

Sorg Limited

Caremark Tunbridge Wells, Tonbridge and Malling

Inspection report

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Date of inspection visit:

19 October 2023

20 October 2023

23 October 2023

Date of publication:

22 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Caremark Tunbridge Wells, Tonbridge and Malling is a domiciliary care agency providing care and support to people in their own homes. At the time of the inspection care was being provided to 53 people including 4 'live in' clients. Some people lived with dementia and other health conditions which affected their health and wellbeing.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

There had been a lack of management oversight with follow up actions for accidents and incidents. Some risk assessments reviews were overdue and not all auditing processes had been completed. There was no formal way that people could provide feedback anonymously. The new manager had identified these issues and new systems and processes were in place however, these needed time to embed.

Staff were clear about their roles and responsibilities. Positive relationships had been made between staff and people which supported positive outcomes for people. People, relatives and staff all had opportunities to feedback about the service and were able to raise concerns and highlight aspects of the care and support provided they felt were working well. Although only in place for a short time, the manager had created a positive atmosphere and everyone spoke well of them, telling us they were approachable and provided a visible presence.

People were protected from harm and told us they felt safe. Risks had been assessed relevant to individuals and these were documented and made available to staff. Staff were able to tell us correctly, the steps they would take in the event of a safeguarding, an accident or other incident. They knew to make situations safe and to report to managers and other professionals if needed. Some people were supported with medicines and this was achieved safely by staff trained in medicine administration. People were protected from the risk of infection, staff had been appropriately trained and knew the correct procedures with personal protective equipment (PPE).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that staff were kind and treated them with respect and dignity. People's privacy was respected and any cultural, faith or other specific needs were documented and supported. People were supported to be as independent as possible without compromising their safety.

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

Rating at last inspection

The last rating for this service was good (published 28 November 2017).

Why we inspected

This inspection was prompted by a review of information new held about the service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark Tunbridge wells, Tonbridge and Malling on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Caremark Tunbridge Wells, Tonbridge and Malling

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post. However, they had submitted an application to de-register and the service was being managed day to day by a new manager, not yet registered.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 October 2023 and ended on 23 October 2023. We visited the location's office on 23 October 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 9 members of staff including the managing director, the manager, 2 care co-ordinators, the training manager and 4 members of care staff. We looked at 8 care plans and 4 staff files. We looked at documents relating to accidents and incidents, medicines, auditing and quality assurance. We spoke with 4 people that used the service, 6 relatives and 2 professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. Systems and policies were in place to ensure that staff understood the actions required when they suspected a person was at risk. A staff member said, "We have a form you can fill out on the app which emails the office straight away. They take it further, contact family and make carers aware."
- People told us they felt safe when receiving support from their carers. Comments included, "They keep me calm and keep talking to me when I use the hoist," "Definitely safe care" and "Yes, they are here and looking after us." A relative added, "Yes, as far as I'm aware my mum has not raised any issues."
- The manager was confident in managing safeguarding issues. The manager had recently reviewed and updated the safeguarding policy and was aware of the escalation and referral processes in place when risks were identified.
- The service had a whistleblowing policy and staff were confident to use this process if needed. Whistleblowing protects staff identities, which allows them to raise concerns anonymously.

Assessing risk, safety monitoring and management

- Risks to people had been identified and managed. Before accepting a new person to the service, assessments took place in people's homes with people and their loved ones. Environmental risks for example, trip hazards, pets and gas and electricity points were all assessed.
- A relative explained how they felt about the management of risk, "Yes, I would say they go over and above. (Relative) needs to sit upright when they eat. They always sit them up and sit with them as they know it's a risk."
- Care plans contained risk assessments bespoke to people. We saw assessments in place for people who needed support with eating and drinking, medicines and personal care. Risks were scored as being low, moderate, high or very high and there was a process of review in place which involved the highest risk areas being reviewed most frequently. (See our well-led section for more about risk assessments.)
- Processes and systems were in place to record some key areas of people's care to allow staff to monitor people and take action if needed. For example, some people's care plans had fluid intake charts, urine output, pressure area monitoring and wash basin temperature checks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Some people needed support with making decisions about their daily care and support. Most people had the support of loved ones and in some cases staff supported people with for example, daily choices about what clothes to wear, food and drink choices and how they would like to receive their personal care.
- Where people required support, care plans had mental capacity assessments which showed the decision being assessed and the support people needed. Where appropriate, documentation showed details of meetings between people, their loved ones and professionals recording that decisions were made in people's best interests.
- Staff had completed regular training in dementia awareness and mental capacity and were aware of the importance of gaining consent from people and supporting them with some of their daily choices. A staff member told us, "It's about talking to them and how capable they are for making their own decisions."

Staffing and recruitment

- There were enough staff to support people safely. Care calls were covered well geographically so that staff had sufficient travel time between calls. Staff were given enough time between care calls and there were very few reports of staff arriving late.
- Contingencies were in place in the event of a staff member being delayed. The manager told us that office staff could be used or other staff could be diverted from less urgent calls if needed. People and their relatives told us that calls were seldom late. A person said, "They always arrive on time and stay for the duration." A relative added, "I can see on the app (mobile phone application), staff clock in and use the codes."
- Information inputted into the mobile phone application by staff was immediately accessible by managers and office staff. Action was then taken to support people and staff if a call was over running or if something had been missed.
- Staff had been recruited safely. We looked at 4 staff personal files and saw documents that confirmed recruitment of staff had been carried out safely. Documents included application forms and staff interview notes. References, photographic identification and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Some people managed their own medicines or were supported by relatives. Others were supported by staff who were trained in medicine administration. A staff member said, "I've had all my medication training which you have to do every year. They come out and shadow after training to make sure it is all okay."
- Records confirmed staff had received regular medicines training. There was a regular process of supervisors carrying out spot checks. These are unannounced supervisions of staff when they were supporting with personal care tasks and providing medicines to people.
- Medicine administration was recorded on medication administration records (MAR). These records were kept in people's homes but were completed electronically which meant managers had immediate oversight. We saw 4 MAR charts, and all had been completed correctly showing the date, time, quantity of medicines given and the details of the staff member administering.
- People and their loved ones told us that medicines were managed well by staff. A person told us, "Yes, they check my dosette box and make sure I've taken the tablets." A relative said, "Mum doesn't have a lot,

but staff use the MAR charts. They make sure there has been 4 hours in-between giving paracetamol."

Preventing and controlling infection

- There was a plentiful supply of personal protective equipment (PPE) and staff had received training and regular updates on the appropriate use of PPE. A staff member said, "Had the training online and in person. Washing hands, wearing PPE, changing our gloves before doing personal care and things like that."
- People and their relatives told us they felt staff followed infection prevention and control measures. Comments included, "Oh yes, they wear PPE", "Yes, they have a box of gloves and aprons next to the folder they use" and "Yes, they have gloves and aprons they keep in mum's house."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Copies of accident and incident forms were placed in care plans and these included any actions taken to minimise the chance of a recurrence. The manager told us that any learning from accidents and incidents was shared with all staff.
- Although new to the service, the manager kept oversight of all reports and there were systems and processes in place to identify any trends or patterns. This included for example, where people had experienced a number of falls. Prior to the current manager being appointed there were gaps in management oversight and this is covered in our well-led section.

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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect by staff. People told us that staff were kind and supported them with compassion whilst being attentive to their individual needs. Comments from people included, "Yes, definitely caring," "They are very kind" and "They are kind, and we get on well." A relative added, "I have been present a couple of times and the staff are caring and kind. Mum likes the staff."
- Staff told us that they got to know people well as they were assigned to the same small group of people each day. A staff member said, "Yes definitely know them well. I would not even need the app as I feel I know what they like." A relative said, "I don't think there is anyone (staff) who don't want to be there. (Staff member) gets on so well with mum, it's more like a friendship."
- A professional told us, "They are an agency that I trust and they certainly have some extremely caring excellent staff."
- People's cultural differences and requests were respected and recorded within care plans. People who had faith, cultural or dietary needs had details clearly recorded in their care plans. Preferred names were also recorded and were used by staff.

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

- People and their loved ones told us that their preferences for support were respected including whether male or female carers were preferred and the times of care calls to meet their social and other appointment needs.
- People were able to make choices about their care provision. People were involved in the pre-assessment process where all details of people's care and support needs and any cultural considerations, were discussed. When people were asked about being able to make choices one person told us, "Oh yes, we talk about all sorts." Another said, "Yes, it's all in my care plan."
- The manager told us that they were in the process of reviewing everyone's care plan and visiting everyone in their homes and making sure support was being provided in line with people's wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. A staff member told us, "If people want to shower themselves, and it's safe, you would give them that independence. Make sure you cover people with towels so they are not left uncovered." A person said, "They always knock and say hello. They'll only use the key safe and come in uninvited if I don't respond to them."

- People's personal information was kept on password protected computers and if documents were printed, they were kept in locked cupboards.
- People were encouraged to be as independent with daily tasks as they could without safety being compromised. People and their relatives told us they were encouraged to wash and dress where possible with care staff close at hand to support when needed. Staff knew the importance of promoting independence. Care plans provided details of what people could achieve themselves and what areas and tasks they needed support with.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Accidents and incidents had been recorded and added to care plans but several reports had no management actions or recommendations recorded. The current manager had been in post for less than 2 weeks and had identified an issue with lack of management oversight of accidents and incidents and had put a more robust process in place. This however needed time to embed.
- Risk assessments had been graded according to the severity of the apparent risk, however not all assessments had been reviewed in line with their own policies. We found some assessments that had not been recorded as having been reviewed for over 12 months. Similarly, this had been identified by the new manager and steps had been taken to carry out a detailed review of all risk assessments. There had been no impact on people due to these delays.
- The computer system being used by the service allowed 'real time' monitoring and daily auditing of care calls and regular processes. However, a broader process of auditing was needed to ensure managers had complete oversight of the service. This again was an area being worked on by the new manager but was similarly an area that needed time for new systems to fully embed.
- There was no formal way for people or their relatives to provide feedback apart from verbally to managers and staff. This meant that issues could not be raised anonymously if needed.

These were all areas identified as requiring improvement.

- Some auditing processes were in place. For example, training. A matrix was maintained by the training manager which showed all staff and dates they had completed different training modules. The matrix was colour coded to clearly show when refresher training was due. Medicine management had been audited each day with a more thorough weekly review being carried out by the manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and their wider management team had created a positive atmosphere and attitude among staff. This had been achieved in a short time and staff were complimentary about the new manager. A staff member told us, "I feel supported in my role." Another added, "New manager not been there long but they seem okay. The care co-ordinators are out and about and are really helpful."

- People and relatives similarly told us they felt supported by the manager and that they were approachable. A person said, "Extremely, they are very helpful." A relative told us, "The new manager is lovely and very nice. We have arranged that she is going to meet me."
- The manager and their team provided an on-call rota for staff to ensure that there was always a member of the management team available on the phone to provide support and advice. If needed, managers would attend calls to support staff when attending care calls.
- Care plans were reviewed with people and their relatives to make sure that the levels of support provided remained appropriate to their needs. All aspects were considered including medicines, staff training and skills being suitable to meet people's needs and mobility and nutrition.

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

- The manager and the whole management team were open and honest with us throughout our inspection. There was an acknowledgment that some systems and processes needed to be reviewed and updated and when these areas were highlighted, it was clear that these reviews had already started. The manager prioritised the support of people to achieve the best outcomes.
- The manager was aware of their responsibilities under the duty of candour. Legally, services have to inform the CQC and the local authority of certain significant events that affect their service. This obligation had been met.

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

- Although there was no formal method of getting feedback from people, there was regular contact between managers and people where opportunities, were available for comments and feedback about the service could be given. People told us they were visited regularly by supervisors and managers and they could raise any issues or concerns. A person told us, "I was asked a few weeks ago about how things were going."
- There were weekly meetings between the managers and supervisors at the service. Care staff were given opportunities to provide written feedback about the service and their comments were recorded in a spreadsheet. This was looked at by managers and any trends or concerns noted and acted on. For example, a request for regular training updates.
- Plans were in place for a whole team meeting, but staff had regular supervision meetings and spot checks from supervisors. Staff told us they had plenty of opportunities to feedback about the service.
- People's equality characteristics were highlighted in care plans and new staff were given time to familiarise themselves with people and their specific needs before care calls started. Each care plan provided details of people's loved ones and who could be called for additional support if needed along with details of any cultural or faith needs.

Continuous learning and improving care. Working in partnership with others

- The managers were in regular contact with other managers under the same provider and received updates and advice to support them. The managers kept up to date with regular newsletters and bulletins sent by the local authority and CQC. Any corporate learning or recommended training was shared with all staff.
- The service had business continuity and contingency plans in place to manage emergencies for example, adverse weather, computer system failure and outbreaks of viruses and other illnesses.
- The managers had established positive working relationships with other health and social care providers to ensure that people received the best care possible. A professional told us, "They are responsive and easily contactable. I feel they have gone above and beyond for one of my clients, enabling them to remain in their

own home for longer and enabling a better quality of life."