

Livingcare South West Ltd

# Caremark (Plymouth)

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Caremark (Plymouth) provides personal care in people's homes to adults within Plymouth and surrounding rural areas. Caremark (Plymouth) is a franchise of the Caremark Group which has 84 offices in the UK and nine offices overseas (Ireland and Malta).

People's experience of using this service:

People were truly respected and valued as individuals, by an exceptional and distinctive service.

People consistently told us how they were treated with exceptional kindness, compassion and respect. We received overwhelmingly positive feedback on how staff were supportive and went the extra mile to get care just right for people. One person told us, "All the staff are exceptional; the care they give is second to none. They are of the highest standard. I feel totally safe and cherished in their care".

The providers values of compassion, integrity and professionalism were strongly imbedded within the leadership, governance and culture of the service. All staff showed a love and passion for people, keeping them at the heart of the service and in charge of their own care. One member of staff told us, "I came into care, because I wanted to make people feel good every day, I love the people I go to see".

The provider promoted an open and fair culture and was responsive and innovative to changes in the health and social care sector to ensure people's care was delivered in line with best practice.

There were positive, respectful working relationships with external professionals. There was a passion for continuous learning, improvement and sustainability. The service had received a large number of awards both internally and from stakeholders, in recognition of delivering continuous high-quality care and support for people.

People were kept safe and protected from avoidable harm and abuse.

People received good personalised care and support, and had their human rights protected.

More information is in Detailed Findings below.

Rating at last inspection: Good. (published 07 October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Outstanding.

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

# Caremark (Plymouth)

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted on one inspector, and two experts by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with dementia.

**Service and service type:** Caremark Plymouth is a domiciliary care agency. It provides personal care to people living in their own homes. The agency supports 159 people.

The service had a manager registered with the Care Quality Commission. This means that 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. We needed to be sure that managers would be available to facilitate the inspection.

**Inspection site visit activity** started on 04 February 2019 and ended on 11 February 2019. We visited the office location on these days to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** The provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at notifications they had made to us about important events. In addition, we reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we contacted and spoke to:

- Thirty-six people using the service
- Ten members of staff

We looked at:

- Notifications we received from the service
- Policy and procedures
- Four people's care records
- Records of accidents, incidents, complaints and compliments
- Training and personnel records
- Audits and quality assurance reports

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in respect of safeguarding were in place. The provider's bespoke safeguarding training meant staff had a very good knowledge about what action to take if they suspected someone was being abused, mistreated or neglected. The registered manager had a positive, open and transparent relationship with the local authority safeguarding team.
- Staff had developed very positive and trusting relationships with people which helped to keep them safe. A relative told us, "It's the friendly face that my relative looks forward to seeing".

Assessing risk, safety monitoring and management

- People told us they felt safe when staff entered their homes. A person commented, "I feel safe seeing their name badge".
- Risks associated with people's care and their environment were assessed and recorded so staff could provide consistent and safe care to people.
- The provider had creatively thought about how to help promote fire safety within people's own home. They had engaged with the local fire service to offer visits to people. One person had been provided with a fire blanket to be used when they smoked.
- The provider had a robust monitoring system which alerted the office or on call team if a member of staff had not arrived on time to a scheduled visit. The system reduced the risks of people missing their allocated visit, as well as protecting staff from the risks associated with lone working.
- The provider had a bespoke on-call team that worked outside of office hours. This dedicated and helpful team ensured if people needed to speak to someone out of hours, that there was one point of contact. This ensured effective and consistent communication.

Staffing and recruitment

- Recruitment practices were safe. Appropriate checks were completed to ensure staff were suitable to work with vulnerable people.
- People told us there were enough staff. One person told us, "The staff are very thorough and flexible, if I ask for help with something they will fit in a bit extra. They don't make me feel a nuisance".
- Overall, people told us staff arrived on time. The registered manager told us they continued to work hard at ensuring people were informed of any delay.
- Staffing rotas were geographically mapped out to give staff as much travel time as possible, so they did not feel rushed throughout the day.
- There was a contingency plan in place to help with staffing difficulties, due to sickness or adverse weather.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- A new electronic care planning system meant people's medicine records were now more robust and gave an accurate reflection of the medicines they received. One person told us, "They always write in the book when I have taken my tablets".
- Staff were vigilant when a person was reacting negatively to their medicines. For example, a member of staff reported one person's day time drowsiness to their GP. The person's medicine was then changed, which then helped to improve the quality of the person's life.

#### Preventing and controlling infection

- The staff employed were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control. One person told us, "They always wear plastic aprons and gloves".

#### Learning lessons when things go wrong

- Management were keen to develop and learn from events. There were ongoing systems to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by managers who monitored for any themes or patterns to take preventative actions.
- Recognition of an increase in medicines errors, had resulted in the provider installing a new computerised care planning system.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support, was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Comprehensive checks of staffs practice helped to ensure people received high quality care.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff received a comprehensive induction which was in line with national standards. ● Staff told us it made them feel confident and competent when starting in their role. One person told us, "New staff are introduced, they will come along with someone who knows me on the first visit and work alongside them".
- Staff undertook training to meet people's specific needs, such as dementia and sensory awareness. Staff were highly complimentary of the training provided, telling us it was interactive, fun and meaningful.

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

- Staff were very vigilant when they felt people were not eating and drinking enough and had proactively contacted external professionals such as dietitians to seek their support and guidance. Because of this, one person had gained weight.
- People's care plans were detailed to ensure they received consistent support with their nutrition. Special meal plans had been created with people to help encourage them to buy and eat what they enjoyed.
- Staff ate with people who were reluctant to eat, to help stimulate their appetite through socialisation.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. One person told us, "One of my carers knew I was feeling ill and soon arranged for me to see a doctor".
- The new electronic care planning system meant external professionals could review a person's current care plan and daily records, enabling them to make informed decisions about people's care.

Adapting service, design, decoration to meet people's needs

- The providers office had disability access.

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



- People were supported to access external health and social care services as needed.
- The provider had health and wellbeing champions whose role was to help promote the importance of wellbeing and healthy living. Staff offered people good nutritional choices and encouraged fresh air and physical exercise.

#### Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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 were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment and gave their consent.
- Staff had a basic understanding of the MCA. The registered manager had been innovative and created a MCA bingo game, to help improve staffs ongoing understanding of the legislative framework.

## 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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- People, overwhelming told us how wonderfully kind and compassionate the staff were. Comments included, "Kind and lovely staff with such a good approach. They are not just carers they are my friends" and; "All the staff are exceptional; the care they give is second to none. They are of the highest standard. I feel totally safe and cherished in their care". Other comments include, "They have a good sense of humour, they make me laugh", and "The care they show is excellent".
- People were at the heart of the service, and staff were motivated to deliver exceptional care by the providers imbedded values of compassion, integrity and professionalism. One member of staff told us, "I came into care, because I wanted to make people feel good every day, I love the people I go to see".
- People were supported by staff who truly cared about them and went the extra mile to make sure they felt loved and were happy. One member of staff had helped to support one person, who did not have any family organise a funeral for their loved one, because the person did not understand the process and were in emotional turmoil. The member of staff helped the person to register the death, drove them to the crematorium, and supported them throughout the day.
- Another member of staff had recognised that one person was not taking care of their pet, because their mental wellbeing was in decline. Staff spoke of the options available, such as a pet rescue centre but the thought of giving their pet away brought more distress to the person. So, the member of staff offered to look after the person's pet until they felt well again.
- One person had mentioned to a member of staff how much they loved a home-made cake, so in the staffs own time, they had made a cake and taken it to them on their next visit. The person had been delighted.
- The provider had joined up with a local church to provide wool for the knitting of twiddle muffs. Twiddle muffs can be useful for people living with dementia. The twiddle muffs were then provided to people, when staff felt that they would benefit from them, to help reduce anxiety.
- People's communication needs were known so staff could adapt their support as necessary. People living with dementia were represented on their care plan by a forget-me-not flower. Staff told us how the flower was very useful in reminding them that they may need to alter their approach on arrival.
- Views from external agencies were positive, with consistent comments about how caring and professional the staff were.

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

- People and their representatives were regularly asked for their views on their care plans and the delivery of their service.

- The new electronic care planning system meant people, and/or their families could access their care plan and consistently review the content, making sure it was in line with their wishes and preferences.
- People told us staff listened and acted when they wanted to make changes to their care provision telling us, "I ask for a change of time for my morning call, the office sorted that out for me" and " "Staff are very flexible, if I need something a bit different like some shopping they check with the office and then sort it out."

#### Respecting and promoting people's privacy, dignity and independence

- People overwhelmingly told us staff were highly respectful of their privacy and dignity. Telling us, "They are so sweet and lovely", "Everybody is so nice and pleasant", and "They give my loved one so much reassurance".
- People were supported by staff who looked at creative ways to ensure their independence was maintained. For example, one person was supported to use a microwave rather than purchase meals on wheels.
- The registered manager had created a bespoke training course, which had been used to help staff reflect about how they would feel to have their independence taken away. The course had been influential in changing staff's awareness. One person told us, "I have always been so independent, they have helped me do as much as I can for myself, the way I want, and they respect that".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. One person told us, "The staff know my wife's routines and work really well together". Another person told us, "They react well to my relatives' different aspects of his condition".
- The provider had implemented a new electronic care planning system, which meant people's care records were always up to date, and an accurate reflection of their care and support needs. Staff told us the new system meant they now had a good amount of time to read how a person wanted and needed their care and support to be delivered, before arriving at someone's home.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People knew about the complaints systems and procedures in place.
- People and relatives said that they felt able to speak to the manager at any time. Comments included, "Never had to complain but feel that if I did it would be taken seriously and sorted out"; and "When I have contacted the office they have been very helpful and genuine in wanting to get things right for me".
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- Staff received palliative care training to help support people with dignity and compassion at the end of their life.
- When people were at the end of their life, they had a specific care plan to help staff know how they wanted their care and support to be delivered. One relative had taken time to write to thank the service, "Thanks to your company for enabling Mum to stay in her own home until the end, which is all she ever wanted. It is not an easy job, but all the girls I met were professional, and very understanding of Mums wants and needs".
- The providers initial needs assessments ensured people were asked if they needed documents in a different format, such as large print, or pictorial format.

## 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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and relatives were highly complimentary of the service, commenting "This organisation is exceptional. I have experienced poor care before them and the difference is immeasurable" and; "From the day they began caring for me, they changed my life and I have never looked back". Another person told us, "The agency is very professional in everything they do".
- The provider had a top rating on the independent website [homecare.co.uk](http://homecare.co.uk), with people stating they would be 'extremely likely' to recommend the service to others.
- The registered manager planned and promoted person-centred, high-quality care and good outcomes for people. They provided opportunities for people to enhance their physical ability and wellbeing through exercise and maintaining links with their local community. An external professional told us, "I found Caremark to be proactive, supportive and knowledgeable. Frequently going further than my experience of other providers to ensure the service user needs were met. They developed creative ways of providing support in an environment which was not just risky and unpleasant for the service users but also the carers themselves".
- Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed. Staff were encouraged with their career progression and empowered to gain qualifications.
- People who left the organisation to follow a different career path had commented, "Best support ever seen", "Always felt supported", "Thank you for letting me work within this amazing company", and "It's been a privilege being an employee".
- There was a strong person-centred culture which kept people at the heart of the service. The culture of the service was based on the providers values of compassion, integrity and professionalism. It was evident the values underpinned staffs practice and the ethos within the organisation. Staff were proud and motivated to work for the organisation, telling us "It's people focused", "They are such a lovely company to work for", and "We all work together, it's a nice atmosphere".
- The registered manager and provider admitted when things went wrong. Telling us, "We don't always get it right, and when we don't, we are honest with people". All of which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.

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

- There was a registered manager in place.
- The management team continued to have highly effective oversight of what was happening in the service,

and when asked questions were able to respond immediately, demonstrating an in-depth knowledge in all areas.

- The provider had implemented a new electronic care planning system. The impact of the new system meant people's care was person-centred, records were reflective of their care, and were accessible by people, their families and external stakeholders. The provider spoke about the importance of investing and using technology to help develop, sustain and protect the service for the future.
- In addition to the new care planning system, a new role was being advertised to quality monitor the entries within the system. This was to ensure they were of a high standard, which reflected the providers values.
- The importance of upholding the providers values and delivering a high-quality service was included within the staff induction. Staff were aware of their responsibilities, and quality checks of staffs practice helped to positively reflect and ensure care and support was of a high standard and that risks and regulatory requirements were understood and being met.

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

- People were at the heart of the service. People were asked to complete regular questionnaires and were contacted by telephone and visited to obtain their views. Feedback was used to help positively improve the service .
- There was an open-door policy. People felt confident to contact the office to speak to staff about their care package. One person told us, "Office staff are always courteous and helpful, and ring back when they say they will". The registered manager was also available to speak with people out of hours.
- A quarterly newsletter was being devised as new way to keep people better informed about the service and the staff who supported them.
- The registered manager spoke of reviewing how they obtained people's views and opinions to ensure they gathered as much feedback as possible, such as by introducing face to face listening events and forums.

Continuous learning and improving care

- The registered manager and provider were highly passionate about continuous development.
- External workshops and conferences were attended by the management team and used to help maintain the management teams ongoing competency within the sector, and to ensure the service was delivered in line with best practice. The registered manager had been inspired by a recent equality, diversity and human rights (EDHR) workshop. As a result of the workshop they had put EDHR at the heart of the service, creating a bespoke interactive EDHR training course, amended recruitment processes, developed key documents, and made contact with the Southwest Lesbian Gay Bisexual and Transgender support group. This meant could sign post people, as required.
- The service had received a large number of awards both internally and from stakeholders, in recognition of delivering continuous high-quality care and support for people. Awards for innovation in care, innovation in quality assurance, innovation in technology and the home coordinator of the year were just some of the awards, in the providers trophy cabinet!

Working in partnership with others

- The provider engaged positively with stakeholders to help build seamless experiences for people based on good practice and people's informed preferences.
- The provider linked with local and national charities to support people who used their service, such as the Alzheimer's society.

The provider was visible within the community, attending local events such as coffee mornings at local cafes and churches.

- The provider had worked with Plymouth University business students on a marketing project to promote

the Caremark brand, and was an advocate for promoting the real cost of care, by attending local government meetings.