

Chloe Drury Limited

Caremark Sutton, Epsom & Ewell, Reigate & Banstead

Inspection report

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Date of inspection visit:
27 February 2023
28 February 2023
03 March 2023

Date of publication:
27 March 2023

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

About the service

Caremark Sutton, Epsom & Ewell, Reigate & Banstead supports people with their personal care in their own homes. 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. At the time of our inspection the service was supporting 87 people with their personal care. This included supporting people through a 6 week reablement service to assist with rehabilitation and recovery, a domiciliary care service and a 24 hour live in service. The service was supporting adults and children with a variety of needs, including those living with dementia, people with physical disabilities, people with learning disabilities and/or autistic people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. As the service was supporting people with a learning disability and autistic people we have assessed the service against the 'right support, right care, right culture guidance'.

Right Support:

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. Staff provided any support required with medicines management, supporting people's health and supporting them to maintain a healthy balanced diet. People received care and support in line with their needs. People were involved in their care and support was adapted as people's care needs changed. Staff were aware of the risks to people's safety and provided support to minimise those risks.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Cultural education sessions were held to support staff to know more about different cultures and how to support people. The service also had links with the local Imam to gather further advice about how to support people in line with their faith. People received kind and compassionate care from a team of consistent care workers. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs and promoted people's independence. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so, including working with the police on an initiative to make people feel safe living in their own homes. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff turned up on time and stayed the allocated length of time to meet people's needs.

Right Culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. There was a governance programme in place to review the quality and safety of care delivery, identifying and making improvements where required. Staff worked with other professionals to develop the service and ensure continuous improvement. The management team created a supportive culture amongst the staff team, recognising people's differences and how staff could work together to support each other in order to provide high quality care.

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

Rating at last inspection and update

The last rating for this service was good (published 11 September 2018).

Why we inspected

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caremark Sutton, Epsom & Ewell, Reigate & Banstead

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

This inspection was undertaken by an 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 February 2023 and ended on 3 March 2023. We visited the location's office

27 February 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

We spoke with 4 people, 8 relatives and 11 staff. This included the director, the registered manager, a field care supervisor, a care coordinator, an administrator and 6 care workers. We reviewed 9 people's care records, and records relating to staff and the management of the service. We received feedback from a representative from the local authority.

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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Some people felt anxious and vulnerable living on their own in the community. Staff worked with the police to help support people to feel safe in their own home. This included increased police presence on their street, police officers popping in for a cup of tea with people and donations of video doorbells.

Assessing risk, safety monitoring and management

- People received safe practice which maintained their health and welfare. Staff had assessed the risks to people receiving care and there were plans in place to support people to minimise those risks and keep themselves safe and well. A person said, "I feel very safe with [their care workers]."
- Staff were observant of any changes in people's behaviour that may indicate a change in their health and an increase in support required to keep people safe. A relative told us, "[Care workers are] very good at keeping an eye on [their relative] and if they think there's any problem they always let me know." Another relative said, "My relative is bed bound and they've done a remarkable job in looking after them. Over the years their health has dipped now and again, and the care workers have had to be diligent in monitoring their condition and reporting to us. I do feel they are very safe with them."
- Clear information was provided to staff about how to support people with specific risks associated with their health, this included any risks associated with diabetes and epilepsy.

Staffing and recruitment

- Safe recruitment practices were in place to ensure suitable staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- There were sufficient staff to meet people's needs. This included ensuring people that required it received support from two staff. People were provided with support from a consistent team of care workers. People and their relatives confirmed that staff turned up on time and stayed the required length of time for care and support to be provided.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. If staff identified any concerns regarding medicines management this was escalated and addressed. For example, a relative told us, "They are very good at spotting things almost before they happen in a way. For example, if there is a change of tablet they check that the change has happened. One care

worker noticed that the pharmacy had added an extra pill into the blister packs which could have been dangerous."

- If staff were unsure about people's medicines they liaised with people's GPs to ensure it was safe. For example, one family asked for their relative to be supported with vitamins and other over the counter medicines. Staff checked with the person's GP that it was safe to do so, before providing this support.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. Staff were aware if people, or those living with them, had illnesses that affected their immune system, and extra care was taken to minimise the risk of infections.
- We were assured that the provider was using PPE effectively and safely. A relative told us, "They have stopped wearing masks with my relative and we don't think it's necessary for them to use the masks now. They always wear the gloves and the aprons as needed."
- We were assured that the provider was responding effectively to risks and signs of infection. Staff had received training on the COVID-19 virus and other viruses and were aware of what processes to follow.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

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.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- The field care supervisors undertook comprehensive assessments of people's needs prior to providing support. This included a review of information provided by the hospital (or referring agency), discussion with a person's social worker (if allocated), and discussion with the person and their family. This ensured all the information required to provide person-centred care was gathered and used to inform care planning.
- The staff working on the reablement service had undertaken occupational therapy training. This enabled them to undertake their own assessments of people's occupational therapy needs so staff could establish whether people required any equipment to support with their rehabilitation as part of their initial assessment process.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. The registered manager was a qualified trainer and able to offer a regular programme of training to support staff to update their knowledge and skills.
- As part of staff's training and development the provider hosted a virtual reality 'dementia' bus which enabled staff to experience what it was like for people living with dementia. This enabled staff to have more understanding about how to support people.
- Updated training and refresher courses helped staff continuously apply best practice. Some staff were due to complete their refresher training, and this had been booked.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were able to eat and drink in line with their cultural preferences and beliefs.
- People were able to choose what they wanted to eat, and staff provided any support required with meal preparation. A relative said, "[The care worker] asks my relative 'what would you like to eat?' And takes her for a walk down to the fridge for her to see and choose what she would like."

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

- Staff supported people with their health needs, when required. This included supporting people to attend medical appointments if needed.
- Staff told us through providing consistency in care and supporting the same people, they were able to identify quickly any changes in people's behaviour which may indicate a decline in their health and get prompt support for them.
- Staff liaised with any healthcare professionals involved in people's care and incorporated any additional support into people's care plans. For example, if people were receiving physiotherapy support, staff supported people with their exercises to help with their recovery.

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.

- Staff empowered people to make their own decisions about their care and support, where able to do so.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff involved people who had the legal authority to make decisions on a person's behalf in their care.

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 good. The rating for this key question has remained 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 received kind and considerate care which respected their personal preferences, culture and beliefs. A person said, "[The care workers] are kind and polite and lovely in every respect with nice smiles. I looked forward to them arriving." A relative said, "[The care workers] are all ever so kind... They are a major help." Another person told us, "I have a good relationship with my care workers, and they will do extra little jobs for me and are willing to help me with anything"
- Staff told us that having consistency in who they supported enabled them to build relationships with people. A staff member said, "I have consistency of people I support, and I think it's very important. You get to know them, and they get to know you. You get to build a relationship with them." A relative told us, "[My relative] does tend to have fairly regular carers. I know that Caremark tried to make it as regular as they can for my relative as they know she has dementia and it's important that mum has some regularity and recognises some of her care workers."

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

- People felt listened to and valued by staff. They told us that any additional requests they made for support were taken on board and listened to. They said staff went out of their way to help them, including going to the shops if they noticed the person was running out of milk so they had enough for the day.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. People were involved in all decisions about their care and staff provided support in line with their wishes.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. People were involved in regular care reviews to ensure the care and support provided was tailored to their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. Relatives told us staff were mindful to close curtains and doors when providing personal care so that a person's privacy was respected. Staff explained how they supported a person's dignity whilst providing personal care to ensure the person was comfortable with how support was delivered.
- Staff encouraged people to be as independent as possible. A staff member told us, "I get people to do as much as they can." Especially, with the rehabilitation service, staff were supporting people with their recovery and to get back their independence.

Is the service responsive?

Our findings

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

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

- People received person-centred care and support, which met their needs. A relative said, "Overall the carer's ongoing devotion to make sure that my relative gets the best possible treatment is wonderful. I can honestly say that due to the care they provide they've extended her life." Support was reviewed and adjusted as required. A person told us, "I am improving, and I have actually cancelled the evening visit."
- Staff supported people with their mental health and wellbeing, as well as their physical health needs. Staff told us about one person who was quite anxious due to an upcoming house move. The provider's therapy dog went with the person during the move to provide some emotional support.
- Staff took account of people's life histories and interests and incorporated this into their care. For example, one person used to be very active and enjoyed a range of sports. The provider, who was a trained yoga teacher, worked with the person to do chair based yoga to provide the person with regular exercise.
- The service met the needs of people using the service, including those with needs related to protected characteristics. This included how to support people with different faiths. One staff member provided a training session for others about what their experiences were like whilst observing Ramadan and how staff could support people during this time. The management team also held culture education sessions to support staff to learn about what's important for people from different cultures, including learning how to cook traditional meals.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Staff looked at people's communication needs whilst matching staff, including matching people who spoke the same language.
- Staff were aware of people's non-verbal communication needs, particularly when supporting people with a learning disability, including use of pictorial exchange communication systems (PECS) and body language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were mindful of the impact of loneliness and social isolation on many of the people using the service. A relative told us, "We realised that my relative was getting lonely in the evenings, so this has really helped."
- The provider developed initiatives to protect people from loneliness. During the COVID-19 pandemic the director cooked Christmas dinner for those who lived on their own, and this practice continued as the pandemic eased.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. A relative said, "I'm confident that they address any issues."

End of life care and support

- Staff were respectful of people's end of life choices.
- The provider arranged for an information sharing session between care staff and the local Imam to ensure staff were aware of how to support people at the end of life in line with their Islamic faith.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. People and staff were welcome to drop in at the office and the management team often hosted coffee mornings for people to come in for informal discussions.
- Staff felt respected, supported and valued by senior staff. The management team were aware of staff's individual circumstances and provided any support required. For example, some of the care workers were going through the menopause. The director set up some learning events to signpost staff to the support available to them during the menopause and also provide other staff with information about what staff may be experiencing whilst going through the menopause. This enabled all staff to support each other.
- The management team looked at flexible ways to support staff's personal needs and well-being, including supporting remote working for certain roles when needed.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. The management team had set up a number of initiatives and groups for staff to contribute ideas and reflect on practices in order to drive service improvement.

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

- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. A regular satisfaction survey was sent out to obtain people's views. The management team used this feedback to improve practices and tailor the service to incorporate people's feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear oversight of the service they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a two weekly governance meeting to review key service information and a range of audits and spot checks to review the quality of care delivery.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- The management team had won a number of awards to reflect their flexible approach to management and providing high quality safe care. This included woman franchise employee of the year 2021 and finalist

in the 2019 Surrey Care Awards registered manager of the year.

- The provider had worked with a human resources consultant from a large NHS trust to review their practices and used this research to inform improvements at the service.

Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service/ the wider system. The registered manager was the chair of the Skills for Care domiciliary care providers group which enabled them to meet with a range of care providers and discuss good practice. The registered manager told us chairing this group had enabled them to "create the culture of supportiveness amongst DCAs rather than the competitiveness."
- The provider worked with the local authority at short notice to set up the reablement service to support discharges from hospital to ensure people received timely care. A representative from the local authority told us, "[Caremark] have embraced the ethos of reablement and are keen to develop [people's] confidence and independence. The majority of [people] have left the service requiring no care at all. They have been flexible and accommodating in how they have delivered this service."
- The provider also contributed to wider health and social care provisions, through a range of fundraising activities. The provider worked with the local hospital supporting children with cancer. They had dropped off 'chemo survival goodie bags' to make a young person's stay in hospital more enjoyable.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.