

Care for May Limited

Caremark Lewisham

Inspection report

172 Sydenham Road
London
SE26 5JZ

Tel: 02086593530

Website: www.caremark.co.uk/locations/lewisham

Date of inspection visit:
02 March 2021

Date of publication:
14 April 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection they were supporting 11 people.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

People's experience of using this service

Improvements had been made since the last inspection. Risk assessments had been reviewed and updated, and staff had been safely recruited. There were quality assurance systems in place and regular spot checks of staff. However, we found that the registered manager had failed to advise us of a significant incident as required by the regulations.

People and their relatives told us they were satisfied with the service. They told us they usually had continuity of care from staff who understood their needs. Some concerns about timekeeping were raised, however people also told us that they felt comfortable raising concerns with the service and knew how to complain if they needed to. Comments included, "We really don't have any issues" and "We are quite satisfied."

They told us they or their relatives were being supported by staff who treated them with kindness and respect, and ensured their safety. Remarks included, "The care workers are really nice and respectful" and "We have some really nice carers."

Care workers were particularly praised for the support they were providing to people with dementia and for their communication. A relative told us, "They talk to [person] and explain what they are doing... [care worker] took the time to listen and they are always chatting with [person]".

Staff understood their responsibilities around safeguarding and how to protect the people they cared for. They understood whistleblowing and how to escalate any concerns they might have.

Staff told us they enjoyed their work and were supported by the management team.

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.

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 requires improvement (published 18 September 2019).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Caremark Lewisham

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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 24 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 22 February 2021 and ended on 19 March 2021. We visited the office location on 2 March 2021.

What we did before the inspection

We reviewed the information the CQC held about the service. We sought feedback from local commissioners and professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and three care workers. We spoke with three people using the service or their relatives. We reviewed a range of records, including five people's care records and medicines records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the provider's policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was possible to assess, manage and mitigate risks to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) 2014. At this inspection we found the provider was now meeting this regulation.

- At this inspection we found that risks to people's safety were identified, assessed and recorded at the beginning of the service, and then regularly reviewed. Although there was some generic information, this had been supplemented with individual details appropriately. Staff were familiar with the assessments and understood the risks people faced and how to keep them safe. People and their relatives confirmed the care workers made them feel safe.
- At the last inspection we observed that skin integrity assessments had not always been completed for people who were at risk of developing pressure sores. At this inspection we saw that these were now being completed. Staff told us different ways they helped prevent pressure sores, including keeping appropriate records, such as turning charts and body maps, when required. A person said, "If there are any issues with [person's] skin they will always bring them to my attention and they will make a note."

Staffing and recruitment

- Most people told us they usually had continuity of care. This meant they were usually supported by staff who were familiar with their needs and knew how to keep them safe. However, some concerns were raised about timekeeping by people and their relatives, and some staff mentioned that sometimes their schedules were less practical. Remarks included, "Their timekeeping is not always perfect. There have been times when they turned up late and we have to ring to find out what's going on" and "There has been some sporadic timekeeping." A staff member said, "The travelling can be exhausting... we aren't paid for travel time and delays can badly affect our wages."
- Staff were recruited safely. Full checks were completed which included appropriate references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People were supported with their medicines by staff who had been trained in the safe administration of medicines. Their practice had been observed and assessed on completion of their induction, and their competency was routinely checked during spot checks and supervisions.
- The support people required with their medicines was assessed when services began and then regularly reviewed. People were encouraged to be as independent as possible. Staff understood people's needs and

told us different ways in which they supported people.

- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff told us they knew the service's procedures and described how they adhered to them. Medicine administration records (MAR) were completed correctly each time a person was supported. These were audited regularly by the registered manager or care manager.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood how to protect them from abuse. Staff knew how to raise concerns with the registered manager and how to escalate safeguarding concerns to the local authority. They were confident that the senior team would deal appropriately with any concerns.
- There were procedures in place to protect people from potential abuse and staff were following them. For example, when a person was being supported with their shopping, detailed records and receipts were kept for every transaction.

Preventing and controlling infection

- People were supported by staff who had been trained in infection control. Staff correctly described for us when and how to use personal protective equipment (PPE) such as gloves and aprons. People told us that staff were clean and tidy.
- People, relatives and staff all confirmed there had been a plentiful supply of PPE and staff had worn it appropriately during Covid-19 restrictions.

Learning lessons when things go wrong

- The service was keeping records of when things went wrong, and these included notes of actions that were to be taken and when they were completed. For example, one action was to monitor a person's fluid intake, and we could see that this was on their care plan and care staff were completing monitoring charts.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure that their quality assurance processes were effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- Since the last inspection, the provider's quality assurance processes had been improved. There were regularly monthly audits of paperwork such as MAR charts and care records, and there was a general improvement plan in place.
- People, relatives and staff confirmed there were regular quality checks and supervision. One person told us, "They turn up fairly regularly to check the book every month." We could see that appropriate action was taken following quality checks. For example, we saw that the need for an extra visit had been identified and that this had been arranged.
- Managers and staff understood their roles and responsibilities. Staff told us they were confident in seeking guidance and support from their managers. One said, "It's very open, anything we have to say, anything we feel needs to be brought up, they take it all on board."

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 registered manager did not always report incidents correctly to the CQC. When we compared our records with those of the service, we saw that an allegation of abuse or neglect had been made which had not been correctly notified to us.

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

- People and their relatives gave us positive feedback about their experiences with the service. Comments included, "Overall, we are very pleased" and "They are kind and caring, and really nice and respectful." Staff spoke of the people they supported with warmth and kindness.
- Staff were particularly praised for their person-centred care of people with dementia. Remarks from relatives included, "It seems they all have a good awareness of dementia and understand how to encourage people" and "If [my relative] doesn't want to do something, they all have good strategies to encourage [person]... different approaches but they all seem to work."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us that they enjoyed their work and felt supported by the management team. Remarks included, "I know they are one phone call away" and "There's good teamwork with this company."
- People and their relatives told us that the service was easy to reach and made it easy to communicate with them. There was an annual survey of people and their relatives. Remarks included, "They do listen, and make changes" and "If I have any issues I can always get in touch with someone at the office."
- The service worked with other professionals, such district nurses, when part of people's agreed support plans.