigh that hosts twice weekly Dementia groups. It works closely with the community mental health team who make use of the Cranleigh offices, and is planning to set up groups for people with mental health challenges to attend.

The agency valued their staff and have recognised their contributions by introducing 'Partnership' programmes that gave staff access to discounts in a range of local businesses from hairdressers to café's and beauty salons.

Staff said the registered manager and management team gave them very good support and were always available when needed. They were in frequent contact and this enabled staff to voice their opinions and

exchange knowledge and information. This included regular minuted staff meetings. Staff thought their suggestions to improve the service were listened to and given serious consideration. They also had access to a whistle-blowing procedure that they would feel confident using.

Staff told us that they enjoyed working for the agency and the staff files demonstrated that regular staff supervision and annual appraisals took place that included input from people and their relatives.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Records showed that minimum three-monthly spot checks, frequent telephone contact and regular service reviews took place. The reviews also identified support that worked for people, what did not and what people considered the most important aspects of the service for them. Spot checks took place in people's homes and included a field supervisor monitoring record.

The agency and organisation carried out audits that included financial planning and projections and business development and marketing that encompassed staff turnover, induction, training and if the website was up to date. Other audits covered incidents, missed calls, tele-monitoring and safe guarding, people's care plans, staff files, risk assessments, infection control and medicine recording. The agency also provided the county council with three monthly key performance indicator (KPI) reports.

We saw that information was kept securely kept and confidentially observed for digital and paper records.

The health care professionals we contacted had no concerns regarding the agency providing a well-led service for people.