

Sorg Services Limited

Caremark (Sevenoaks & Tandridge)

Inspection report

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24 February 2023

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Caremark (Sevenoaks & Tandridge) provides personal care and support to older people and people with disabilities living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. At the time of our inspection 4 people received personal care.

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

The risk assessments were generic and not specific to the person's individual needs. Incidents were not always reviewed by the registered manager to check for trends and themes. We have made a recommendation around this. Staff however were aware of the risks associated with people's care and what to do if there was an incident.

People were asked for feedback and had the opportunity to influence changes to their care package. However, the audits were not always robust in identifying that risk assessments were not detailed and specific to the person. The registered manager told us they were taking steps to address this.

There were sufficient numbers of staff to provide care. There was travel time in between calls and staff stayed for the full length of the call. There were systems in place to monitor whether staff were late for a call or if they had not turned up for a call.

Care plans reflected information on the person's background and their wishes around care. Staff were aware of the care that people needed. Staff also communicated the needs of people through care notes and meetings.

Systems were in place to ensure that staff received appropriate training and supervision to ensure that safe and effective care was delivered. People fed back that staff were caring and considerate towards them. People maintained good relationships with staff and were treated in a dignified and respectful way.

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.

Rating at last inspection

This service was registered with us on 22 December 2021 and this is the first inspection.

Why we inspected

This inspection was also prompted by a review of the information we held about this service and as part of our inspection scheduling for newly registered services.

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?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Caremark (Sevenoaks & Tandridge)

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

Our inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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.

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 20 February 2023 and ended on 24 February 2024. We visited the location's

office on 20 February 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place in October 2022 to help plan the inspection and inform our judgements.

During the inspection

We called and spoke with 2 people and 2 relatives of people who used the service about their experience of the care provided. At the office we spoke with the registered manager and the provider. We called and spoke with 2 members of staff.

We reviewed a range of records including 3 people's care plans and daily care notes. We reviewed a variety of records relating to the management of the service including three staff recruitment files, training and supervision records and spot checks.

Is the service safe?

Our findings

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

This key question has been rated good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- People fed back the risks associated with their care were well managed. One person told us they had a health incident on one occasion. They said, "Lucky for me one of the carers arrived and found me and took immediate action as she had been trained. I don't know what would have happened if the carer had not turned up."
- The pre-assessments of people's needs was detailed around the risks of people's care. This covered area including risk of falls, moving and handling and nutrition. However, the registered manager confirmed there needed to be more detail and guidance for staff in the care plan.
- Staff were aware of what they needed to do if an incident occurred at the care call and people confirmed staff acted appropriately when an incident had had taken place. One member of staff said, "I tend to ask them if they are ok and then depending on what has happened, I will ring an ambulance. I will ring the office and we have incident forms to complete."

Staffing and recruitment

- People and relatives told us that the calls had not been missed and if staff were running late, they would be contacted by a member of staff at the office. One person said, "The carers generally arrive on time, but if they are going to be late then they will ring me." A relative said, "We have small group of carers who we know really well with one carer who covers most of the visits."
- Staff fed back that there were enough staff to cover the calls and they were given travel time. One member of staff said, "We have more than enough staff to cover the calls we have at the moment."
- In the event of sickness or absence from work this would be covered by other staff at the service including the registered manager. The registered manager also ensured there was sufficient travel time in between calls. The registered manager told us, "[The care plan software] matches post code to post code and will alert if you have not allowed enough travel time. We also encourage staff to stay for the full length of the call."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Preventing and controlling infection; Using medicines safely

- People and relatives told us that staff adhered to good infection control. Comments included, "They all wear the full PPE (personal protective clothing) and we have supply for the staff that come" and "They all wear their special clothing, masks and gloves."
- Staff understood what they needed to do to ensure that people were protected from the risk of infection

spreading. The registered manager told us, "PPE can either be dropped off and supervisors will check the levels, or we will encourage the staff to come to the office."

- Spot checks were carried out on staff to check that they were following infection control procedure and using of aprons and gloves in a person's home when providing care.
- People receiving care did not require support with their medicines and were prompted to take their medicines rather than administer them. One relative told us, "The carers make sure that [family member] remembers to take their medication on time."
- If a person was to require support with their medicine, the registered manager told us a medicine administration record would be created. Staff would receive training in how to safely administer medicines and competency assessed by a senior member of staff.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff when they visited them in their homes. One person told us, "I do feel safe with the carer. I know if I felt unsafe, I could speak to my [family] who would speak to the manager. Relatives told us they had peace of mind knowing that their loved ones were being cared for by staff at the service. One told us, "Our relative feels really safe with her carers and in particular the main carer."
- Staff understood what constituted abuse and what they needed to do if they had a concern that abuse may be taking place. One member of staff said, "I would report to the company, I would call [registered manager], I would send an email and I would call. There is a form to fill about that." Another member of staff said, "They gave us a safeguarding handbook. I would ring the office if I had any concerns."
- Staff received safeguarding training and there was a whistleblowing policy that staff could access if they needed to. Although there had been no safeguarding concerns raised the registered manager fully understood the processes to follow. They told us, "I would ring the local authority, seeking advice and submit the application."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Information about people's needs had been assessed before the care package was taken on. This ensured they knew the service could meet their needs. A member of staff would visit the person to gain information beforehand in the person's home.
- Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people.
- The registered manager told us, "The initial would be a website enquiry. We have an initial chat and find out an overview of their needs. We then book in a more thorough assessment."

Staff support: induction, training, skills and experience

- People and relatives told us that they felt staff were competent in their role. Comments included, "The care I get is very good and cannot fault it", "The carer knows what she needs to do and is very skilled" and "I think the carers are well trained."
- Inductions for staff were thorough and staff did not provide care independently until they were assessed as competent to do so. People confirmed with us that staff shadowed other staff to understand the role. One told us, "The senior carer regularly checks on the care. [They] also train the staff."
- Staff were provided with face to face and inhouse online training. This included training in moving and handling, food hygiene, nutrition, skin integrity, health and safety dementia care and infection control.
- They were all required to complete the care certificate [The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.] Staff were complimentary about the training and support at the service. One told us, "I would say it's really good" and another said, "Definitely good. If I don't understand then [trainer] will explain it to me 10 times if needed."
- Senior staff undertook regular supervisions with staff to assess their performance and to provide support. One member of staff told us, "I find them useful, [appraiser] can make sure I'm doing my work right." Another said, "I find them really useful. Being able to give feedback about how things are getting and how I feel."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us they were asked their consent before care was delivered. One person said, "They always ask if I am happy with everything." A relative told us, "The carers always make sure that our relative is happy with what they are going to do."
- The registered manager and staff were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. One told us, "We need to act in their best interest if it has been determined they lack capacity."
- Although there were no people that lacked total capacity to make decisions. The registered manager was aware that assessments of capacity needed to take place where there was a doubt.

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

- People told us that they were supported by staff to ensure they had sufficient food and drink. One person told us, "They also prepare really good meals which match my needs. I record all my food intake and the [staff] make sure I do and check it for me." A relative told us, "The carers always prepare a breakfast for [family member] and always ask what she would like. At lunchtime they will prepare whatever she wants."
- Staff told us they would ensure that people had enough food and drink available. One said, "I try to give them a lot of portions and always leave drinks for people."
- People's eating and drinking was monitored. If there was a concern, then a food and fluid chart was put in place to review what people had eaten and drunk. There was also detail in people's care plan on their preferences, likes and dislikes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well as a team to provide effective care to people. Where there was a change to a person's health, they would update the person's electronic notes system to ensure that all staff were aware. However, all the people supported had family involved in supporting people with the healthcare. One relative told us, "If our relative needs to see a medical service then we will arrange that."
- When staff had a concern with a person's health, they ensured they shared this with the person's family and family contacted appropriate health care professionals. One person said, "I also get regular visits from my [external professional] who monitors my health on a regular basis."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant that 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 and relatives told us that staff were kind and caring. Comments included, "The [carers] take time to chat with me which I enjoy", "I find the [carers] really pleasant and they treat me like I was one of their family" and "[Carer] is brilliant and has a really good relationship with our loved one."
- Staff understood the importance of developing good relationships with people. One member of staff told us, "You get to know people first before delivering personal care, just sit and have a chat with them."
- When staff arrived at the call using a key safe, they would call out to the person to let them know they were there. One relative said, "They always make sure that when they arrive, they call out to make sure that our relative knows who it is."

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

- We saw from the care plans that people and relatives were asked what they wanted their care routine to be and staff understood this. People were asked their preferences on what time they wanted their call and whether they wanted a male or female carer.
- People told us they would be introduced to any new care staff which was important to them. One person said, "Any new carers are always introduced by our regular carers and luckily for us we have a very stable group of carers."
- Staff told us they would ensure they listened to the views of people. One member of staff said, "I make sure they know I am listening and respecting their choices."

Respecting and promoting people's privacy, dignity and independence

- People were treated in a respectful and dignified way. One relative told us, "They always treat our relative with dignity and respect."
- Staff told us that they would respect people when providing care to them.
- Care plans contained information on how much support people needed and what they were able to do themselves. Staff were encouraged to support people to remain independent. A person told us, "The thing I enjoy is being in my own home with everybody's help." One relative told us, "The carers who come to help us are all brilliant and we can keep our relative at home much longer which is what we all want."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans included information around the person's backgrounds and how staff could support them with their care. One relative told us, "My [relative] has a really good relationship with the main carer as she really understands her well and always makes sure she is happy." Another said, "They have a flexible approach to make sure that our loved gets what she wants and what she needs."
- People told us their care was regularly reviewed to ensure any changes were updated. One person told us, "We have regular reviews of the care plan with a senior carer and it also gives us chance to change anything if needed."
- The registered manager told us that they were not providing end of life care to people however, they would ensure that preferences and choices around their end of life care would be recorded. They said, "We always include end of life training, if someone is new to care we wouldn't be sending anyone to anyone who is actively at the end of their life. We send staff confidential counsellor number (if they need support)."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans had communication records in place to guide staff how best to communicate with people. This included whether they needed their hearing aids in or whether they required their glasses for reading.
- The registered manager told us, "Because we use a paperless system the supervisor can show them the care plan on the (electronic system used). We can print in easy read documents for people. There is always a way for people to access their information."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us they were confident complaints would be responded to. A relative told us, "We complained to the manager and now we get a weekly list with expected times and who is coming." Another said, "We complained early on about a couple of times when the carers were late, and this was resolved."
- Complaints had been investigated and people and their relatives were satisfied with the response. Although we have fed back that complaints responded to were not always being recorded centrally. The

registered manager told us they would address this.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant there were some shortfalls in service leadership and oversight.

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

- Audits took place to look at the care being provided that included care note audits, care plan audits and, medicine audits. However, we have fed back to the registered manager and provider that audits were not always picking up on the shortfalls on lack of personalised risk assessments and the completion of incident reports.
- For example, the risk assessments in care plans lacked guidance and staff we spoke felt the risk assessments required more detail. One member of staff told us, "They are generic and all the same. I don't tend to read as they are all the same. Makes me worry that someone will have a fall and in their risk assessment it wasn't picked up on."
- We raised this with the registered manager who put an action plan in place. All of the risks for the four people were being reviewed and more detailed guidance provided to staff. They also sent us an example of one of the risk assessments with more detail.
- Although staff told us they understood their responsibilities around incidents they were not always completing forms when an incident occurred. We were made aware of at least two incidents that although had been responded to well by staff the registered manager and provider had not been made aware. This meant there may be missed opportunities to analyse these for trends and themes. The registered manager told us they would address this.
- People and relatives were complimentary about the leadership of the service. Comments included, "We do know the manager. He came to visit us before we started the care package and planned what we needed" and "The office has been very supportive if not amazing. We can contact them if we need to make any changes or help with any query."

We recommend the provider ensures audits are robust to identify shortfalls and that actions are put in place to address these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. They continuously sought the opinions of people and their representatives to improve the quality of care. One relative told us, "Everything is running smoothly. Asking our view gives a chance to say what is good about the service and what could be better."
- There were reviews by the senior carers of people's care and where people fed back anything that could

be improved on this was actioned. One person said, "The senior carer comes around quite regularly so if I need anything changed then she will organise it. I think that it is good, and I can't fault it"

- The provider told us they were due to send out a formal survey to gain feedback as people receiving care had not been with the service for more than a year. The registered manager told us, "We have not done surveys for people as yet, we tend to do those April time." In the interim they would have visits and telephone calls from the supervisor."
- Staff gave us positive feedback on the support they received with comments including, "I think [registered manager] is brilliant as a manager, he is really easy to talk to. I can ring him on his personal phone."
- Staff however told us they would benefit from having face to face staff meetings which were not currently taking place. One member of staff told us, "It would be useful to find out what's going on, people that you work with and any issues." We fed this back to the registered manager who told us plans were in place to organise a face to face meeting with staff.
- The provider and registered manager had also introduced a mobile phone application (app) that could be downloaded onto staff phones. This was to be used to update staff with service messages and to improve on communication with all staff. This was currently being rolled out at the time of the inspection.
- The provider took steps to ensure staff were valued. They were nominated for rewards in relation to their role. The registered manager told us, "Every month we have the carer of the month and we also have the 'Kudos' points. This could be when staff get a compliment or complete training."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider organisation's values and ethos were clear and effectively translated from the senior management team to all staff who worked there. The registered manager told us, "The values are family based I don't see them [staff] as carers, they are extended workers. Everyone at the office all do care calls, we never want that them and us mentality. I wouldn't want care staff to do anything that I wouldn't do myself."
- Staff also fed back on what it meant to them working at the service with comments including, "It's a good company, I like it, I enjoy the job, giving care to people makes me feel nice" and "I like meeting new people, nice to go home and know I have helped someone."
- The provider worked with external organisations in relation to people's care. The service worked with other organisations including the health care professionals and Local Authorities. They also worked with a charity who supported family carers to provide a paid agency carer to give the family member a break.

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;

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- The registered manager understood their responsibility around duty of candour. They told us, "It's about being open and honest if you have made a mistake, what are you going to do to mitigate it. Being open and transparent and acknowledging where mistakes have been made."