

Blue Rose Care Limited

# Caremark (Spelthorne and Runnymede)

## 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

The inspection took place on 15 December 2016 and was announced.

Caremark (Spelthorne and Runnymede) provides care and support to people in their own homes. The service supported 14 people at the time of our inspection, some of whom were living with dementia.

The service is owned and operated by Ms Fawz Elfadel, who is referred to in this report as 'the provider'. The manager had applied to the Care Quality Commission to become the registered manager of the service. Like registered providers, registered managers 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 felt safe when staff provided their care. They told us they could rely on their care workers. People said their care workers had never missed a visit and the agency contacted them to let them know if a care worker was running late. The provider had identified those people most at risk if their care was interrupted and had developed plans to prioritise the delivery of their care in the event of an emergency.

Staff were aware of their responsibilities if they suspected abuse and how to report their concerns. Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Where an incident or accident had occurred, there was a record of how the event had occurred and what action could be taken to prevent a recurrence. People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed suitable people to work at the agency. People who received support with medicines told us this aspect of their care was managed safely.

People received their care from regular care workers who knew their needs well. New care workers were introduced to people by the provider before they began to provide their care.

The provider understood the importance people placed on having regular care workers and ensured people received a consistent service from familiar staff.

Care workers had access to the training and support they needed. Care workers attended an induction when they joined the agency and shadowed colleagues until the provider was confident in their ability to provide people's care safely and effectively. The provider had introduced the Care Certificate for staff, a nationally recognised set of standards that care workers should demonstrate in their practice. The provider said all staff would be expected to achieve this award in time.

People's care was provided in accordance with the Mental Capacity Act 2005. Staff understood the importance of consent and people told us their consent to care was sought on a day-to-day basis. People were encouraged to make choices about their care and these were respected by staff.

People who received support with meal preparation were happy with this aspect of their care. They said their care workers prepared meals they enjoyed. Relatives told us staff were willing to make specific meals when requested.

Staff responded appropriately if people became unwell. People told us their care workers had helped them access medical treatment if they needed it. Relatives said staff were observant of any changes in their family member's needs and responded appropriately if they had concerns about people's health.

People were supported by kind and caring staff. People told us their care workers were polite, friendly and treated them and their property with respect. They said they had developed good relationships with their care workers and looked forward to their visits. Relatives told us that care workers were compassionate in their approach and sensitive to their family members' needs.

People received a service that was responsive to their individual needs. People were encouraged to be involved in the development of their care plans and the provider reviewed plans regularly to ensure they continued to reflect people's needs and preferences. Relatives told us their family member's care plans had been developed in a way which gave them as much choice and control over their care as possible.

People, relatives and staff benefitted from a well-managed service. People told us they were informed which staff would be visiting them and kept up to date about any changes. Relatives said communication from the agency's office was good. They told us they could always contact the office if they needed to and said the provider responded well to requests for information.

People were asked for their views about their care and their opinions were listened to. People and their relatives said they were contacted by the manager or the provider for feedback about the service they received. They said any suggestions they made were considered and implemented where possible. People knew how to complain if they were dissatisfied.

Staff said the provider and the manager were approachable and supportive. They told us there was an open culture in which they would feel able to raise any concerns they had. The quality of care provided by staff was monitored through spot checks. Staff received feedback on their performance following these checks and any areas for improvement were discussed with them.

There were systems in place to monitor the quality of the service and the care provided by staff. The agency was subject to regular business audits and had developed an action plan to address shortfalls identified in the most recent audit. The provider also submitted quality assurance reports to the local authority which commissioned care with the agency.

## 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.

Staff were reliable and had never missed a visit.

Staff knew their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure people's care would not be interrupted in the event of an emergency.,

Where the agency supported people with their medicines, this aspect of their care was managed safely.

### Is the service effective?

Good ●

The service was effective.

People received their care from regular staff who understood their needs.

Staff had access to the induction, training and support they needed.

People's care was provided in accordance with the Mental Capacity Act 2005.

People who received support with meal preparation were happy with this aspect of their care.

The agency worked co-operatively with people's families to ensure they received the treatment they needed.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that promoted their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

People were encouraged to be involved in the development of their care plans.

Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done.

People said staff followed their care plans and were willing to do other tasks if needed.

Complaints were managed and responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People said communication from the agency's office was good.

People were asked for their views about their care and their opinions were listened to.

There was an open culture in which staff felt able to raise any concerns they had.

There were systems in place to monitor the quality of the service and the care provided by staff.

# Caremark (Spelthorne and Runnymede)

## **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 was 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 inspection took place on 15 December 2016. The provider was given 48 hours' notice of our visit because we wanted to ensure the provider and the manager were available to support the inspection. Due to the small size of this service, one inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's premises and spoke with the provider and the manager. We checked care records for four people, including their assessments, care plans and risk assessments. We checked four staff recruitment files and other records relating to the management of the service, including staff training and induction, the complaints log and quality monitoring checks.

We spoke with six people that used the service and five relatives by telephone to hear their views about the care and support provided. We spoke with four staff by telephone to hear about the training and support they received to do their jobs.

This was the first inspection of this service since its registration with CQC.

# Is the service safe?

## Our findings

People told us they could rely on their care workers and that their care workers had never missed a visit. They said their care workers almost always arrived on time and that they were kept informed if their care workers were running late. One person told us, "They are hardly ever late but if they are delayed, we get a call to let us know." Another person said, "They always let me know if they are running late."

Relatives told us that care workers were always on time unless they had been delayed due to another person's needs at a previous call. They said the agency always contacted them or their family member to let them know if a care worker was running late. One relative told us, "They are very reliable. They are on time 95% of the time and they call to let us know if they are delayed."

Relatives said staff provided care and support in a safe way. They told us staff were alert to the risks their family members faced and made sure these were addressed. One relative said, "They keep him safe. They check he hasn't left the gas on and that he's wearing his alarm, that kind of thing. They don't miss anything." Another relative told us, "They keep her safe. If she feels unsteady, they are there to reassure her, and they are very careful when providing any personal care."

Care workers told us they had sufficient travelling time between their visits and that they did not have to rush people's care or cut short their visits. They said they always informed the agency's office if they were delayed on their way to a visit and that the message was passed on to the person receiving care.

People told us that care workers maintained the safety and security of their homes when they entered and left the premises. They said the arrangements for maintaining security had been discussed with them by the provider. Care workers told us they were given information about how to maintain the security of each property they visited and to ensure people were safe when they left.

The provider carried out appropriate checks to ensure they employed only suitable staff. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with contact details of referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Care workers had received training in safeguarding and recognising the signs of abuse. This training was delivered in the induction for new staff and regular refresher training accessible thereafter. Care workers told us the provider had reminded them of their responsibilities to report any concerns they had about abuse or people's safety. The provider had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at

risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency. Staff always had access to management support as the provider and the registered manager provided out-of-hours cover on a rota basis.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care.

Accidents and incidents were recorded. Information about the actions taken to prevent a recurrence of the incident was also in evidence. For example, one care worker did not arrive for a visit to a person who needed two staff to provide their care. The manager had recorded the actions taken in response to the incident, which included issuing an apology to the person, addressing the issue with the care worker in supervision and reminding all staff of the importance of checking rotas and communicating any difficulties in attending visits on time.

Some people's care involved support with taking their medicines. People who received support with medicines told us this aspect of their care was managed safely. One person said, "They look after my medicines for me. There was an error with my medicines and they picked that up. They sorted it out with the pharmacist." Relatives confirmed staff helped their family members take their medicines safely. One relative told us, "They manage her medicines safely; they are always up to speed with that." Another relative said, "They are very careful with her medication" and a third relative told us, "They were very good at liaising with the pharmacist when there was a problem with her medication."

Staff responsible for administering medicines had been trained in this area and their competency had been assessed. Staff maintained medicines administration records in people's homes, which were monitored by the provider to ensure people were receiving their medicines safely. Staff told us there were clear procedures for medicines management and that they worked within the provider's medicines policy. One member of staff said, "Medicines are managed very carefully. It's always very clear in the care plan what support is needed with medicines, whether that's prompting or administration."



# Is the service effective?

## Our findings

People received their care from regular staff who understood their needs. People told us they always knew which member of staff was visiting them and that they were always informed if a replacement care worker would be attending. They said they were happy with the care workers supplied by the agency and the support they provided. One person said, "I'm very pleased with the quality of staff. They all know what they are doing. I'd recommend them." Another person told us, "They do a very good job, they are very thorough." People told us their care workers always stayed for the correct length of time and carried out all the tasks in their care plan.

Relatives told us their family member's care was provided by a small team of staff, which meant they knew all their care workers well. One relative said, "Her carers are fully briefed on her needs. There is a pool of three or four of them. They all know her well and she knows them." Another relative told us, "There is a nucleus of three people who look after her. They all know her very well." The registered manager told us they aimed to ensure consistency of care when they planned the staffing rota as they understood how important this was to good quality care.

Care workers told us they were introduced to people before they provided their care. They said the induction process included shadowing colleagues to understand how people preferred their care to be provided. The provider told us shadowing experienced colleagues formed an important part of the induction process for new staff. They said this element of the induction enabled new staff to observe and learn how the provider expected people's care to be delivered. Staff confirmed that the induction process had prepared them well for the work they did. One member of staff said, "The induction was very thorough. I learned the theory side of things in the office and the shadowing helped me learn the practical side." Another member of staff told us, "The shadowing was very useful. I learn best by watching how things are done."

Staff told us they had access to the training they needed to do their jobs. They said they had completed training in areas including safeguarding, moving and handling, first aid, medicines administration, food hygiene and infection control. We saw evidence to confirm this in staff records. Staff said they completed online refresher training in these areas regularly, the results of which were monitored by the provider. Staff told us the manager discussed the training with them to ensure their understanding of the material and to enable them to ask questions.

Staff told us they regularly attended one-to-one supervision, which provided opportunities to discuss their performance and any training or development needs they had. The provider had introduced the Care Certificate for staff, a nationally recognised set of standards that care workers should demonstrate in their practice. Some staff had already achieved this award and others were working towards it. The provider told us all staff would be expected to achieve this qualification in time.

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

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. Staff had been introduced to the principles of the Act and how these principles applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. People were asked to record their consent to their care and we saw signed consent forms in people's care records. Relatives told us that they had been consulted about their family member's care plans before consent was recorded.

People who received support with meal preparation were happy with this aspect of their care. They said staff prepared meals they enjoyed and responded to their requests for specific meals where possible. Relatives told us staff knew their family member's food preferences and did their best to meet these needs. One relative said, "They mix it up [the menu] to keep it interesting for her. They will cook something specific if I ask them to." Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. If necessary, food and fluid charts were implemented to monitor people's nutrition and/or hydration levels.

Staff responded appropriately if people became unwell. People told us staff had helped them obtain medical treatment when they needed it. One person said, "They noticed I'd had an adverse reaction to some medicines I was taking and called the doctor." Another person told us, "They called an ambulance when I wasn't well and they stayed with me until the ambulance arrived." Relatives confirmed that staff observed any changes in their family member's needs and had responded appropriately if they had any concerns about people's health or welfare. One relative told us, "They have called the doctor in the past when they were concerned about her." Another relative said, "Once they called the emergency services when she'd had a fall. They handled that very well." We saw evidence in care records that the agency's management team had liaised with professionals including GPs, pharmacists and district nurses about the healthcare support people needed.

## Is the service caring?

### Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were polite, friendly and treated them and their property with respect. They said they had developed good relationships with their care workers and looked forward to their visits. One person told us, "I look forward to their visits. We have a chat together, I enjoy a laugh and a joke with them." Another person said, "The people they have sent have all been very suitable. I find them very helpful. They are professional and respectful of me and my home." A third person told us, "I'm more than happy with them. They respect my property. They are very kind and helpful. They couldn't be nicer."

Relatives also provided positive feedback about the care workers supplied by the agency. They said that care workers were kind and caring in their approach and sensitive to their family members' needs. Relatives told us staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "We are very pleased with the care she gets. The carers are all very friendly and professional." Another relative said, "We're very happy with the carers, they do a very good job. They are very helpful and always upbeat and cheerful. They are very caring too. When she's confused they are very good at reassuring her." A third relative said of their family member, "He's perfectly happy with the carers. He knows them all very well. He enjoys a chat with them."

Staff spoke positively about their work and the people they cared for. They said they cared about people's welfare and did all they could to provide the support they needed. One member of staff told us, "We're all very fond of our clients, we would do anything we could to help them." Another member of staff said, "I do little extra things for them if they ask me to." Staff gave examples of occasions on which they had done extra tasks people had requested because they were unable to do them for themselves. One member of staff told us they had gone to the shops to buy a person's Christmas cards as their family had been unable to do this for them.

People told us staff supported them to maintain their independence. One person said, "They take me to the shops, which I couldn't do without them. They are a life-saver for me in that respect." Relatives told us staff supported their family members to be as independent as possible. One relative said, "They support him to remain independent where he can." Another relative told us, "They encourage her to do what she can for herself."

People had access to information about their care and the provider had produced information about the service. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction.

## Is the service responsive?

### Our findings

The service was responsive to people's individual needs. People said staff always followed their care plans and were willing to carry out additional tasks if necessary. One person told us, "They do follow the care plan but they are very flexible. They will do anything I ask of them." Another person said, "They always ask if there is anything else they can do."

Relatives told us staff adjusted the amount of support they provided depending on how their family members were feeling at each visit. They said this was important as their family member's ability to care for themselves and level of independence fluctuated. One relative told us, "She has good days and bad days. They tailor the support to how she is feeling." Another relative said, "They are very flexible, which is what she needs because some days she is less able to do things than others."

Relatives told us the provider did their best to respond to requests for changes, for example requests for additional visits or changes to visit times. One relative said, "They will always accommodate our requests where they can." Another relative said, "We requested additional visits over the holiday period and they were very responsive."

An individual care plan had been developed for each person, which people were encouraged to be involved in. Relatives were also consulted about their family members' care plans where appropriate. People told us they were satisfied their care plans accurately reflected their needs and preferences. The care plans we checked were person-centred and individualised. They provided detailed guidance for staff about people's needs to enable them to provide care and support in the way the person preferred.

The manager told us care plans were reviewed a minimum of twice a year with the involvement of the person and their family, or more often if people's needs changed, for example following a fall. Relatives confirmed that the provider worked closely with people and their families to ensure they received the care they needed. One relative told us, "Someone comes round on a regular basis to check we're happy with the care plan or if we want any changes." Another relative said, "We have an ongoing dialogue with them about [family member's] care. We have a good working relationship with them." Staff told us they were always informed about any changes to people's care plans. They said the manager contacted them if a person's needs changed and their care plan was amended as a result. One member of staff told us, "We are always updated if the care plan changes."

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People and their relatives told us the provider had made them aware of the agency's complaints procedure. They said they had never needed to complain but were confident the provider would manage any complaints appropriately. One relative told us, "I have not had to complain but I would be confident any complaints would be dealt with properly."

We checked the complaints log and found that any complaints received had been appropriately investigated. There was evidence that complainants had received an appropriate response from the

provider and that the provider had taken action to resolve the issues raised. For example, one complainant had requested a change of care worker, which was arranged by the provider.

## Is the service well-led?

### Our findings

People, relatives and staff benefitted from a well-managed service. People told us they were informed which staff would be visiting them and kept up to date about any changes. They said the provider arranged replacement care workers if their regular care workers were unavailable, which meant they always received the care they needed. One person told us, "We get sent the rota so we know who is coming. If there are any changes, [manager] is very good, she keeps me up to date." Another person said, "It's well managed because they always have a plan B. If a carer can't make it because they have been held up with someone else, they sort something out and 'phone me to let me know what's happening."

Relatives told us the communication from the agency's office was good. They said they were always able to contact a member of the management team if they needed to and that the provider responded well to requests for information. One relative told us, "The people at the office are very helpful. Any issues I've had have been dealt with very swiftly. The communication is very good." Another relative said, "I can always contact the office if I need to. I have regular contact with them, usually once or twice a week. They share information with me." A third relative told us, "We've always had a good response from the office. They are good at getting back to us. They are always quick to respond if we email them."

People were asked for their views about their care and their opinions were listened to. People and their relatives told us they were regularly contacted by the manager or the provider with requests for feedback. They said any suggestions they made were considered and implemented where possible. One person told us, "[Provider] calls us regularly to ask for feedback. They always take on board what we have to say." A relative said, "They are a very responsible company; they want to know what we think about the carers and to put things right if we are not happy."

The provider had also provided people with opportunities to provide feedback about the service through independent organisations. Satisfaction surveys had been distributed to people who used the service, families and staff in 2015 by an independent market research company. The returned surveys provided positive feedback on the service and where areas for improvement had been identified, these improvements had been implemented. Satisfaction surveys had also been distributed in 2016, although had not been returned at the time of our inspection.

Staff told us the provider and the manager were approachable and supportive. They said they could always contact the manager or the provider if they needed to for support or advice, including out-of-hours. One member of staff told us, "I've always been able to contact someone when I've needed to, even out-of-hours." Another member of staff said, "The support is there if you need it. We can always ask for advice." A third member of staff told us, "[Manager] is very good. She is very hands-on. She is always willing to help us out if we need her."

Staff told us they were encouraged to give their views about how the service could improve and their suggestions were considered. They said there was an open culture in which they would feel able to raise any concerns they had. Staff told us they had opportunities to discuss any concerns they had about the people

they supported at team meetings. They said the manager had also used team meetings to emphasise the importance of maintaining the organisational values, such as treating people with dignity and respect and promoting their independence.

The quality of care provided by staff was monitored through spot checks carried out by the manager. The manager visited people's homes by arrangement to check their care workers arrived on time, dressed appropriately, carried proof of identity and maintained the security of the person's property. The manager also checked that care workers provided people's care safely and in line with their care plan, promoted people's independence and treated them with dignity and respect. Staff told us they received feedback on their performance from the manager following these checks. One member of staff said, "She talks through it with you afterwards; what you did well, what you could improve."

The agency was subject to regular business audits carried out by Caremark head office. These audits checked all aspects of the service provided and a report was produced of their findings. The most recent business audit, in November 2016, identified some areas in the management of the service that required improvement, principally related to record-keeping and quality monitoring. The audit found that, in some cases, checks on care logs, medication administration records and fluid/nutrition charts had not been carried out by the manager or provider. The provider had developed an action plan to ensure the shortfalls identified in the audit were addressed. In addition to internal quality monitoring, the provider submitted regular quality assurance reports to the local authority. These reports included any missed or late calls and updates on any safeguarding referrals, complaints and staff training.